





COUNTY: FORSYTH COUNTY

I. GENERAL INSTRUCTIONS:

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

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

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

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN 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 will continue as previously agreed with no need for modification.

Alcohol Licenses

Animal Control

Dispute Resolution Protocols

Business Licenses

Code Enforcement

Cooperative Extension

Coroner

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

Voter Registration and Elections

Water and Wastewater

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
Annexation Procedures and Land Use Compatibility
Court System
Detention Facilities and Prisoner Transport
Transportation







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service:911 Services
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): FORSYTH COUNTY
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
FORSYTH COUNTY	General Fund
FORSYTH COUNTY	Telecommunications Fees
FORSYTH COUNTY	Impact Fees

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

As part of the CALEA certification process, additional information was provided under the Miscellaneous section of the agreement.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
911 Services IGA	City of Cumming and Forsyth County	10/30/12 - 10/30/22
First Amendment	City of Cumming and Forsyth County	8/4/16 - 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 Emergency 911 Service Ordinance Forsyth County Public Safety Development Impact Fee Ordinance

7. Person completing form: Vanessa Bernstein-Goldman, Forsyth County Deputy Director of Planning & Community Development

Phone number: **678-513-5866** Date completed: 8/14/17

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes
No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: ALCOHOL LICENSES
Check the box that best describes the agreed upor	n delivery arrangement for this service:
_	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

									_	_				_	_	_	
-	IJ			к	w	и	2	-	-7	n		м	I 'n	П	ır	2	П
\sim	_	_	$\overline{}$	_	_	ш			_	_	_				-	_	<u> </u>

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

Local Government or Autho	rity Fu	nding Method
CITY OF CUMMING	General Fund	
CITY OF CUMMING	User Fees	
FORSYTH COUNTY	General Fund	
FORSYTH COUNTY	User Fees	
4. How will the strategy change th	e previous arrangements for providing and/	or funding this service within the county?
5. List any formal service delivery this service:	agreements or intergovernmental contracts	that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for tate or fee changes, etc.), and when will they	this service (e.g., ordinances, resolutions, local y take effect?
City of Cumming Alcoholic Bever Forsyth County Alcohol Ordinand		
7. Person completing form: Vanes Phone number: 678-513-5866	ssa Bernstein, Forsyth County Senior Pla Date completed: 10/25/2012	anner
	e contacted by state agencies when evalua service delivery strategy? ⊠Yes ⊡No	ting whether proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: ANIMAL CONTROL
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible midentify</u> the government, authority, or other organiz	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expressed in the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Auti		Method
FORSYTH COUNTY	General Fund	
FORSYTH COUNTY	User Fees	
How will the strategy change	the previous arrangements for providing and/or funding	ng this service within the county?
0, 0		, , , , , , , , , , , , , , , , , , ,
List any formal convice delive		
	ry agreements or intergovernmental contracts that wil	ll ha used to implement the strategy :
	ry agreements or intergovernmental contracts that wil	ll be used to implement the strategy
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name Animal Control Services	Contracting Parties City of Cumming and Forsyth County	Effective and Ending Date 3/16/99 - no end specified
Agreement Name Animal Control Services What other mechanisms (if a	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serv	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
this service: Agreement Name Animal Control Services What other mechanisms (if all	Contracting Parties City of Cumming and Forsyth County	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
this service: Agreement Name Animal Control Services What other mechanisms (if all	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serv	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
Agreement Name Animal Control Services What other mechanisms (if alacts of the General Assembly	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take experience.	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
Agreement Name Animal Control Services What other mechanisms (if an acts of the General Assembly City of Cumming Animal Control	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take etc.	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
Agreement Name Animal Control Services What other mechanisms (if an acts of the General Assembly City of Cumming Animal Control	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take etc.	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
this service: Agreement Name Animal Control Services What other mechanisms (if all	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take etc.	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
Agreement Name Animal Control Services What other mechanisms (if an acts of the General Assembly City of Cumming Animal Control Consolidation (Control Control Contr	Contracting Parties City of Cumming and Forsyth County The provided HTML Country Country The provided HTML Country Country The provided	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
Agreement Name Animal Control Services What other mechanisms (if an acts of the General Assembly City of Cumming Animal Control Corsyth County Animal Control Corsyth County Animal Control	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take element of Ordinance of Ordinance I Ordinance essa Bernstein, Forsyth County Senior Planner	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
Agreement Name Animal Control Services What other mechanisms (if an acts of the General Assembly City of Cumming Animal Control Corsyth County Animal Control Corsyth County Animal Control	Contracting Parties City of Cumming and Forsyth County The property of Cumming Parties The proper	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, lo
Agreement Name Animal Control Services What other mechanisms (if an acts of the General Assembly City of Cumming Animal Control Corsyth County Animal Control County Animal Control Control County Animal Control	Contracting Parties City of Cumming and Forsyth County ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take element of Ordinance of Ordinance I Ordinance essa Bernstein, Forsyth County Senior Planner	Effective and Ending Date 3/16/99 - no end specified vice (e.g., ordinances, resolutions, loffect?







