



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: FORSYTH COUNTY

I. GENERAL INSTRUCTIONS:

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

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="824 1180 1528 1415" style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</p> </div>

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

City of Cumming
Forsyth County
City of Cumming Housing Authority
Cumming Downtown Development Authority
Development Authority of Forsyth County

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.

All service summaries have been revised, even if the strategy itself has not been altered. Therefore, we will be submitting Form 2 for all identified services.

Please note that listed ordinances used to implement service delivery strategies are adopted regulations that are currently in effect, which are amended from time to time on an as needed basis. These listed ordinances represent the primary, local codes that apply to an identified strategy, but are not intended to encompass all regulations that may be applicable.

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.

911 Services
Alcohol Licenses
Animal Control
Annexation Procedures and Land Use Compatibility Dispute Resolution Protocols
Business Licenses
Code Enforcement
Cooperative Extension
Coroner
Court System
Detention Facilities and Prisoner Transport
Development Permitting and Inspections
Economic Development
Emergency Management
Emergency Medical Services
Fire
General Administration and Finance
Geographic Information Services
Housing Authority
Law Enforcement
Library Services
Public Health
Recreation and Parks
Senior Services
Social Services
Soil Erosion and Permitting and Enforcement
Solid Waste Management
Storm Water Management
Transportation
Voter Registration and Elections
Water and Wastewater



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: 911 SERVICES

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Telecommunication Fees
FORSYTH COUNTY	Impact Fees

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

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
911 Services IGA	City of Cumming and Forsyth County	10/30/12 - 10/30/22

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?

Forsyth County Emergency 911 Service Ordinance
 Forsyth County Public Safety Development Impact Fee Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**911 Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County provides 911 services to the City of Cumming and Forsyth County through the 911 Center. The 911 Center dispatches to the Forsyth County Fire Department and the county's contracted provider of emergency medical services (EMS) for both the unincorporated and incorporated portions of Forsyth County. The 911 Center also dispatches to the Forsyth County Sheriff's Office. Emergency and non-emergency calls received in the 911 Center pertaining to a need for law enforcement services within the city limits are transferred to the Cumming Police Department. The City of Cumming provides police dispatch services for the incorporated area. Fire and medical calls within the city limits of Cumming are received and dispatched from the 911 Center and the 911 Center staff notifies the Cumming Police Department of these calls.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: ALCOHOL LICENSES

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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	User Fees
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	User Fees

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

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

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

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

City of Cumming Alcoholic Beverages Ordinance
 Forsyth County Alcohol Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Alcohol License Service Delivery Strategies
City of Cumming and Forsyth County**

No duplication of services exists between the City of Cumming and Forsyth County regarding the issuance of alcohol licenses. The City of Cumming has adopted an alcohol ordinance for the incorporated area of the county and Forsyth County has adopted an ordinance for the unincorporated area of the county. The ordinances contain minor differences between the incorporated and unincorporated areas of the county, which necessitates an applicant to comply with the requirements of the ordinance in which jurisdictional area the applicant's property lies.

Each jurisdiction receives applications from prospective licensees, collects payment for the application fees, performs background checks on applicants, advertises for the public hearings, posts the properties for the purpose of advising for a public hearing, holds public hearings, issues or denies alcohol licenses, and monitors and enforces the ordinance after issuance of the alcohol licenses.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: ANIMAL CONTROL

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	User Fees

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

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Animal Control Services	City of Cumming and Forsyth County	3/16/99 - no end specified

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?

City of Cumming Animal Control Ordinance
 Forsyth County Animal Control Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Animal Control Service Delivery Strategies
City of Cumming and Forsyth County**

The Forsyth County Sheriff's Office handles animal control activities through its Animal Control Unit that enforces both state law and local ordinances as it pertains to animal control within the City of Cumming and Forsyth County. An Animal Control Services Agreement was signed on March 16, 1999, by the City of Cumming and Forsyth County regarding the provision of animal control services county-wide.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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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: FORSYTH COUNTY

Service: ANNEXATION PROCEDURES

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

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

No

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

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

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

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

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

The revised agreement has been drafted to be in compliance with state law regarding annexation procedures and land use compatibility dispute resolution protocols.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Resoluton of Annexations	City of Cumming and Forsyth County	10/30/12 - 10/30/22

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: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Annexation Procedures and Land Use Compatibility Dispute Resolution Protocols
City of Cumming and Forsyth County**

For the purpose of establishing annexation procedures and land use compatibility dispute resolution protocols, the City of Cumming and Forsyth County shall adhere to the minimum requirements of state law, O.C.G.A. 36-36-110 et seq. These procedures are further embodied in an intergovernmental agreement between the city and county specifically referencing the state law minimum standards.



