



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: QUITMAN

I. GENERAL INSTRUCTIONS:

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

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="824 1180 1528 1413" style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</p> </div>

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Unified Government of Georgetown-Quitman County, Lower Chattahoochee Regional E-911 Authority, Lower Chattahoochee Regional Transit Authority, Quitman County Water and Sewerage Authority, Quitman County Industrial Development Authority, Southwest Georgia Regional Development Authority

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

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

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.

Child Development Services, Codes Enforcement, Cooperative Extension Services, E-911 Services, Economic Development Services, Emergency Management Agency, Emergency Medical Services, Fire Prtection, Indigent Defense, Jail Sevices, Judicial/ Court Services, Landfill (Inert), Law Enforcement, Library Services, Planning and Zoning, Public Health Services, Public Works, Recreation, Regional Airport, Regional Transit, Road and Bridge Maintenance, Senior Citizens Center, Social Services (Department of Family and Children Services), Solid Waste Collection Services, Tax Appraisal/Assessment, Tax Collection, Voter Registration, Regional Transit , Water and Sewer



SERVICE DELIVERY STRATEGY
FORM 4: Certifications

Instructions:

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

COUNTY: UNIFIED GOVERNMENT OF GEORGETOWN-QUITMAN COUNTY

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); and
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>UNIFIED GOVERNMENT OF GEORGETOWN-QUITMAN COUNTY</u>	Chairman, Unified Government of Georgetown-Quitman County	Richard Morris		10-28-14
		Danny Blackman		10-28-14
		Carvel Lewis		10-28-14
		David E. Kinsey		10-28-14
		Willie Bussey, Jr.		



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Code Enforcement

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

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

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	Detail Funding Here
Quitman County	General Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This is a new service 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
Intergovernmental Contract for Code Enforcement and Building Inspection Sevices	Unified Govt of Georgetown-Quitman Cnty and Randolph County	November 25,2013
Name Agreement Here		Up to 50 years subject to termination clause
		Effective - End
Name Agreement Here		Effective - End

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?

See Attached Contract.

7. Person completing form: **Rick Morris, RVRC Planning Director**
 Phone number: **706-256-2910** Date completed: 10-21-2014

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Cooperative Extension Service

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	General Fund
Quitman County	

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

Quitman County is the sole service provider. The county provides salary support, building space, utilities to the Extension Service,

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: **Rick Morris**

Phone number: **(706) 256-2910** Date completed: 10/028/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *County Coroner*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown- County	General Fund

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

Quitman County is the sole service provider.

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

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

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

None.

7. Person completing form: **Rick Morris**
 Phone number: **(706) 256-2910** Date completed: 10/028/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: E-911

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	General Fund
Quitman County	
Clay County	General Fund
Randolph County	General Fund
Stewart County	General Fund

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

Quitman County is the sole local government funding source in Quitman 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
Resolution 06-009	Quitman County	July 1, 2006 subject to
Creating the Lower Chatt	Clay County	termination agreement
Regional E-911 Authority	Randolph County	
	Stewart County	

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?

See attached resolution.

7. Person completing form: **Rick Morris**

Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Economic Development*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
SW Ga, Regional Devel. Authority	
Quitman County, Clay County	General Fund, Bond Issue, State or Federal Grant
Randolph County	General Fund, Bond Issue, State or Federal Grant
Quitman County Devel. Authority	
Quitman County	General Fund, Bond Issue, State or Federal Grant

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

Quitman County sole Authority member. The Southwest Regional Development Authority is still active and works to promote business/industrial projects in Quitman, Clay and Randolph Counties.
The Quitman County Industrial Development Authority works to attract business/industry to Quitman County only.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Southwest Georgia Regional Development Authority	Quitman County Clay County	1997- no longer than 50 yrs.
Created by Resolution	Randolph County	
Quitman County Industrial Development Authority	Quitman County	12/12/06 - 50 yrs
Created by General Statute		

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

None

7. Person completing form: **Rick Morris**
Phone number: **(706) 256-2910** Date completed: 10/028/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Emergency Management Agency*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	General Fund
Quitman County	

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

Quitman County operates it's own EMA service. Sole service provider. This is a new service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None

7. Person completing form: **Rick Morris**

Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Emergency Medical Services*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	General Fund, User Fees
Quitman County	

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

Quitman County is the sole service provider.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Rick Morris**

Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Fire Protection*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	General Fund; Fire District Tax starting January 1 st ,2015
Quitman County	

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

Sole government service provider.

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?

Fire District Tax

7. Person completing form: **Rick Morris**
 Phone number: **(706) 256-2910** Date completed: 10/028/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Indigent Defense (State of Georgia Program)*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

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

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

Program is run and funded by the State of Georgia.

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

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

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

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Judicial/Court Services*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund, User fees
Quitman County	

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

Quitman County is the sole service provider.