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 neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: ANNEXATION PROCEDURES
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., includi this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

202	FUK	IVI Z. CC	ontinued

	neral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	ority	Funding Method	1
		i unung menes	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
		t service arrangement has remained the same. ments or intergovernmental contracts that will be us	ed to implement the strategy for
	ı		
Agreement Name	O:to a se	Contracting Parties	Effective and Ending Dates 10/30/12 - 10/30/22
Resoluton of Annexations	City o	f Cumming and Forsyth County	10/30/12 - 10/30/22
		e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Phone number: 678-513-5866 8. Is this the person who should be projects are consistent with the	Da e conta service	rnstein-Goldman, Forsyth County Deputy Direct ate completed: 9/19/2017 acted by state agencies when evaluating whether predefine delivery strategy?	
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: BUSINESS LICENSES
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding	Method
ITY OF CUMMING	General Fund	
TY OF CUMMING	User Fees	
DRSYTH COUNTY	General Fund	
DRSYTH COUNTY	User Fees	
ow will the strategy change the prev	rious arrangements for providing and/or fund	ling this service within the county?
	ements or intergovernmental contracts that w	ill be used to implement the strategy
	ements or intergovernmental contracts that w	ill be used to implement the strategy Effective and Ending Date
is service:	-	
s service:	-	
s service:	-	
his service:	-	

7. Person completing form:

Vanessa Bernstein, Forsyth County Senior Planner

Forsyth County Occupation Tax Ordinance

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:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: CODE ENFORCEMENT
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government.)	ing all cities and unincorporated areas) by a single service provider. (If
_	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the c	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

					4.0	
-5	U 5	ΙĐΟ	KΝ	1 2. C	ontinu	ea

	ty that will help to pay for this service and indicate how eral funds, special service district revenues, hotel/mote).	
Local Government or Author	rity Funding Meth	od
CITY OF CUMMING	General Fund	
FORSYTH COUNTY	General Fund	
4. How will the strategy change the	e previous arrangements for providing and/or funding the	nis service within the county?
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effect	
City of Cumming Ordinances Forsyth County Ordinances		
7. Person completing form: Vanes: Phone number: 678-513-5866	sa Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012	
7. Person completing form: Vanes: Phone number: 678-513-5866 8. Is this the person who should be		r proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: COOPERATIVE EXTENSION
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

		$\overline{}$					
		1.40	CO	_	т.	Т	-
	\blacksquare			ш	ш		

Local Government or Authority	Funding I	Method
ORSYTH COUNTY	General Fund	
	State Funds	
	evious arrangements for providing and/or fundi	
	eements or intergovernmental contracts that wi	II be used to implement the strategy
is service:		
	eements or intergovernmental contracts that wi Contracting Parties	Il be used to implement the strategy Effective and Ending Da
s service:		
is service:		
is service:		
is service:		
is service:		

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government

projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: CORONER
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	nap delineating the service area of each service provider, and eation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a coverlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expressed to the contract of	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	I I I	154W	COL	1 T I M	ued
				ши	

Local Government or Authority	Funding I	Wethod
FORSYTH COUNTY	General Fund	
How will the strategy change the pr	evious arrangements for providing and/or fund	ing this service within the county?
List any formal service delivery agre his service:	eements or intergovernmental contracts that w	ill be used to implement the strategy
THIS SCIVICE.		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name What other mechanisms (if any) wil	Contracting Parties I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) wil	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) wil	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) wil	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) wil	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly acts of	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) wil acts of the General Assembly, rate of the Gen	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take each of the changes of the cha	vice (e.g., ordinances, resolutions, lo