City of Cumming Mayor
Date: 10-30-12



Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: BUSINESS LICENSES

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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	User Fees
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	User Fees

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

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

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

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

City of Cumming Occupation and Professions Tax Ordinance
 Forsyth County Unified Development Code
 Forsyth County Pawnbrokers and Pawn Shop Establishments Ordinance
 Forsyth County Door to Door Peddlers and Solicitors Ordinance
 Forsyth County Occupation Tax Ordinance

7. Person completing form:

Vanessa Bernstein, Forsyth County Senior Planner

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Business License Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers this service through the Forsyth County Planning and Community Development Department. The county issues business licenses to all businesses located outside the corporate limits of the City of Cumming.

The City of Cumming offers this service through the City Department of Planning and Zoning.

The City of Cumming and Forsyth County have a reciprocal agreement whereby each entity's business licenses are honored by the other until the end of the year in which they were purchased. At the beginning of the new year, the business owner is required to purchase a new license from the political subdivision wherein the business is physically located.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: FORSYTH COUNTY

Service: CODE 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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
FORSYTH COUNTY	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:

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

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

City of Cumming Ordinances
Forsyth County Ordinances

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Code Enforcement Service Delivery Strategies
City of Cumming and Forsyth County**

The Forsyth County Code Enforcement Department provides systematic responses to citizen's complaints and enforces county codes not related to state criminal offenses within the unincorporated areas of Forsyth County.

The City of Cumming performs code enforcement activities within the city limits of Cumming through the Cumming Department of Planning and Zoning.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

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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: FORSYTH COUNTY

Service: COOPERATIVE EXTENSION

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.): **FORSYTH COUNTY**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
	State Funds

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

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

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Cooperative Extension Service Delivery Strategies
City of Cumming and Forsyth County**

The Forsyth County Cooperative Extension office is a partnership of the University of Georgia, College of Agricultural and Environmental Sciences, the College of Family and Consumer Sciences, the Forsyth County Board of Commissioners and the Forsyth County Board of Education. Services provided by the department include educational programs, technical assistance and materials to professional and residential clients in the areas of agriculture, natural resource management, families, nutrition, financial management and youth development. The local 4-H program, Master Gardener and Master Naturalist programs are coordinated through this office as well as a variety of technical services such as well-water testing, crop production, landscape management and gardening advice including soil tests and integrated pest management information. These services and programs are provided to the City of Cumming and Forsyth County.


____ City of Cumming Mayor
Date: 10-30-12


____ Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: CORONER

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

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

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Coroner Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers coroner services to the City of Cumming and Forsyth County through the Forsyth County Coroner's Office. The Coroner's Office provides services specific to death investigations for both the unincorporated and incorporated portions of Forsyth County.

The organization as a whole is responsible for certain death investigations as defined by O.C.G.A. Title 45. The staff of the Forsyth County Coroner's Office currently has the ability to provide and employ the use of medico-legal death investigation techniques. When needed, staff provides strategies including but not limited to the investigation of human deaths and determination of cause and manner in conjunction with local medical, dental or forensic pathologists employed by the Georgia Bureau of Investigations. Other services include issuing death certificates as Georgia law delineates, responding to mass disasters and casualties and properly identifying the unknown deceased. Other strategies consist of participation with local, state and federal agencies to assist with making recommendations for the public pertaining to future safety practices that may prevent unexpected death. The staff, when needed, also provides testimony in criminal matters for the Forsyth County District Attorney or public defender.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: COURT SYSTEM

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **FORSYTH COUNTY; MUNICIPAL COURT IS PROVIDED BY THE CITY OF CUMMING**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
FORYSTH COUNTY	Special Revenue Funds
CITY OF CUMMING	Municipal Court: 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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Municipal Court Services	City of Cumming and Forsyth County	10/30/12 - 10/30/22

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: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Court System Service Delivery Strategies
City of Cumming and Forsyth County**

General and limited jurisdiction courts that provide local government services as defined by Georgia law include Superior Court, State Court, Magistrate Court and Juvenile Court. These courts do not differentiate between citizens of the City of Cumming and Forsyth County. Municipal Court is under the exclusive responsibility of the City of Cumming and this court does not differentiate between the citizens of the City of Cumming and Forsyth County.

Other court services that provide local government services as defined by Georgia law consist of the District Attorney's Office, Solicitor-General's Office, Indigent Defense Office, Pre-Trial Services and Court Administration. The Indigent Defense Office does not provide services to the City's Municipal Court. The other court services do not differentiate between the citizens of the City of Cumming and Forsyth County.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: DETENTION FACILITIES AND PRISONER TRANSPORT

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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Special Revenue Funds

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

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

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Detention Facilities and Prisoner Transport Service Delivery Strategies
City of Cumming and Forsyth County**

The Forsyth County Sheriff's Office manages and operates the Forsyth County Detention Center for the unincorporated portion of Forsyth County.*

The City of Cumming Jail is managed and operated by the Cumming Police Department within the city limits of Cumming.

Each entity's department or office provides this service to their respective constituents and has done so in the past without conflict while lending assistance to one another in this area whenever necessary.