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

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

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

None

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN	Service: Landfill (Inert)
------------------------	----------------------------------

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund
Quitman County	

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

Quitman County is the sole source service provider.

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

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

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

None

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Law Enforcement

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund, Fines, Forfeitures, State and Federal Grants
Quitman County	

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

Quitman County is the sole source service provider.

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

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

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

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Library Services*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund
Quitman County	

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

Quitman County is the sole source service provider. Provides funding to the Kinchafoonee regional library system to operate services.

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

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

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

None.

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Planning and Zoning*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	General Fund
Quitman County	

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

N/Quitman County is the sole service provider.A

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
Service Delivery Agreement	Unified Government of Georgetown-Quitman County	7/1/2014 -6/30/2015
	River Valley Regional Commission	

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?

Comp plan, zoning and subdivison ordinance

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Public Health Services

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund
Quitman County	

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

Quitman County sole service provider. County provides building and utilities to the West Georgia Health System to provide day to day services.

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

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

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

None

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Public Water Supply and Sewage Treatment

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund, State and Federal Grants, Loans
Quitman County	
Quitman County Water and Sewer	Service Fees
Authority	

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

Quitman County is the sole government service provider. County has an intergovernmental agreement with the Quitman County Water and Sewerage Authority to provide service See Attached Agreement..

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Service Delivery Agreement	Unified Government of Georgetown-Quitman County	March 11, 2014- for a period
	Quitman County Water and Sewerage Authority	of no longer than 50 years.

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

None.

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Public Works activities (Roads and Bridges Maintenance, Solid Waste, Water and Sewer) are listed as separate services*

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

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

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

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

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

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

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

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

No

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

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

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

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

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

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

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

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

7. Person completing form: **Rick Morris RVRC Planning Director**
 Phone number: **706-256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Recreation

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund, User Fees
Quitman County	

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

Quitman County is the sole service provider.

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

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

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

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:QUITMAN

Service:Regional Transit

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Unified Government of Georgetown-	General Funds, User Fees
Quitman County	
Stewart County	General Funds, User Fees
Randolph County	General Funds, User Fees

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

Quitman County is the sole government service funding source in Quitman County. Lower Chattahoochee Regional Transit Service provides the day to day transit services.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Resolution No. 13-12 Appt. of	Unified Government of Georgetown-Quitman County	2012 - 2062 Good for 50 yrs.
Members to the Lower Chatt	Randolph County	
Regional Transit Authority	Stewart County	

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?

Ga House Bill 604. See attached Resolution

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Road and Bridge Maintenance

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Funds, State and Federal Grants and Loans, TIA Tax
Quitman County	

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

Quitman County is the sole service provider.

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

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

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

TIA tax

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: QUITMAN

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

None. Governments unified in 2007 creating the Unified Government of Georgetown-Quitman County.

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

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

If "other measures" was checked, describe these measures:
Unification of Quitman County and the city of Georgetown governments.

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

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Unified comp plan, zoning ordinance, subdivision regulations and unified water and sewer service.

4. Person completing form: **Rick Morris, Planning Director**

Phone number: **706-256-2910** Date completed: 10-28-14

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 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: QUITMAN

Service: *Senior Citizen Center*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Unified Government of Georgetown-Quitman County and Enrichment Services**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Funds
Quitman County	

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

.Quitman County is the sole contributing local government partner. Quitman County provides a building to Enrichment Services.

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

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

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

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Social Services (DFACS)

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Fund, User Fee
Quitman County	

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

County is the sole local government provider of funding, Quitman County provides a building to Department of Human Services AKA DFACS.

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

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

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

None

7. Person completing form: **Rick Morris**

Phone number: **(706) 256-2910** Date completed: 10/028/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Solid Waste Collection

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Funds
Quitman County	
Quitman County Water and	User Fees
Sewerage Authority	

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

Quitman County is the sole government funding/ service provider source in Quitman County. The Quitman County Water and Sewerage Authority also operates or provides daily solid waste pick - up.

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

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

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

None

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Tax Appraisal/Tax Assessment

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Funds
Quitman County	

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

Quitman County is the sole service provider.

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

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

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

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: Tax Collection

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Funds
Quitman County	

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

Quitman County is the sole service provider.

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

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

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

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: QUITMAN

Service: *Voter Registration*

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

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

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Unified Government of Georgetown-	General Funds
Quitman County	

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

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

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

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

Quitman County is the sole service provider.