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
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authorities).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is chec service.): FORSYTH COUNTY and CITY OF CUM	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the MING provide service for their respective jurisdictions, except for ITY MAGISTRATE COURT will provide the CITY OF CUMMING on a arance hearings
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Author	rity Fundi	ing Method			
FORSYTH COUNTY	General Fund				
FORYSTH COUNTY	Special Revenue Funds	Special Revenue Funds			
CITY OF CUMMING	Municipal Court: General Fund	· · ·			
	·				
4. How will the strategy change th	e previous arrangements for providing and/or f	unding this service within the county?			
Form was revised per DCA requ	est, but service arrangement has remained the	same.			
this service:	agreements or intergovernmental contracts that	,			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Municipal Court Services	City of Cumming and Forsyth County	10/30/12 - 10/30/22			
) will be used to implement the strategy for this				
acts of the General Assembly, r	ate or fee changes, etc.), and when will they ta				
7. Person completing form: Vane		ke effect?			
7. Person completing form: Vane: Development Phone number: 678-513-5866 8. Is this the person who should be	ate or fee changes, etc.), and when will they ta	puty Director of Planning & Community			







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 neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: DETENTION FACILITIES AND PRISONER TRANSPORT
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method
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?

Forsyth County agrees that during the term of the new agreement, City inmates shall be housed in the Forsyth County Detention Center and that the City will pay the County annually for this service per the terms of the agreement. The City of Cumming Police Department shall be responsible for transporting all City inmates to the county detention center for booking, any court appearances at the City of Cumming Municipal Court and any required medical care.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Housing of City Inmates	City of Cumming and Forsyth County	9/3/15 - 9/3/65

6	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-Goldman, Forsyth County Deputy Director of Planning & Community Development

Phone number: **678-513-5866** Date completed: 8/14/2017

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes
No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:FORSYTH COUNTY	Service: DEVELOPMENT PERMITTING AND INSPECTIONS			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
_	ing all cities and unincorporated areas) by a single service provider. (If			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

CBC					4	
SDS	1 20	KW	2. (con	Шπ	uec

3. List each government or authority t	hat will help to pay for this service and indicate he	ow the service will be funded (e.g.,			
	I funds, special service district revenues, hotel/mo				
Local Government or Authority	Funding Me	ethod			
CITY OF CUMMING	General Fund				
CITY OF CUMMING					
FORSYTH COUNTY	User Fees General Fund				
FORSYTH COUNTY					
4. How will the strategy change the pr	revious arrangements for providing and/or fundinດ	g this service within the county?			
List any formal service delivery agr this service:	eements or intergovernmental contracts that will l	be used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name	Contracting Parties	Effective and Ending Dates			
6. What other mechanisms (if any) wil	Contracting Parties If be used to implement the strategy for this service or fee changes, etc.), and when will they take effective to the strategy for the service or fee changes.	ce (e.g., ordinances, resolutions, local			
6. What other mechanisms (if any) wil	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effective the changes at Code	ce (e.g., ordinances, resolutions, local			
6. What other mechanisms (if any) will acts of the General Assembly, rate City of Cumming Development Regular City of Cumming Utilities Ordinance Forsyth County Unified Development Forsyth County Construction and Butter	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effective the changes at Code	ce (e.g., ordinances, resolutions, local			
6. What other mechanisms (if any) will acts of the General Assembly, rate City of Cumming Development Regular City of Cumming Utilities Ordinance Forsyth County Unified Development Forsyth County Construction and But 7. Person completing form: Vanessa Phone number: 678-513-5866	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effect ulations at Code uilding Code Ordinances Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012 Contacted by state agencies when evaluating whetle	ce (e.g., ordinances, resolutions, local ect?			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: ECONOMIC DEVELOPMENT
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including the countywide).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, autho	ed portion of the county by a single service provider. (If this box is
	unization providing the service.): within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
service.): CITY OF CUMMING AND FORSYTH CO Other (If this box is checked, <u>attach a legible m</u>	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum☒ No	entation as described, below)
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the conditions are serviced to the condition	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SD	S	FO	RM	2.	COL	ntin	ue	
								_

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

Local Government or Authori	ty Funding N	Method			
CITY OF CUMMING	General Fund				
CITY OF CUMMING	Hotel/Motel Taxes				
FORSYTH COUNTY	General Fund				
FORSYTH COUNTY	Hotel/Motel Taxes				
Cumming Downtown Dev. Author	ity 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:					
Agreement Name	Contracting Parties	Effective and Ending Dates			
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take e				
	e or fee changes, etc.), and when will they take e				
acts of the General Assembly, rat	e or fee changes, etc.), and when will they take e				

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: EMERGENCY MANAGEMENT
Check the box that best describes the agreed upor	a delivery arrangement for this convice:
1. Check the box that best describes the agreed upor	r delivery arrangement for this service.
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