*The inclusion of a service summary regarding the Sheriff and Sheriff's functions is intended merely to highlight the interaction, on an as needed basis, between that county constitutional office and its counterpart with the city. Both the city and county acknowledge that ordinarily constitutional officers are not included as local service providers.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: DEVELOPMENT PERMITTING AND INSPECTIONS

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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	User Fees
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	User Fees

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

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

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

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

City of Cumming Development Regulations
 City of Cumming Utilities Ordinance
 Forsyth County Unified Development Code
 Forsyth County Construction and Building Code Ordinances

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Development Permitting and Inspections Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers this service through the Forsyth County Planning and Community Development Department, issuing development permits and performing required inspections according to Forsyth County development ordinances, state and federal codes. These services are performed within the unincorporated areas of Forsyth County.

The City of Cumming offers the same type of services through the Cumming Planning and Zoning Department, issuing development permits and performing required inspections according to City development ordinances, state and federal codes. These services are performed inside the city limits of Cumming.

Each entity's department provides these services to their respective constituents while lending assistance to one another in these areas whenever necessary.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: ECONOMIC DEVELOPMENT

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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	Hotel/Motel Taxes
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Hotel/Motel Taxes
Cumming Downtown Dev. Authority	General Fund
Development Authority of Forsyth Co.	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:

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

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

Forsyth County Motel and Lodging Excise Tax Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Economic Development Service Delivery Strategies
City of Cumming and Forsyth County**

The Cumming-Forsyth County Chamber of Commerce currently provides economic development services for both the City of Cumming and Forsyth County. Allocations are made annually to the Chamber by the city and county separately for economic development services provided to the two jurisdictions.

In addition, development authorities assist in facilitating economic development opportunities. The Cumming Downtown Development Authority was established in 1972 and the Development Authority of Forsyth County formed in 1975. The Cumming-Forsyth County Chamber of Commerce supports Forsyth County by serving as staff to the Development Authority of Forsyth.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH 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.): **FORSYTH COUNTY**

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

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

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

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

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

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

No

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

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

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	Fire 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:

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Emergency Management Service Delivery Strategies
City of Cumming and Forsyth County**

The Forsyth County Emergency Management Agency provides emergency management services to both the City of Cumming and Forsyth County. It is the local lead agency for the coordination of emergency and disaster response activities which include, but are not limited to, providing comprehensive mitigation and emergency preparedness, response and recovery programs for citizens with the goal to save lives, protect property and reduce the effects of disasters.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: EMERGENCY MEDICAL SERVICES

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
	User Fees paid directly to third party provider

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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Emergency Rescue	City of Cumming and Forsyth County	10/30/12 - 10/30/22

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: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Emergency Medical Service Delivery Strategies
City of Cumming and Forsyth County**

The Forsyth County Emergency Medical Services (EMS) provides advanced trauma and medical life support for the City of Cumming and Forsyth County. EMS offers non-emergency and critical care transport for both the incorporated and unincorporated portions of Forsyth County.


____ City of Cumming Mayor
Date: 10-30-12


____ Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: FIRE

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.): **FORSYTH COUNTY**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	Fire Fund
FORSYTH COUNTY	Impact Fees

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

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Fire Services Contract	City of Cumming and Forsyth County	5/16/84 - no end specified
Fire Code Permitting	City of Cumming and Forsyth County	10/30/12 - 10/30/22

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?

Forsyth County Fire Prevention Ordinance
 Forsyth County Public Safety Development Impact Fee Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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

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

**Fire Service Delivery Strategies
City of Cumming and Forsyth County**

Since the signing of the May 16, 1984, Fire Services Contract agreement by the Mayor and Council of the City of Cumming and the Forsyth County Board of Commissioners, there has been no conflict pertaining to fire protection or fire services between the City of Cumming and Forsyth County.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: GENERAL ADMINISTRATION AND FINANCE

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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
FORSYTH COUNTY	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:

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**General Administration and Finance Service Delivery Strategies
City of Cumming and Forsyth County**

Through other agreements entered into and included in this report, the need for separate city and county General Administration and Finance Departments is clearly evidenced.

This area is operated with no duplication of services and in those cases where two services are provided for the same activity, they are enhancement type services. Furthermore, each governmental entity by its respective charter is required to have a general administration and finance department. These departments control and monitor the receipts and expenditures of their respective jurisdictions and by this process, insures that activities are conducted in an efficient and ethical manner.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: GEOGRAPHIC INFORMATION 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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	Utilities Department Budget
FORSYTH COUNTY	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:

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Geographic Information Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers geographic and related information to staff, officials and the public, through the Forsyth County Geographic Information Services (GIS) Department. The GIS Department facilitates the submittal, collection, maintenance and dissemination of geographical information among county departments, state agencies and other organizations. It also coordinates and provides the appropriate tools for the retrieval and analysis of spatial data.

The Forsyth County GIS Department supplies the City of Cumming with aerial imagery updates for a fee when requested and furnishes the mapping of new parcels as well as adjusted jurisdictional boundaries when necessary at no charge. The City of Cumming performs their own GIS related services associated with the Cumming Planning and Zoning Department as well as the Cumming Utilities Department.