7. Person completing form: **Rick Morris, Planning Director**
 Phone number: **(706) 256-2910** Date completed: 10/28/2014

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

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

**CONTRACT FOR CODE ENFORCEMENT AND
BUILDING INSPECTION SERVICES**

**STATE OF GEORGIA
COUNTY OF RANDOLPH**

THIS AGREEMENT is made and entered into this th 25 day of November, 2013, by and between Randolph County, Georgia, a political subdivision of the State of Georgia, acting through the Board of Commissioners of Randolph County (hereinafter referred to as "Randolph County"); and the Unified Government of Georgetown-Quitman County, Georgia, a political subdivision of the State of Georgia, acting through the Board of Commissioners of Quitman County (hereinafter referred to as "Georgetown-Quitman")

In order to promote and in the interest of efficient enforcement of environmental and building codes in Quitman County, the parties have entered into this Agreement as provided for in Article IX, Section IV, Paragraph II and Article IX, Section III, Paragraph I of the 1983 Georgia Constitution.

In consideration of the mutual benefits and promises exchanged by the parties to this Agreement, it is agreed as follows:

1. This Agreement shall be binding on the parties hereto for the period commencing 11-25-13, and for a period up to fifty (50) years, provided that either party may terminate this agreement upon thirty (30) days notice in writing.
2. The Building Department and Office of Code Enforcement of Randolph County shall provide Building Inspection and Code Enforcement services to Georgetown-Quitman in the manner provided for by the Georgetown Code of Ordinances, the Quitman County Code of Ordinances and the Georgetown-Quitman Code of Ordinances.
3. Randolph County shall furnish all personnel, facilities, vehicles, equipment and other supplies necessary to accomplish the above-referenced, except that violations of such ordinances shall be prosecuted and tried in the Probate Court of Quitman County
4. Randolph County shall be compensated for such services at a rate of \$40 per hour and shall be reimbursed for mileage at the Standard Mileage Rates for business provided by the Internal Revenue Service.
5. Randolph County shall require the attendance of any personnel needed as a

witness at any trial or court proceeding related to Building or Environmental Code Enforcement violations and Randolph County shall be compensated for such attendance at the ordinary rate of compensation provided for in paragraph 4 above.

6. All notices required in writing by either party shall be delivered by U.S. Mail at the following addresses:

Randolph County Board of Commissioners
P.O. Box 221
Cuthbert, GA 39840

Unified Government of Georgetown-Quitman
P.O. Box 114
Georgetown, GA 39854

7. This Agreement constitutes the entire understanding of the parties to this Agreement and supersedes any other agreement or understanding. Any amendment to or modification of this Agreement must be made in writing and signed by the parties to this Agreement.

APPROVED AND ACCEPTED:

RANDOLPH COUNTY BOARD
OF COMMISSIONERS

By: Jimmy P. Bradley
Hon. Jimmy Bradley, Chairman

Attest: Addie Taylor
Addie Taylor, Clerk

(County Seal)

UNIFIED GOVERNMENT OF
GEORGETOWN-QUITMAN COUNTY

By: Richard Morris
Hon. Richard Morris, Chairman

Attest: Carole Wilson

(County Seal)

RANDOLPH COUNTY BUILDING OFFICIAL
RANDOLPH COUNTY CODE ENFORCEMENT

Ben Plowden
Ben Plowden

Registered Authority VIEW

Year **2006** **401403-10926** **Quitman County Development Authority**

Official FYE Month **12** Registrations FYE **12**

DATE_REGISTERED **4/24/2007** CERTIFICATE_SENT

DATE_CREATED **12/12/2006** OFFICIAL_CITATION

CREATED_BY **General Statute**

AUTH_PHONE AUTH_TYPE **03** **Development**

DEPENDENCY **Independent** JURIS_TYPE **Single-Jurisdiction**

NoChair: **No** OTHER

TITLE SALUTATION FN MN LN DEG
Mr. **C.P.** **Redding**

Attention

MailingAddress **P.O. Box 336**

MailingCity **Georgetown**

MailingState **Georgia**

MailingZip **39854**

StreetAddress

StreetCity

StreetZip

CONTACT_PERSON **Richard Morris**

CONTACT_TITLE **Vice Chair**

CONTACT_PHONE **334-688-2250**

EMAIL

AUTHORIZED_REP **Richard Morris**

REP_TITLE **Vice Chair**

DATE_SIGNED **12/29/2006**

Inactive: **Yes** BOARD MEMBERS:

C.P. Redding
Richard Morris
Matthew Self
John Pritchett
Homer Bussey
Eva Massey
Becky Fendley

RESOLUTION 06-009
CREATING THE LOWER CHATTAHOOCHEE REGIONAL E-911 AUTHORITY

WHEREAS, the Board of Commissioners of Clay, Quitman, Randolph and Stewart Counties all desire to have an enhanced '911' emergency system for their constituents, and

WHEREAS, after careful study of the costs associated with creation, operation and maintenance of an enhanced '911' emergency system the respective Boards of Commissioners desire to form a joint authority for the purpose of sharing costs associated with creation, operation and maintenance of an enhanced '911' emergency service, and

WHEREAS, Georgia law provides for creation of a joint authority among any two or more counties desiring an enhanced '911' system, and

WHEREAS, the Boards of Commissioners of each county party hereto have imposed a monthly '911' charge for telephone services provided in their respective jurisdictions,

NOW BE IT THEREFORE RESOLVED, that pursuant to OCGA 46-5-138 Clay, Quitman, Randolph and Stewart Counties do hereby create the Lower Chattahoochee Regional E-911 Authority,

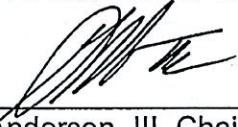
BE IT FURTHER RESOLVED, that the Lower Chattahoochee Regional E-911 Authority be activated as of July 1, 2006.