					4.0	
-5	U 5	ΙĐΟ	KΝ	1 2. C	ontinu	ea

Local Government or Author	rity Funding	Method
FORSYTH COUNTY	Fire Fund	
How will the strategy change the	e previous arrangements for providing and/or fund	ding this service within the county?
	agreements or intergovernmental contracts that w	vill be used to implement the strategy for
this service:		, , , , , , , , , , , , , , , , , , , ,
this service: Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	
Agreement Name		Effective and Ending Date
Agreement Name What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	Effective and Ending Dates ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	Effective and Ending Dates ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) acts of the General Assembly, rates of the Gen	will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: EMERGENCY MEDICAL SERVICES
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Author	ority Funding I	Method
FORSYTH COUNTY	General Fund	
	User Fees paid directly to third party provi	der
How will the strategy change th	ne previous arrangements for providing and/or fund	ing this service within the county?
List any formal consists deliver	v agraemente er intergevernmentel contracte that will	ill be used to implement the strategy for
this service:	agreements or intergovernmental contracts that w	iii be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Emergency Rescue	City of Cumming and Forsyth County	10/30/12 - 10/30/22
	y) will be used to implement the strategy for this ser	
acts of the General Assembly,	rate or fee changes, etc.), and when will they take e	effect?
7. Person completing form: Vane Phone number: 678-513-5866	ssa Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012	
. Is this the person who should be projects are consistent with the	be contacted by state agencies when evaluating where service delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	
,	. (, , , , , , , , , , , , , , , , , , ,	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: FIRE
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz	ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expected to the condition of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

List any formal service delivery agreements or intergovernmental contracts that will be used to implement the this service: Agreement Name Contracting Parties Effective and Enfer Service Service City of Cumming and Forsyth County 5/16/84 - no end service Code Permitting City of Cumming and Forsyth County 10/30/12 -
How will the strategy change the previous arrangements for providing and/or funding this service within the contract any formal service delivery agreements or intergovernmental contracts that will be used to implement the this service: Agreement Name Contracting Parties Effective and Enterior Services Contract City of Cumming and Forsyth County 5/16/84 - no end services 5/16/84 - no end services City of Cumming and Forsyth County 5/16/84 - no end services City of Cumming and Forsyth County 5/16/84 - no end services City of Cumming and Forsyth County 5/16/84 - no end services City of Cumming and Forsyth County 5/16/84 - no end services City of Cumming and Forsyth County 5/16/84 - no end services City of Cumming and Forsyth County 5/16/84 - no end services City of Cumming and Forsyth County City of Cumming and Forsyth County 5/16/84 - no end services City of Cumming and Forsyth County City of Cumming and Forsyth Co
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the this service: Agreement Name Contracting Parties Effective and Enterprise Fire Services Contract City of Cumming and Forsyth County 5/16/84 - no end services
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the this service: Agreement Name Contracting Parties Effective and Entire Services Contract City of Cumming and Forsyth County 5/16/84 - no end services
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name Contracting Parties Effective and Entergore ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end service
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name Contracting Parties Effective and English ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end services
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name Contracting Parties Effective and English ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end services
Agreement Name Contracting Parties Effective and Engre Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
Agreement Name Contracting Parties Effective and Engre Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
Agreement Name Contracting Parties Effective and Engre Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
Agreement Name Contracting Parties Effective and Engre Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
his service: Agreement Name Contracting Parties Effective and End ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end services
his service: Agreement Name Contracting Parties Effective and End ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
his service: Agreement Name Contracting Parties Effective and End ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
his service: Agreement Name Contracting Parties Effective and End ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
his service: Agreement Name Contracting Parties Effective and End ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
Agreement NameContracting PartiesEffective and Endire Services ContractCity of Cumming and Forsyth County5/16/84 - no end st
ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
ire Services Contract City of Cumming and Forsyth County 5/16/84 - no end s
re Code Permitting City of Cumming and Foreyth County 10/30/12 - 10/30/2
Te code Fermitting City of Cumining and Forsyth County 10/30/12 - 10/30/12
Million of the control of the Architecture of
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution of the control of the co
acts of the General Assembly, rate or the changes, etc.), and when will they take effect?
deligible deficial Assembly, rate of fee changes, etc.), and when will they take effect:
dets of the General Assembly, rate of fee changes, etc.), and when will they take effect:
orsyth County Fire Prevention Ordinance
orsyth County Fire Prevention Ordinance
orsyth County Fire Prevention Ordinance
Forsyth County Fire Prevention Ordinance
orsyth County Fire Prevention Ordinance orsyth County Public Safety Development Impact Fee Ordinance
orsyth County Fire Prevention Ordinance orsyth County Public Safety Development Impact Fee Ordinance Person completing form: Vanessa Bernstein, Forsyth County Senior Planner
orsyth County Fire Prevention Ordinance orsyth County Public Safety Development Impact Fee Ordinance Person completing form: Vanessa Bernstein, Forsyth County Senior Planner
orsyth County Fire Prevention Ordinance orsyth County Public Safety Development Impact Fee Ordinance Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012
Forsyth County Fire Prevention Ordinance Forsyth County Public Safety Development Impact Fee Ordinance Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local gove projects are consistent with the service delivery strategy?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY:FORSYTH COUNTY	Service: GENERAL ADMINISTRATION AND FINANCE		
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
Page 1 of 2			