Each entity's department provides these services to their respective constituents while lending assistance to one another in these areas whenever necessary.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: HOUSING AUTHORITY

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Cumming Housing Authority	Authority Revenues/State Funds/HUD

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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Cooperation Agreement	City of Cumming & City of Cumming Housing Authority	3/13/58 - no end specified

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: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Housing Authority Service Delivery Strategies
City of Cumming**

This Authority was created by an agreement entered into on March 13, 1958, by and between the Housing Authority and the City of Cumming for the purpose of providing low rent housing to qualified applicants.

This Authority is funded by the Public Housing Administration, loans and contributions and is exempt from all real and property taxes that might be levied by any political subdivision or taxing unit in which a project is situated.

The Authority receives assistance from the City of Cumming in the form of services that might be available to the citizens of the municipality at no cost to the Authority. These services are more clearly defined in the Agreement.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH 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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Special Revenue Funds

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

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

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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

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

**Law Enforcement Service Delivery Strategies
City of Cumming and Forsyth County**

The City of Cumming has maintained a police force since the time of its charter for the purpose of serving the citizens and businesses within its corporate limits. This provides for more intense patrolling and security checks due to a quicker response time than could be provided by the Forsyth County Sheriff's Office.

The Forsyth County Sheriff's Office, because of the greater geographic area of responsibility, focuses primary attention on serving the citizens and businesses outside the city limits of Cumming.*

Each entity's department provides this service to their respective constituents and has done so in the past without conflict while lending assistance to one another in this area whenever necessary. The good working relationship between the person holding the elected position of Sheriff and the person holding the appointed position of Chief of Police plays a key role in the continued success of this cooperative delivery strategy.

*The inclusion of a service summary regarding the Sheriff and Sheriff's functions is intended merely to highlight the interaction, on an as needed basis, between that county constitutional office and its counterpart with the city. Both the city and county acknowledge that ordinarily constitutional officers are not included as local service providers.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: LIBRARY SERVICES

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Impact Fees
	State Funds

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

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
MOA for Library Services	City of Cumming and Forsyth County	11/24/03 - no end specified

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?

Forsyth County Library Development Impact Fee Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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

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

**Library Service Delivery Strategies
City of Cumming and Forsyth County**

The Forsyth County Public Library system offers library services to the City of Cumming and Forsyth County. Traditional library services, online and electronic resources in addition to a variety of educational programs and events are offered at branch locations. A Memorandum of Agreement for Library Services was signed on November 24th, 2003, by the City of Cumming and Forsyth County regarding the provision of services county-wide.

 City of Cumming Mayor
Date: 10-30-12

 Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: PUBLIC HEALTH

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.): **FORSYTH COUNTY**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
	State Funds

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

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

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Public Health Service Delivery Strategies
City of Cumming and Forsyth County**

Public health services are offered to the City of Cumming and Forsyth County through the Forsyth County Health Department. The Physical Health Division offers health education, health exams and screenings as well as immunizations for adults and children; dental exams are also available for children. The Women, Infant and Children program is a supplemental food program offered for adults and children. In addition, epidemiological investigations related to communicable diseases and emergency preparedness are provided.

The Environmental Health Division provides education, assessment and enforcement related to public health through permitting and inspection processes for on-site sewage management, food service and swimming pools. Rabies control is also handled by this division including animal bite investigations and submission of specimens for testing, when necessary.



City of Cumming Mayor
Date: 10-30-12



Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: RECREATION AND PARKS

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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	User Fees
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Impact Fees
FORSYTH COUNTY	User Fees

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

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

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

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

Forsyth County Parks and Recreation Department Impact Fee Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Recreation and Parks Service Delivery Strategies
City of Cumming and Forsyth County**

The City of Cumming and Forsyth County offer recreation facilities and programs for City of Cumming and Forsyth County residents.



City of Cumming Mayor
Date: 10-30-12



Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: SENIOR 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.): **FORSYTH COUNTY**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Grant Funds
FORSYTH COUNTY	User Fees

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

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

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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

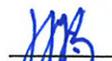
If not, provide designated contact person(s) and phone number(s) below:

**Senior Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers senior services to the City of Cumming and Forsyth County through the Senior Services Department. Senior Services provides congregate and home delivered meals, transportation, wellness programs and Alzheimer respite services. Senior centers located within the county host a variety of no cost as well as fee based programs and classes. Annual memberships are offered for facility usage and discounts on programs and events depending on membership level. Senior services are available to adults, age fifty and over.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: SOCIAL 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.): **FORSYTH COUNTY**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
	State Funds

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

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

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Social Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers social services funding to Avita Community Partners for services and programs related to mental illness, developmental disabilities and addictive diseases. In addition, private non-profit organizations receive county funds as administered by the Forsyth County Social Services Committee. Allocations are decided upon annually based on a review of funding applications from non-profit organizations dedicated to offering a variety of assistance programs to children and adults within the City of Cumming and Forsyth County.

The Forsyth County Division of Family and Children Services (DFCS) provides county-wide services and is funded by county and state funds since it is affiliated with the Georgia Department of Human Services.