BE IT FURTHER RESOLVED, that said authority have all powers necessary or convenient to carry out and effectuate the purposes of OCGA 46-5-138,


BE IT FURTHER RESOLVED:

- a) The authority shall consist of nine members who shall be residents of Clay, Quitman, Randolph and Stewart Counties. Two of the members shall be appointed by the governing authority of Clay County for terms of office of four years each. Two of the members shall be appointed by the governing authority of Quitman County for terms of office of four years each. Two of the members shall be appointed by the governing authority of Randolph County for terms of office of four years each. Two of the members shall be appointed by the governing authority of Stewart County for terms of office of four years each. The eight members so appointed shall appoint a ninth member, who may be a resident of either Clay, Quitman, Randolph or Stewart County for a term of office of four years. Members of the authority shall serve the terms specified and until their respective successors are appointed and qualified; provided, however, that any member of the authority may be removed at any time by the governing authority which appointed such member, with or without cause. Any member of the authority may be selected and appointed to succeed himself or herself. The initial appointments shall be effective as of July 1, 2006. After such appointment, the members of such authority shall enter

CLAY COUNTY BOARD OF COMMISSIONERS

By: 
Gerald Von Anderson, III, Chairman

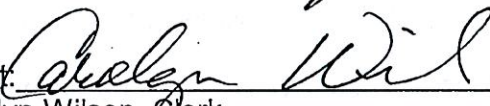
(SEAL)

Attest: 
Teresa Smith, Clerk

QUITMAN COUNTY BOARD OF COMMISSIONERS

By: 
C.P. Redding, Chairman

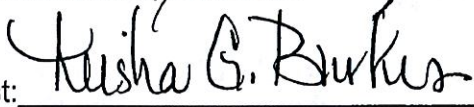
(SEAL)

Attest: 
Carolyn Wilson, Clerk

RANDOLPH COUNTY BOARD OF COMMISSIONERS

By: 
Evans Simmons, Chairman

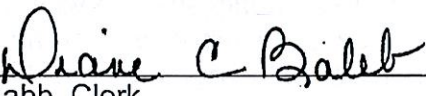
(SEAL)

Attest: 
Keisha Burkes, Clerk

STEWART COUNTY BOARD OF COMMISSIONERS

By: 
John S. Patterson, Chairman

(SEAL)

Attest: 
Diane Babb, Clerk

Resolution No. 13-12

A RESOLUTION OF QUITMAN COUNTY, GEORGIA PROVIDING FOR (1) THE APPOINTMENT OF THE MEMBERS OF THE LOWER CHATTAHOOCHEE REGIONAL TRANSPORTATION AUTHORITY; AND (2) THE AUTHORIZATION OF A CERTAIN AGREEMENT AMONG STEWART COUNTY, GEORGIA, QUITMAN COUNTY, GEORGIA, RANDOLPH COUNTY, GEORGIA, AND THE LOWER CHATTAHOOCHEE REGIONAL TRANSPORTATION AUTHORITY; AND (3) FOR OTHER RELATED PURPOSES

WHEREAS Quitman County, Georgia, a political subdivision validly created and existing under the laws of the State of Georgia, after diligent study and review, has determined that there is a serious need for the creation of a regional transportation authority;

WHEREAS the General Assembly of the State of Georgia has heretofore enacted the Lower Chattahoochee Regional Transportation Authority Act (the "Act"), 2011 Georgia House Bill 604, which created a public body corporate and politic known as the Lower Chattahoochee Regional Transportation Authority, a political subdivision of the state having a distinct corporate entity and being exempt from the provisions of Article 2 of Chapter 17 of Title 50 of the O.C.G.A., the "Georgia State Financing and Investment Commission Act", and being granted the same exemptions and exclusions from taxes as are now granted to cities and counties;

WHEREAS, after diligent study and review, Quitman County has determined that it is in the best interest of its citizens to enter into an Agreement providing for the appointment of the Board of Directors of the Authority under the terms of the Act and for the operation of the Authority, and

WHEREAS Art. 9, Section 3, Par. 1 of the Constitution of the State Georgia provides, in pertinent part, that any county, municipality or other political subdivision of the State of Georgia may contract for any period not exceeding fifty (50) years with each other or with any public agency, public corporation, or public authority for joint services, for the provision of services, or for the joint or separate use of facilities or equipment for such activities, services or facilities which the county, municipality or public authority is authorized by law to undertake or provide.