CBC		M 0	4
505	IZOKI	VI 2. CC	ontinued

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding Method	1
CITY OF CUMMING	General Fund	
FORSYTH COUNTY	General Fund	
4. How will the strategy change the pre-	vious arrangements for providing and/or funding this	service within the county?
this service:	ements or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will I	De used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	
6. What other mechanisms (if any) will I	pe used to implement the strategy for this service (e.	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or 7. Person completing form: Vanessa B	pe used to implement the strategy for this service (e.	
6. What other mechanisms (if any) will I acts of the General Assembly, rate or 7. Person completing form: Vanessa B Phone number: 678-513-5866	be used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect? ernstein, Forsyth County Senior Planner Date completed: 10/25/2012 tacted by state agencies when evaluating whether p	g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: GEOGRAPHIC INFORMATION SERVICES
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	I I I	154W	COL	1 T I M	ued
				ши	

CITY OF CUMMING	Funding Method	
	General Fund	
CITY OF CUMMING	Utilities Department Budget	
FORSYTH COUNTY	General Fund	
. How will the strategy change the pre	evious arrangements for providing and/or funding this	service within the county?
	ements or intergovernmental contracts that will be us	ed to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
5. What other mechanisms (if any) will	be used to implement the strategy for this service (e.	g., ordinances, resolutions, local
		gi, oranianoco, roccianono, icoa
acts of the General Assembly, rate of	r ree changes, etc.), and when will they take effect?	
	r fee changes, etc.), and when will they take effect?	
	ir fee changes, etc.), and when will they take effect?	
	rree changes, etc.), and when will they take effect?	
	ir fee changes, etc.), and when will they take effect?	
	rree changes, etc.), and when will they take effect?	
acts of the General Assembly, rate of		
acts of the General Assembly, rate o	Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012	
acts of the General Assembly, rate o	Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012 Intacted by state agencies when evaluating whether page 10/25/2019	roposed local government
acts of the General Assembly, rate o	Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012 Intacted by state agencies when evaluating whether page 10/25/2019	roposed local government
acts of the General Assembly, rate o	Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012 ntacted by state agencies when evaluating whether proceed delivery strategy? ⊠Yes □No	roposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:FORSYTH COUNTY	Service: HOUSING AUTHORITY			
Check the box that best describes the agreed upor	a delivery arrangement for this service:			
1. Check the box that best describes the agreed upor	ruelivery arrangement for this service.			
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