City of Cumming Mayor
Date: 10-30-12



Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: FORSYTH COUNTY

Service: SOIL EROSION PERMITTING AND 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.): **CITY OF CUMMING AND FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	User Fees
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	User Fees
FORSYTH COUNTY	Insurance Premium Tax Fund
FORSYTH COUNTY	NCRS Soil Conservation 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:

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

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

Forsyth County Soil Erosion and Sediment Control Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Soil Erosion Permitting and Enforcement Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers this service through the Forsyth County Planning and Community Development Department and Department of Engineering. Any project requiring land disturbing activities is also reviewed by the Natural Resources Conservation Service according to Forsyth County development regulations and state laws, before a land disturbance permit (LDP) is issued. Enforcement is accomplished through regular scheduled inspections, inclement weather inspections and citizen complaint follow-up in the unincorporated areas of Forsyth County.

The City of Cumming offers the same type service through the Cumming Planning and Zoning Department. Any project requiring land disturbing activities are reviewed by the Natural Resources Conservation Service and the City Planning Department according to City of Cumming development regulations and state laws before a land disturbance permit (LDP) is issued. Enforcement is accomplished through regular scheduled inspections, inclement weather inspections and citizen complaint follow-up in the areas inside the city limits of Cumming.

Each entity's department provides service to their respective constituents while lending assistance to one another in this area whenever necessary.


____ City of Cumming Mayor
Date: 10-30-12


____ Forsyth County Chairman
Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: SOLID WASTE 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.): **CITY OF CUMMING AND FORSYTH COUNTY EXCEPT FOR RECYCLING, WHICH IS COUNTY-WIDE PROVIDED BY FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	User Fees
FORSYTH COUNTY	User Fees

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

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

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

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

Forsyth County Solid Waste Management Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Solid Waste Management Service Delivery Strategies
City of Cumming and Forsyth County**

Garbage pick-up service is provided solely by the City of Cumming and only to the constituents located in the city's corporate limits. Monthly charges for service appear on the user's water bill. The fees are calculated to offset cost of collection and disposal.

Service outside the city's corporate limits, under the jurisdiction of Forsyth County, is delivered by private contractors who deal directly with the constituent requesting this service. In addition, the county operates convenient centers for trash and recycling drop off for City of Cumming and Forsyth County residents.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: FORSYTH COUNTY

Service: STORM WATER MANAGEMENT

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	Utilities Department Budget
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Insurance Premium Tax 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:

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

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

Forsyth County Storm Water Management Ordinance

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**
 Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Storm Water Management Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers this service through the Forsyth County Department of Engineering. Storm water management is reviewed, planned and inspected in accordance with Forsyth County development regulations and state laws within the unincorporated areas of Forsyth County.

The City of Cumming offers the same type service through the Departments of Planning and Zoning and Utilities. Storm water management is reviewed, planned and inspected in accordance with the City of Cumming development regulations, Utilities Ordinance and all applicable state laws within the city limits of Cumming.

Each entity's department provides this service to their respective constituents while lending assistance to one another in this area whenever necessary.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: FORSYTH COUNTY

Service: TRANSPORTATION

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.): **CITY OF CUMMING AND FORSYTH COUNTY EXCEPT FOR DIAL-A-RIDE SERVICE, WHICH IS COUNTY-WIDE PROVIDED BY FORSYTH COUNTY**

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	General Fund
CITY OF CUMMING	SPLOST
FORSYTH COUNTY	General Fund and Insurance Premium Tax Fund
FORSYTH COUNTY	SPLOST
FORSYTH COUNTY	User Fees, Grants and the General Fund for Dial-A-Ride Service
	State and federal aid for both jurisdictions

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:

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

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

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Transportation Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers services related to transportation through its Engineering Department and the Dial-A-Ride program. The Roads and Bridges Division of the Engineering Department maintains roadways including corresponding bridges and rights-of-way outside the city limits of Cumming. The Traffic Division installs and maintains traffic signalizations, school beacons, lighted crosswalks and traffic signs on county roads. The remaining signalization locations are maintained by the City of Cumming and surrounding jurisdictions with the Georgia Department of Transportation being responsible for all signals located on state routes. The Engineering Division manages county road improvement and utility projects, rights-of-way acquisitions, the SPLOST transportation program and performs review and inspection services related to the installation of infrastructure for new and expanding developments.

The City of Cumming offers the same type service through its Street Department inside the city limits.

In instances of emergency weather conditions, Forsyth County may assist the City of Cumming through the use of emergency road equipment as needs arise and such equipment is available.

Dial-A-Ride is operated as a public transportation program through the Forsyth County Fleet Services Department within Forsyth County and the City of Cumming.