NOW, THEREFORE, BE IT RESOLVED by Quitman County, Georgia as follows:

Section 1. Board of Directors. In accordance with the terms of paragraph (b) of Section 2 of the Act, Quitman County hereby appoints the following two (2) individuals to serve as members of the Board of Directors of the Authority:

FOUR YEAR APPOINTMENT:

1. Richard Morris

TWO YEAR APPOINTMENT:

2. David Kinsey

“EXHIBIT A”

AGREEMENT AMONG PARTIES

This Agreement made and entered into as of the ____ day of _____, 2012, by, between and among the Lower Chattahoochee Regional Transportation Authority (hereinafter referred to as the “Authority”), a public body corporate and politic deemed to be a political subdivision of the state of Georgia, and Stewart County, Georgia, Quitman County, Georgia, and Randolph County, Georgia (hereinafter collectively referred to as the “Counties” or the “Participants”) each a political subdivision validly created and existing under the laws of the State of Georgia.

WITNESSETH:

WHEREAS the Participants, each a political subdivision validly created and existing under the laws of the State of Georgia, after diligent study and review, each have determined that there is a serious need for the creation of a regional transportation authority;

WHEREAS the General Assembly of the State of Georgia has heretofore enacted the Lower Chattahoochee Regional Transportation Authority Act (the “Act”), 2011 Georgia House Bill 604, which created a public body corporate and politic known as the Lower Chattahoochee Regional Transportation Authority, a political subdivision of the state having a distinct corporate entity and being exempt from the provisions of Article 2 of Chapter 17 of Title 50 of the O.C.G.A., the "Georgia State Financing and Investment Commission Act", and being granted the same exemptions and exclusions from taxes as are now granted to cities and counties;

WHEREAS, after diligent study and review, each Participant has determined that it is in the best interest of its citizens to enter into an Agreement with the other Participants and the Authority providing for the appointment of the Board of Directors of the Authority under the terms of the Act and for the operation of the Authority; and

WHEREAS, as used herein, the term “Project” shall have the same meaning as set forth in 2011 Georgia House Bill 604.

WHEREAS Art. 9, Section 3, Par. 1 of the Constitution of the State Georgia provides, in pertinent part, that any county, municipality or other political subdivision of the State of Georgia may contract for any period not exceeding fifty (50) years with each other or with any public agency, public corporation, or public authority for joint services, for the provision of services, or for the joint or separate use of facilities or equipment for such activities, services or facilities which the county, municipality or public authority is authorized by law to undertake or provide.

Section 1. Board of Directors. In accordance with the terms of paragraph (b) of Section 2 of the Act, and under the authority of the resolutions of each Participant’s Board of Commissioners approving this Agreement, the Participants hereby appoint the following six (6) individuals to serve as members of the Board of Directors of the Authority (hereinafter referred

Section 2. Powers of the Authority. The Authority shall have all of the powers Granted under the Act.

Section 3. Budget and Finance. The Authority shall cause to be prepared and submitted to each Participant an Annual Authority Budget at least ninety (90) days prior to the beginning of the Authority's fiscal year. Any Participant may then submit to the Authority, at any time until such budget is adopted by the Authority, any matters or suggestions relating to such budget that the Participant may care to present. The Authority shall then proceed with the consideration and adoption of an Annual Authority Budget not less than 30 and not more than 60 days prior to the beginning of the respective fiscal year and shall cause copies of such adopted budget to be delivered to the Participant. As required from time to time during any Fiscal Year, after 30 days' notice to the Participants, the Authority may adopt an amended Annual Authority Budget for and applicable to such year for the remainder of such year.

The Annual Authority Budget for any fiscal year shall contain (a) all of the Authority's operation and maintenance expenses relating to the operation and conduct of the business of the Authority during such fiscal year; (b) debt Service due during such fiscal year on any debt incurred by the Authority; and (c) any amounts required to be deposited into any fund or account pursuant to the terms of any resolution, loan agreement, or other debt instrument incurred or entered into by the Authority. Notwithstanding the above, any of the foregoing items which are to be paid from the proceeds of a debt or from a funding source other than the Participants shall not be included in the Annual Authority Budget. Notwithstanding the above, section 5 below provides that certain expenses, liabilities, or judgments shall not be included in the Annual Authority Budget.

The Participants and the Authority agree that the amounts provided for in the Annual Authority Budget shall be paid by the Participants to the Authority on the following basis: the total costs included in the Annual Authority Budget for the ensuing fiscal year shall be allocated among the Participants such that each Participant is allocated a fraction of such costs, the numerator of which is the total population of such Participant, and the denominator of which is the total population of all Participants. All populations figures used in calculating the applicable fractions shall be as set forth in the United States decennial census for 2010 or any subsequent U.S. decennial census. The Authority will bill each Participant by providing each Participant with a Monthly Billing Statement which shall include the amounts included in the Annual Authority Budget for such month which are allocated to the Participant under this paragraph. Each such Monthly Billing Statement shall be paid on or before the tenth day from the date of such Monthly Billing Statement.