CBC					4	
SDS	1 20	KW	2. (con	Шπ	uec

	Local Government or Auth	ority	Funding Method	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service: Agreement Name	City of Cumming Housing Auth	ority	Authority Revenues/State Funds/HUD	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service: Agreement Name				
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service: Agreement Name				
Agreement Name Contracting Parties Gooperation Agreement City of Cumming & City of Cumming Housing Authority 3/13/58 - no end specified What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	How will the strategy change	the prev	rious arrangements for providing and/or funding this	service within the county?
Agreement Name Contracting Parties Ooperation Agreement City of Cumming & City of Cumming Housing Authority 3/13/58 - no end specified What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government				
Agreement Name Contracting Parties Gooperation Agreement City of Cumming & City of Cumming Housing Authority 3/13/58 - no end specified What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government				
Agreement Name Cooperation Agreement City of Cumming & City of Cumming Housing Authority 3/13/58 - no end specified What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government				
Ooperation Agreement City of Cumming & City of Cumming Housing Authority 3/13/58 - no end specified What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, locates of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	ist any formal service deliver		ments or intergovernmental contracts that will be use	
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service:	y agree		
Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name		Contracting Parties	Effective and Ending Date
Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name		Contracting Parties	
Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 s this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name		Contracting Parties	Effective and Ending Date
Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 s this the person who should be contacted by state agencies when evaluating whether proposed local government	nis service: Agreement Name		Contracting Parties	Effective and Ending Date
Person completing form: Vanessa Bernstein, Forsyth County Senior Planner Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name		Contracting Parties	Effective and Ending Date
Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name		Contracting Parties	Effective and Ending Date
Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name ooperation Agreement What other mechanisms (if an	City o	Contracting Parties of Cumming & City of Cumming Housing Authority be used to implement the strategy for this service (e.g.	Effective and Ending Date 3/13/58 - no end specified
Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name Cooperation Agreement What other mechanisms (if an	City o	Contracting Parties of Cumming & City of Cumming Housing Authority be used to implement the strategy for this service (e.g.	Effective and Ending Date 3/13/58 - no end specified
Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service: Agreement Name Cooperation Agreement What other mechanisms (if an	City o	Contracting Parties of Cumming & City of Cumming Housing Authority be used to implement the strategy for this service (e.g.	Effective and Ending Date 3/13/58 - no end specified
Phone number: 678-513-5866 Date completed: 10/25/2012 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service: Agreement Name Cooperation Agreement What other mechanisms (if an	City o	Contracting Parties of Cumming & City of Cumming Housing Authority be used to implement the strategy for this service (e.g.	Effective and Ending Date 3/13/58 - no end specified
	his service: Agreement Name Cooperation Agreement What other mechanisms (if an	City o	Contracting Parties of Cumming & City of Cumming Housing Authority be used to implement the strategy for this service (e.g.	Effective and Ending Date 3/13/58 - no end specified
	Agreement Name ooperation Agreement What other mechanisms (if an acts of the General Assembly,	City of the control o	Contracting Parties of Cumming & City of Cumming Housing Authority be used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect? Bernstein, Forsyth County Senior Planner	Effective and Ending Date 3/13/58 - no end specified







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 neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: LAW ENFORCEMENT
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, continued

Local Government or Authori	ty	Funding Method		
CITY OF CUMMING	General Fund			
FORSYTH COUNTY	General Fund			
FORSYTH COUNTY	Special Revenue Fu	ınds		
4. How will the strategy change the	previous arrangements for	providing and/or funding this	service within the county?	
List any formal service delivery a this service:	greements or intergovernm	nental contracts that will be us	ed to implement the strategy for	
Agreement Name	Contract	ing Parties	Effective and Ending Dates	
6. What other mechanisms (if any) acts of the General Assembly, rat			g., ordinances, resolutions, local	
7. Person completing form: Vaness Phone number: 678-513-5866	a Bernstein, Forsyth Cou Date completed: 10/25/			
8. Is this the person who should be projects are consistent with the se			roposed local government	
If not, provide designated contact	person(s) and phone num	ber(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: LIBRARY SERVICES
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	I I I	154W	COL	1 T I M	ued
				ши	

Local Government or Authorit		Method
FORSYTH COUNTY	General Fund	
FORSYTH COUNTY	Impact Fees	
	State Funds	
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
	previous arrangements for providing and/or fundi	
5. List any formal service delivery a		

	y) will be used to implement the strategy for ate or fee changes, etc.), and when will th		g., ordinances, resolutions, local
Forsyth County Library Develop	nent Impact Fee Ordinance		
7. Person completing form: Vane : Phone number: 678-513-5866	ssa Bernstein, Forsyth County Senior F Date completed: 10/25/2012	Planner	

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: PUBLIC HEALTH
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CBC		M 0	4
505	IZOKI	VI 2. CC	ontinued

Local Government or Authority	Funding I	Method
ORSYTH COUNTY	General Fund	
	State Funds	
low will the strategy change the previ	ious arrangements for providing and/or fund	ing this service within the county?
List any formal service delivery agreer	ments or intergovernmental contracts that wi	ill be used to implement the strategy
	ments or intergovernmental contracts that wi	ill be used to implement the strategy
List any formal service delivery agreer nis service:	ments or intergovernmental contracts that wi	ill be used to implement the strategy
nis service:		
	ments or intergovernmental contracts that wi	ill be used to implement the strategy Effective and Ending Date
nis service:		
is service:		
nis service:		
nis service:		
nis service:		
nis service:		
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	Contracting Parties E used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: RECREATION AND PARKS
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SD	S	FO	RM	2.	COL	ntin	ue	
								_

Local Government or Author	ity Fund	ling Method		
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?		
this service:	agreements or intergovernmental contracts th			
Agreement Name	Contracting Parties	Effective and Ending Dates		
	will be used to implement the strategy for this te or fee changes, etc.), and when will they to	s service (e.g., ordinances, resolutions, local ake effect?		
Forsyth County Parks and Recrea	ation Department Impact Fee Ordinance			
7. Person completing form: Vanes: Phone number: 678-513-5866	sa Bernstein, Forsyth County Senior Plans Date completed: 10/25/2012	ner		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:FORSYTH COUNTY	Service: SENIOR SERVICES
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): FORSYTH COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a coverlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expressed in the contract of	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	I I I	154W	COL	1 T I M	ued
				ши	