 _____ City of Cumming Mayor

Date: 10-30-12

 _____ Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: VOTER REGISTRATIONS AND ELECTIONS

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.): **FORSYTH COUNTY**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Special Election Fees

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

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
IGA to Conduct Elections	City of Cumming and Forsyth County	7/19/11 - 7/19/21

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 Reaffirming the Location of the Polling Place for the City of Cumming Municipal Elections and the Location of the Polling Place for County, State, and Federal Elections for City Residents, 7/19/11

7. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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:

**Voter Registrations and Elections Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County offers voter services to the City of Cumming and Forsyth County through the Forsyth County Voter Registration and Elections Office. This office provides for the voter registration of citizens and maintenance of voter roles for the city and county. All aspects of preparing for and running an election are performed by the office with assistance offered to the City of Cumming as outlined in the Intergovernmental Agreement to Conduct Elections signed July 19, 2011. This agreement will remain in effect for a period of ten years unless terminated earlier as outlined in the agreement.

 City of Cumming Mayor

Date: 10-30-12

 Forsyth County Chairman

Date: 10/29/12



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: FORSYTH COUNTY

Service: WATER AND WASTEWATER

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF CUMMING	User Fees
FORSYTH COUNTY	User Fees

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

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Water & Sewer Boundaries	City of Cumming and Forsyth County	6/1/87 - no end specified
Raw & Finished Water	City of Cumming and Forsyth County	11/01/12 - 10/31/22
		Extension possible to 2042

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: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/2012

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

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

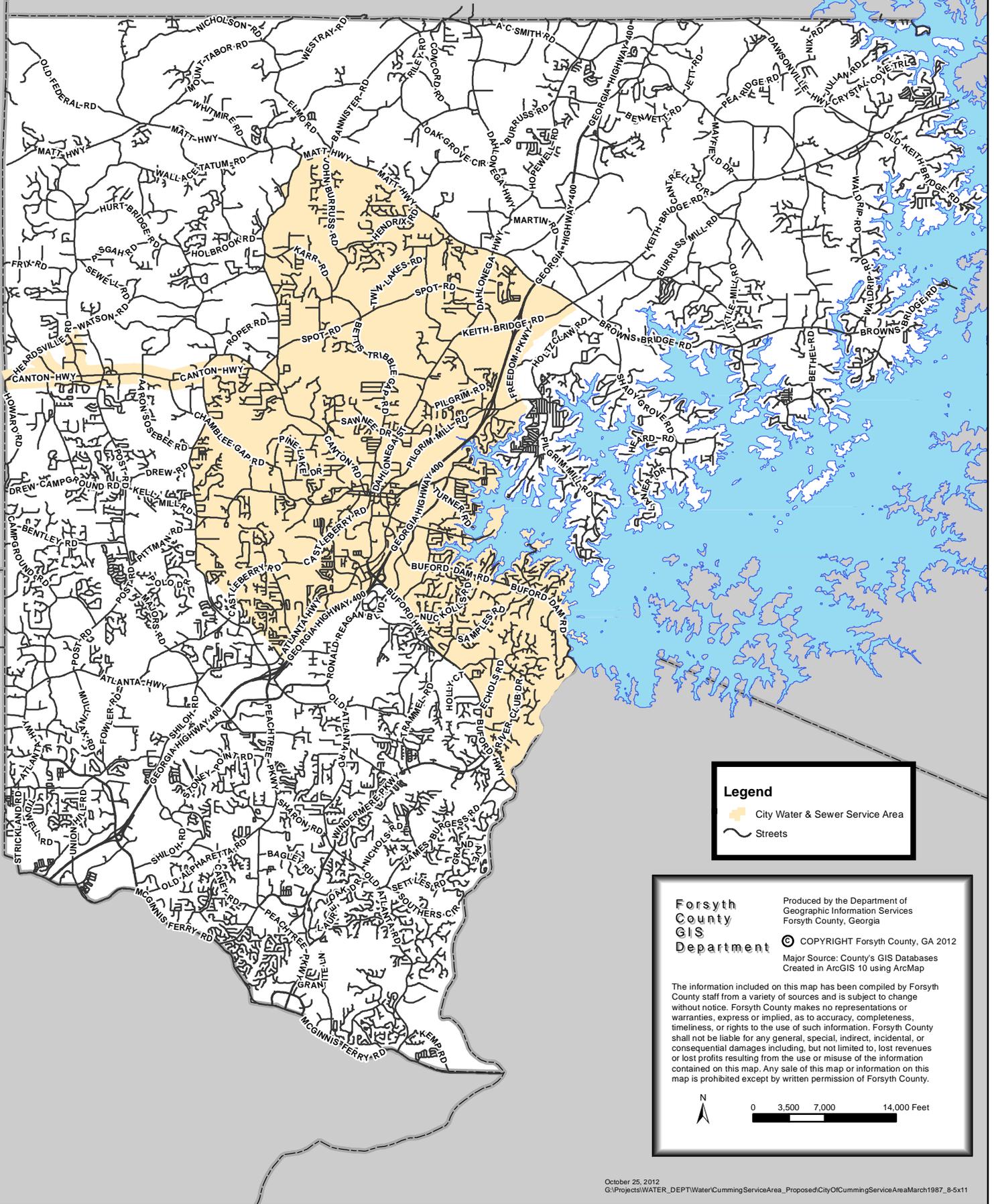
**Water and Wastewater Service Delivery Strategies
City of Cumming and Forsyth County**

Forsyth County and the City of Cumming each have water and wastewater treatment facilities, distribution and collection systems to serve their respective service areas. On October 26, 2012, the city and county entered into a new intergovernmental agreement related to the provision of raw and finished water. In addition to establishing pricing, the agreement also addressed the city and county water boundary. The 1987 sewer boundary agreement will control until modified.