The Authority shall also cause to be prepared at the end of each fiscal year an annual audit of its operations for the previous fiscal year, and such audit shall be made and certified by a Certified Public Accountant of the State of Georgia and shall be submitted to each Participant as soon as practicable after receipt of such audit by the Authority. Failure of the Authority to submit such audit to each Participant, however, shall not release any Participant from its obligations hereunder, but each Participant shall have such remedies as may be available at law or in equity to require the Authority to submit such audit to each Participant in a prompt and

Section 7. Severability. If any phrase, clause, sentence or paragraph of this Agreement shall be held invalid or unconstitutional, it shall in no wise affect the remaining provisions, which provisions shall remain in full force and effect.

Section 8. Counterparts. This Agreement may be executed in several counterparts, each of which shall be an original, but all of which shall constitute one and the same instrument.

Section 9. Georgia Law Controls. This agreement is being entered into with the Intent that the laws of the State of Georgia shall govern its construction and enforcement.

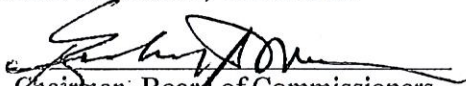
Section 10. Amendment. This agreement may only be amended by a written instrument signed by all Parties.

Section 11. Assignment. No parties to this Contract shall be entitled or empowered to assign or transfer this Contract or any interest herein, unless 1) such assignment is required by an Act of the Georgia General Assembly; or 2) such assignment is agreed to by all Participants and the Authority and such assignment is not contrary to the applicable laws.

IN WITNESS WHEREOF, the Parties hereto, acting through their authorized officers, have caused this Agreement to be executed and their corporate seals to be hereunto affixed and attested as of the date and year first above written.

QUITMAN COUNTY, GEORGIA

By:


Chairman, Board of Commissioners

(S E A L)

Attest:


Clerk, Quitman County, Georgia



REQUEST FOR PROPOSAL

Inmate Housing Available

The Randolph County Sheriff's Office operates a new, state of the art, fully equipped detention center located on Recreation Camp Road, in Cuthbert, Georgia, a short distance east of Hwy 27. The facility is divided into three housing units with each section being comprised of a day room with showers and 21 separate two person cells. Each cell is equipped with a sink and toilet. There is one handicap accessible in each housing unit. There are also medical isolation cells, solitary confinement and temporary holding cells.

Currently, the county is seeking to negotiate an intergovernmental agreement with an agency to house up to 50 inmates from outside law enforcement agencies or duly authorized correctional institutions. The preferable inmate must be either a pre-trial or a sentenced minimum security offender. The Randolph County Sheriff's Office will provide each inmate appropriate care and treatment, to include food, clothing, appropriate housing, recreational opportunities, access to Paytel telephones and routine medical care. Furthermore, the inmates will experience a safe, supervised and secure confinement environment.

The contracting agency (proposer) will be responsible for any/all transportation needs for each inmate to and from the Gary Yochum Law Enforcement Center/Randolph County Sheriff's Office to include court appearances and bonding/release procedures. The Randolph County Sheriff's Office will only transport outside agency inmates for emergency medical treatment; any/all other transportation requirements are the responsibility of the outside agency.

In exchange for the aforementioned daily care, Randolph County shall receive negotiable financial compensation for each inmate per day. For further details, please contact Randolph County Sheriff Eddie Fairbanks via U.S. Mail at P.O. Box 506, Cuthbert, GA 39840, by facsimile at (229)732-5740 or via email at

randolphso@windstream.net or Ben Plowden, Interim County Manger, Randolph County Board of Commissioners via U.S. Mail at P.O. Box 221, Cuthbert, GA 39840, benrcce@yahoo.com.

1. Introduction

Randolph County is seeking proposals to provide for the safe confinement and close supervision of up to 50 inmates from an out of county law enforcement agency or duly authorized correctional facility. These inmates shall be minimum security offenders under the Randolph County Sheriffs Office classification system. Interested agencies shall provide appropriate information regarding their inmate classification system for comparison purposes to ensure uniformity and compatibility of both systems for proper placement of out of county inmates with Randolph County inmates.

The transportation of these inmates is the sole responsibility of the outside agency (proposer) except in the event of an emergency. The Randolph County Sheriffs Office will furnish immediate transportation to Southwest Georgia Regional Hospital in the event urgent medical care is required. The Sheriffs Office shall provide recreational opportunities, religious services and Paytel telephone services. The Sheriffs Office shall provide a safe, supervised confinement and shall maintain proper discipline and control of the detainee's environment. The Sheriffs Office shall faithfully execute the sentences and court orders of all inmates. It is intended that the intergovernmental agreement will have an initial duration of one (1) year with the possibility of automatic renewal for a one (1) year period annually. However, proposals with other agreement terms will be considered.