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

Local Government or Authori	ty Fund	ling Method
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?
The will all drategy change the	provided arrangements for providing arrayor	randing the corvice within the county.
List any formal service delivery a this service:	greements or intergovernmental contracts the	nat will be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
3		3
I		
		s service (e.g., ordinances, resolutions, local
acts of the General Assembly, rat	e or fee changes, etc.), and when will they t	ake effect?
7. Person completing form: Vaness	a Bernstein, Forsyth County Senior Plan	ner
Phone number: 678-513-5866	Date completed: 10/25/2012	
	contacted by state agencies when evaluating	g whether proposed local government
projects are consistent with the se	ervice delivery strategy? ⊠Yes □No	
If not, provide designated contact	person(s) and phone number(s) below:	
,, 3		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:FORSYTH COUNTY	Service: SOCIAL SERVICES			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): FORSYTH COUNTY			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

CBC					4	
SDS	1 20	KW	2. (con	Шπ	uec

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority **Funding Method** 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: Agreement Name **Contracting Parties** Effective and Ending Dates 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 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? XYes \(\subseteq No. \) If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:FORSYTH COUNTY	Service: SOIL EROSION PERMITTING AND ENFORCEMENT			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
1. Officer the box that best describes the agreed apor	radivery arrangement for this service.			
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

SD	S	FO	RM	2.	COL	ntin	ue	
								_

eneral Fund
ser Fees
eneral Fund
ser Fees
surance Premium Tax Fund
CRS Soil Conservation Fund
s

FORSYTH COUNTY	Insurance Premium Tax Fund	Insurance Premium Tax Fund NCRS Soil Conservation Fund				
FORSYTH COUNTY	NCRS Soil Conservation Fund					
. How will the strategy change the	e previous arrangements for providing and/or funding	this service within the county?				
i. List any formal service delivery this service:	agreements or intergovernmental contracts that will b	ne used to implement the strategy for				
Agreement Name	Contracting Parties	Effective and Ending Dates				
) will be used to implement the strategy for this servic ate or fee changes, etc.), and when will they take effe					
Forsyth County Soil Erosion and	Sediment Control Ordinance					
7. Person completing form: Vanes Phone number: 678-513-5866	ssa Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012					
	e contacted by state agencies when evaluating wheth service delivery strategy? $oxtimes$ Yes $oxtimes$ No	ner proposed local government				
If not, provide designated contact person(s) and phone number(s) below:						







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:FORSYTH COUNTY Se	ervice:SOLID WASTE MANAGEMENT	
Check the box that best describes the agreed upon de-	elivery arrangement for this service:	
☐ Service will be provided countywide (i.e., including this box is checked, identify the government, authority	all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):	
Service will be provided only in the unincorporated perchecked, identify the government, authority or organize	portion of the county by a single service provider. (If this box is ation providing the service.):	
	nin their incorporated boundaries, and the service will not be provided by the government(s), authority or organization providing the service:	
service in unincorporated areas. (If this box is checked	nin their incorporated boundaries, and the county will provide the d, identify the government(s), authority or organization providing the NTY EXCEPT FOR RECYCLING, WHICH IS COUNTY-WIDE	
Other (If this box is checked, attach a legible map identify the government, authority, or other organization	delineating the service area of each service provider, and on that will provide service within each service area.):	
2. In developing this strategy, were overlapping service a identified?	areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional document	ration as described, below)	
⊠No		
	ch an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that inated).	
If these conditions will be eliminated under the strategy, will be taken to eliminate them, the responsible party and	attach an implementation schedule listing each step or action that d the agreed upon deadline for completing it.	