____ City of Cumming Mayor
Date: 10-30-12


____ Forsyth County Chairman
Date: 10/29/12

City of Cumming Water & Sewer Service Area March 1987



Legend

- City Water & Sewer Service Area
- Streets

Forsyth County GIS Department

Produced by the Department of Geographic Information Services
Forsyth County, Georgia

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Major Source: County's GIS Databases
Created in ArcGIS 10 using ArcMap

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ADDENDUM TO MEMORANDUM OF AGREEMENT EXECUTED THE 27th DAY OF FEBRUARY, 1987
BY FORSYTH COUNTY BOARD OF COMMISSIONERS, MAYOR AND COUNCIL - CITY OF CUMMING

In an effort to facilitate and implement the water agreement between the two governing authorities, we would like at this time to present for your consideration and validation the following areas of agreement concerning the boundaries between the two governmental entities.

(1) Highway 20 East of Cumming. In the areas that are to be served by Forsyth County on Highway 20, the county will have the right to establish a meter at any major road intersection on the South side of the road that is to be served by the county. If a new development is established on the South side of Highway 20 East and a road will be developed to serve this development, then a master meter will be installed by the County to serve this development. Any single family residence or business that is tapped on to the line on either side of Highway 20 East will be served by the city on this line, and at no time will the county enter into the establishment of single family metering on Highway 20 East.

(2) Highway 20 West of Cumming. A master meter can be established by the County at any of the major road intersections either north or south of Highway 20 West with the exception of the intersections of Doc Sams Road, Franklin Gold Mine, Friendship Circle, Spot Road Connector and Spot Road with Highway 20 West. These are presently served by the city and will continue to be served by the city. At any other intersection, or with the development of a piece of property, a master meter may be established at any of such points by the County. A master meter should be installed by the County at the County Line and come up Heardsville Road to intersect with Gold Mine and Doc Sams Roads in order to establish the loop, and from that point the county will go forward with any development it wishes in the way of water lines.

(3) Bethelview Road. At the intersection of Bethelview Road a master meter will be established by the County to run the water line down Bethelview Road.

The city may establish a master meter at any intersection on their territorial (eastern) side but all single family residence or business will be serviced by the county, whether now in service or later tapped on.

(4) Doc Bramblett Road and Spot Road. The city has an 8 inch line at the intersection of Doc Bramblett Road and Spot Road. At this point the county will establish a master meter and run north with a 12 inch line. The same format will be established in this territory as is on Bethelview Road, with the city's jurisdiction being east of Doc Bramblett Road. The line will continue to Highway 369. At this point a 12 inch line will be installed by the county from the intersection of Doc Bramblett Road and 369 East to Southeasterly to Highway 9 (SR 9), at which point engineering consideration will be determined as to how the lines can be inter-connected.

(5) Highway 369 & 400. At the end of the county's line at 369 and the Dinner Deck or 400, a line will be run by the County from there to Six Mile Creek. The City may tap on at Highway 400 or at Highway 306. All single family residences and businesses belong to the County.

(6) Developments in the area north and west of the east branch of that Creek, from the intersection of this branch with Highway 369 to Bald Ridge Creek's confluence with Lake Lanier shall belong to the city, other than residences and businesses along Highway 369. We feel that this is the most equitable and fair method to preclude the unnecessary purchase of master meters by both governmental entities and developers, in the installation of a water system for the entire county.

This is the basis by which we the administration feel that the water agreement can be functional for the benefit of both governmental entities. If you have any concerns or questions, please do not hesitate to let us know.

Sincerely,

Ralph Roberts
County Administrator

Gerald Blackburn
City Manager

RR/GB/bt

ADDENDUM TO SECTION IV OF THE MEMORANDUM OF AGREEMENT EXECUTED
THE 27th DAY OF FEBRUARY, 1987, BY FORSYTH COUNTY BOARD OF
COMMISSIONERS AND THE MAYOR AND COUNCIL OF THE CITY OF CUMMING

A. BOUNDARIES

(1) Highway 20 East of Cumming. In the areas that are to be served by Forsyth County on Highway 20, the County will have the right to establish a meter at any major road intersection on the South side of the road that is to be served by the County. If a new development is established on the South side of Highway 20 East and a road will be developed to serve this development, then a master meter will be installed by the County to serve this development. Any single family residence or business that is tapped on to the line on either side of Highway 20 East will be served by the City on this line, and at no time will the County enter into the establishment of single family metering on Highway 20 East.