1. Contract

Questions concerning this Request of Proposal (RFP) should be directed in writing by U.S. Mail, email or face to Sheriff Eddie Fairbanks, P.O. Box 506, Cuthbert, GA 39840, Facsimile (229)732-5740, or email randolphso@windstream.net. or Ben Plowden, Randolph Interim County Manager, Randolph County Board of Commissioners, c/o Ben Plowden, Interim County Manager, P.O. Box 221, Cuthbert, GA 39840, benrcce@yahoo.com.

2. Proposal Submission

Proposals should be submitted by mail or email by 4:00PM, to: Sheriff Eddie Fairbanks, P.O. Box 506, Cuthbert, GA 39840, randolphso@windstream.net with a copy of proposal sent to the Randolph County Board of Commissioners, c/o Ben Plowden, Interim County Manager, P.O. Box 221, Cuthbert, GA 39840, benrcece@yahoo.com.

3. Proposal Form and Contents

No particular form is required for proposals. Proposals should be in writing and contain at least the following information:

- a. The date on which the proposal would like to begin housing inmates in Randolph County; and
- b. The proposed price per inmate per day to be paid to Randolph County for housing proposer's inmates.

4. Intergovernmental Agreement Form

A sample intergovernmental agreement form the County intends to execute with the successful proposer is attached as Exhibit A.

EXHIBIT A

INTERGOVERNMENTAL AGREEMENT - HOUSING OF INMATES

STATE OF GEORGIA
COUNTY OF RANDOLPH

DEFINITIONS

Randolph County through its duly elected Board of Commissioners and Sheriff (hereinafter collectively referred to as "Randolph County") and Georgetown-Quitman County through its duly elected Board of Commissioners and its Sheriff (hereinafter collectively referred to as ("Georgetown-Quitman County").

RECITALS

1. Randolph County and Georgetown-Quitman County desire to enter into an agreement for the housing and maintaining of inmates;
2. Randolph County has a Jail available for housing certain inmates of Georgetown-Quitman County.
3. Georgetown-Quitman County desires to house certain inmates in Randolph County's Jail.
4. Randolph County is willing to house certain Georgetown-Quitman County inmates in the Randolph County Jail based on a cost reimbursement formula that reasonably approximates the actual cost of Randolph County to own and operate its jail.
5. The public will benefit from the above described arrangements; and
6. Georgia Constitution Art. IX, Sec. III, Par. 1, allows any county of the State of Georgia to contract for a period not exceeding fifty (50) years, with any other public agency, public corporation or public authority, for the provision of services, activities or facilities that the contracting parties are authorized by law to undertake or provide.

TERMS

In consideration of the mutual promises and covenants hereinafter set forth, the parties agree as follows:

1. INITIAL TERM

The initial term of this lease shall be from January 1 until December 31, subject to the termination provisions below. Thereafter, the term shall be controlled by the renewal provision hereinafter set forth.

2. RENEWAL

This lease shall be automatically renewed for an additional one (1) year term, beginning on January 1st of each year, subject to the termination provisions below.

3. TERMINATION

Either party may terminate this Agreement at any time for any reason by providing 60 days advance written notice to the other party of such termination. Thereafter, this Agreement will terminate on the 61st day after the date of such notice. In addition to the right of either party to terminate this Agreement by providing said 60 days advance written notice to the other party, if a party defaults by failing to substantially perform any provision, term or condition of this Agreement (including without limitation, the failure to make a monetary payment when due), the other party may terminate the Agreement by providing written notice to the defaulting party. This notice shall describe with sufficient detail the nature of the default. The party receiving such notice shall have ten (10) calendar days from the effective date of such notice to cure the default(s). Unless waived by a party providing notice, the failure to cure the default(s) within such time period shall result in the automatic termination of this agreement. No party's waiver of a default, violation, or reach of any term or covenant of this Agreement shall be construed to be a waiver of any other existing or future default, violation, or breach of any term or covenant of this Agreement. Nor does the forbearance by any party to enforce one or more of the provisions or remedies provide in this Agreement or by law upon a default, waive any such default or any other current and/or future default.

4. INMATE HOUSING

Randolph County will make its Jail available to Georgetown-Quitman Co for the housing of inmates to the extent space and resources are available, to be determined by the Randolph County sheriff or Jail administrator, in his/her sole discretion. The housing of inmates shall be defined by the Randolph County Sheriff or Jail Administrator to include, but not be limited to: the provision of an appropriate physical space within the jail and those necessary related facilities and services such as public utilities, heat, air conditioning, recreation facilities, etc., needed to appropriately support the housing of inmates.

The maximum number of Georgetown-Quitman Co inmates Randolph County will house at any one time is _____, if space permits. Whether space permits shall be determined in the sole discretion of the Randolph County Sheriff or Jail Administrator.