CBC					4	
SDS	1 20	KW	2. (con	Шπ	uec

enterprise funds, user fees, gene fees, bonded indebtedness, etc.)		/motel taxes, franchise taxes, impact	
Local Government or Author		Method	
CITY OF CUMMING	User Fees		
FORSYTH COUNTY	User Fees		
4. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take		
Forsyth County Solid Waste Management Ordinance			
7. Person completing form: Vanes Phone number: 678-513-5866	sa Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012		
	contacted by state agencies when evaluating wlervice delivery strategy? ⊠Yes □No	nether proposed local government	
If not, provide designated contact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:FORSYTH COUNTY	Service:STORM WATER MANAGEMENT		
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the DUNTY		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

						-40	
-	11.5	120	I KH W	74.	COL	H	nued

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

Local Government or Author	ity Funding Metho	d			
CITY OF CUMMING	General Fund				
CITY OF CUMMING	Utilities Department Budget				
FORSYTH COUNTY	General Fund				
FORSYTH COUNTY	Insurance Premium Tax Fund				
TOROTTIOCONTI	modrance i remain rax i una				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?					
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name	Contracting Parties	Effective and Ending Dates			
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: Vaness Phone number: 678-513-5866	sa Bernstein, Forsyth County Senior Planner Date completed: 10/25/2012				
Phone number: 678-513-5866 8. Is this the person who should be		proposed local government			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:FORSYTH COUNTY	Service: TRANSPORTATION		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
•	ng all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:		
service in unincorporated areas. (If this box is check	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the PUNTY EXCEPT FOR DIAL-A-RIDE SERVICE, WHICH IS COUNTY-		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
f 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

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

FORST ITI COUNTY	User rees, Grants and the General rund to	DIAI-A-NIUE SELVICE
	State and federal aid for both jurisdictions	
4. How will the strategy change th	e previous arrangements for providing and/or fundin	ng this service within the county?
Impact fees will now be collected	d in addition to previously identified funding sources.	
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this serviate or fee changes, etc.), and when will they take eff	
7. Person completing form: Vanes Development Phone number: 678-513-5866	ssa Bernstein-Goldman, Forsyth County Deputy Date completed: 8/14/17	Director of Planning & Community
	e contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes ⊡No	ther proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this			
COUNTY:FORSYTH COUNTY	Service: VOTER REGISTRATIONS AND ELECTIONS			
Check the box that best describes the agreed upon	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): FORSYTH COUNTY			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
Page 1 of 2				

SDS FORM 2, continued

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax			
Local Government or Authority		Funding Method			
FORSYTH COUNTY		General Fund			
FORSYTH COUNTY		Special Election Fees			
TORSTITICOUNTT		Openial Election 1 des			
4. How will the strategy change th	ie previ	ous arrangements for providing and/or funding this s	service within the county?		
5. List any formal service delivery	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for		
this service:					
Agreement Name		Contracting Parties	Effective and Ending Dates		
	•				
IGA to Conduct Elections	City o	f Cumming and Forsyth County	7/19/11 - 7/19/21		
IGA to Conduct Elections	City o				
IGA to Conduct Elections	City o				
IGA to Conduct Elections	City o				
IGA to Conduct Elections	City o				
IGA to Conduct Elections	City o				
6. What other mechanisms (if any	r) will be		7/19/11 - 7/19/21		
6. What other mechanisms (if any acts of the General Assembly, r	y) will be ate or f	f Cumming and Forsyth County e used to implement the strategy for this service (e.g.	7/19/11 - 7/19/21 ., ordinances, resolutions, local		
6. What other mechanisms (if any acts of the General Assembly, received the Resolution Reaffirming the Loca the Polling Place for County, Sta	tion of tate, and	e used to implement the strategy for this service (e.g. ee changes, etc.), and when will they take effect?	7/19/11 - 7/19/21 ., ordinances, resolutions, local		
6. What other mechanisms (if any acts of the General Assembly, resolution Reaffirming the Loca the Polling Place for County, State 7. Person completing form: Vanes Phone number: 678-513-5866 8. Is this the person who should be	tion of ate, and	e used to implement the strategy for this service (e.g. ee changes, etc.), and when will they take effect? the Polling Place for the City of Cumming Municipal Federal Elections for City Residents, 7/19/11 rnstein, Forsyth County Senior Planner	7/19/11 - 7/19/21 ., ordinances, resolutions, local Elections and the Location of		







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:	NOTE:					
☐ Amendments to existing comprehensive plans						
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet					
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments					
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	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 2010 population of over 9,000 residing within the county; and 4) no tess than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 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: TYPE COUNTY NAME HERE

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

- We have executed agreements for implementation of our service delivery strategy and the attached forms
 provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (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
LIST EACH JURISDICTION HERE, ALPHABETICALLY	List the Title of the Authorized Representative of Each Jurisdiction Here, Respectively	List the Names of the Representatives Here, Respectively		
City of Cumming	Mayor	Ford Gravitt	De Fred Mart	8-15-17
Forsyth County	Vice-Chairman	Rick Swope	125	\$/15/17
it.	Chairman	Todd LeveNT	Just Levens	8-28-2017