(2) Highway 20 West of Cumming. A master meter can be established by the County at any of the major road intersections either North or South of Highway 20 West with the exception of the intersections of Doc Sams Road, Franklin Gold Mine, Friendship Circle, Spot Road Connector and Spot Road with Highway 20 West. These are presently served by the City and will continue to be served by the City. At any other intersection, or with the development of a piece of property, a master meter may be established at any of such points by the County. A master meter should be installed by the County at the County Line and come up Heardsville Road to intersect with Gold Mine and Doc Sams

Roads in order to establish the loop, and from that point the County will go forward with any development it wishes in the way of water lines.

(3) Bethelview Road. At the intersection of Bethelview Road and Highway 20 West a master meter will be established by the County to run the water line down Bethelview Road. The City may establish a master meter at any intersection on their territorial (Eastern) side but all single family residence or business will be serviced by the County, whether now in service or later tapped on.

(4) Doc Bramblett Road and Spot Road. The City has an 8-inch line at the intersection of Doc Bramblett Road and Spot Road. At this point the County will establish a master meter and run North with a 12-inch line. The same format will be established in this territory as is on Bethelview Road, with the City's jurisdiction being East of Doc Bramblett Road. The line will continue to Highway 369. At this point a 12-inch line will be installed by the County from the intersection of Doc Bramblett Road and 369 East Southeasterly to Highway 9 (SR 9), at which point engineering consideration will be determined as to how the lines can be inter-connected.

(5) Highway 369 & 400. At the end of the County's line at 369 and the Dinner Deck on 400, a line will be run by the County from there to Six Mile Creek. The City may tap on at Highway 400 or at Highway 306. All single family residences and businesses belong to the County.

(6) Developments in the area North and West of the East branch of Bald Ridge Creek, from the intersection of this branch with Highway 369 to Bald Ridge Creek's confluence with Lake Lanier shall belong to the City, other than residences and businesses along Highway 369.

(7) Within the territorial jurisdictions of the City and County as set out above, the governing authority having that jurisdiction shall be entitled to install a master meter on any boundary road to service any development within that jurisdiction and thereafter to service elements within the development.

B. ENGINEERING.

A Manual of Technical Specifications and Construction Standard Details for Water System Construction will be prepared and submitted to each governing authority for acceptance and approval and will become a part of The Memorandum of Agreement.

C. WATER SALES.

(1) The City shall sell water to the County at a rate per one thousand gallons determined by the following formula: the cost of water production plus a "wheeling" fee shall equal the wholesale price to the County.

(2) Other matters relating to water sales, such as drought restrictions, service capacity, water quality testing, among others, shall be addressed in a separate document to be prepared

and submitted to each governing authority for acceptance and approval and will become a part of The Memorandum of Agreement.

Executed this 1st day of June, 1987, by the Board and the 19th day of May, 1987, by the City, at Cumming, Georgia.

BOARD OF COMMISSIONERS
OF FORSYTH COUNTY:

MAYOR AND COUNCIL
OF THE CITY OF CUMMING:

6-1-87 Leroy Hubbard
LEROY HUBBARD, CHAIRMAN

H. Ford Gravitt 5-19-87
H. FORD GRAVITT, MAYOR

5-1-87 David Gilbert
DAVID GILBERT, VICE CHAIRMAN

Ralph Perry 5-19-87
RALPH PERRY, COUNCILMAN

5-1-87 James Harrington
JAMES HARRINGTON, SECRETARY

Rupert Sexton 5-19-87
RUPERT SEXTON, COUNCILMAN

5-1-87 Charles F. Welch
CHARLES WELCH, COMMISSIONER

Lewis Ledbetter
LEWIS LEDBETTER, COUNCILMAN

5-1-87 Michael Bennett
MICHAEL BENNETT, COMMISSIONER

Kenneth J. Vanderhoff
KENNETH J. VANDERHOFF, COUNCILMAN

Attest:

Quincy Holton 5-19-87
QUINCY HOLTON, COUNCILMAN

Betty Shadburn
Betty Shadburn, Clerk

Attest:

Estlene Stanford
Estlene Stanford, City Clerk



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: FORSYTH 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?
No conflicts were identified. The City of Cumming and Forsyth County updated their comprehensive plans earlier in 2012 so their respective land use plans have been recently reviewed and amended as necessary.

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

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

If "other measures" was checked, describe these measures:
Describe "Other" Measures Here

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

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? The City of Cumming and Forsyth County will continue to monitor land use plans as infrastructure master plans are amended. Coordination will continue so that water and sewer service will remain consistent with local plans and regulations.

4. Person completing form: **Vanessa Bernstein, Forsyth County Senior Planner**

Phone number: **678-513-5866** Date completed: 10/25/12

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

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

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY
FORM 4: Certifications

Instructions:

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

COUNTY: FORSYTH 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 (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
<u>CITY OF CUMMING</u>	MAYOR	Ford Gravitt	<i>Ford Gravitt</i>	10/30/12
<u>FORSYTH COUNTY</u>	CHAIRMAN	Jim Boff	<i>Jim Boff</i>	11/29/2012