Randolph County will only house low and medium security Georgetown-Quitman Co. inmates. Randolph County will not house high security (or maximum security) inmates, and in the event the Randolph County Sheriff or Jail Administrator determines, in his/her sole discretion, that an inmate requires high or maximum security, Randolph County may require Georgetown-Quitman Co to pick up that inmate.

5. NORMAL MAINTENANCE SERVICE

Randolph County will provide normal maintenance services for all Georgetown-Quitman inmates housed in the Randolph County Jail normal inmate maintenance services are those ordinary and relatively routine human needs common to all inmates as defined by the Randolph County Sheriff or Jail Administrator. Such normal maintenance shall include, but not be limited to, all administrative type services, inmate meals, inmate recreation, and other related miscellaneous and incidental inmate services provided by the Jail for Randolph County inmates housed in the jail.

6. RESPONSIBILITY FOR INMATES

While housed in the Randolph County Jail, Georgetown-Quitman County will not be responsible for unlawful acts committed by Georgetown-Quitman Co inmates, personal injury of a Georgetown-Quitman County inmate or another person, or loss, destruction of, or damage to Randolph County property or other property cause by unlawful acts of Georgetown-Quitman County inmates.

7. INMATE ACCOUNTS

Upon transfer to the Randolph County Jail, Georgetown-Quitman County shall provide a check for any amounts held by each Georgetown-Quitman Co inmate to the extent such funds exist, for use by that inmate while in the Randolph County Jail. Upon admission of Georgetown-Quitman Co inmates in the Randolph County Jail, Randolph County shall credit each such inmate with any such sums attributable to that inmate. Upon release back to the Georgetown-Quitman Co, Randolph County shall return any inmate funds attributable to that particular inmate by check made payable to Georgetown-Quitman County or its designee.

Georgetown-Quitman County While a Quitman County inmate is in the Randolph County Jail, Randolph County shall be responsible for deducting from the inmate's account all expenses allowable under Georgia law to defray expenses while in Randolph County custody.

While a Georgetown-Quitman Co inmate is in Randolph County custody, Randolph County shall be solely responsible for resolving disputes about account balances and the determination and assessment of costs against an inmate's account for any reason.

8. MEDICAL SERVICES

Randolph County shall be responsible for providing any and all routine and incidental medical and dental services to Georgetown-Quitman Co inmates housed in the Randolph County Jail. Georgetown-Quitman Co shall be solely responsible for all medical and dental services, other than routine or incidental services, for Georgetown-Quitman Co inmates housed in the Randolph County Jail. Georgetown-Quitman Co shall be solely responsible for all nonprescription and prescription medicine for Georgetown-Quitman County inmates housed in the Randolph County Jail. Except in the case of an emergency, all medical or dental services other than routine or incidental services and nonprescription and prescription medicine, shall require prior notice to and approval by Georgetown-Quitman Co. Such non-incidental/non-routine medical and dental services shall include any services requiring treatment by the health care provider other than Randolph County's inmate health care and dental care providers. Except in the case of a medical emergency, whenever non-incidental/non-routine medical or dental treatment is necessary, Georgetown-Quitman Co, may elect to pick-up the inmate and return him/her to its own facility for treatment, as the case may be. Randolph County shall purchase

all nonprescription and prescription medicine and required by Georgetown-Quitman County inmates from Georgetown-Quitman County's inmate health care provider's source at the Georgetown-Quitman County health care provider's discount, if the medicine can be provided at a lesser cost from that source, and Georgetown-Quitman County will reimburse Randolph County for those costs. Bills for non-incident/non-routine medical and dental treatment and nonprescription and prescription medicine will be sent directly to Georgetown-Quitman County by the provider.

9. CONDITION OF INMATES

Upon delivery of an inmate to Randolph County, Georgetown-Quitman County shall notify the Randolph County Jail official of any unusual or extraordinary health or medical problems associated with the inmate at the time of delivery. The Randolph County Sheriff and Jail Administrator have the right to refuse delivery of any Georgetown-Quitman County inmate who in their judgment will endanger the health and/or safety of other inmates or jail staff, for such reasons as unusual or contagious medical problems, excessive disruptive behavior, etc.

10. TRANSPORTATION OF INMATES

Except as otherwise provided herein, Georgetown-Quitman Co shall transport its inmates to and from the Randolph County Jail, including transportation to and from judicial proceedings and for non-emergency, non-incident medical care. Although not otherwise obligated to transport Georgetown-Quitman County inmates, Randolph County may, from time to time, transport Georgetown-Quitman County inmates, on a case-by-case basis.

If a Georgetown-Quitman Co inmate completes his/her sentence in the Randolph County Jail, Georgetown-Quitman Co shall pick up that inmate from Randolph County and transport that inmate back to Georgetown-Quitman County or some other location other than Randolph County. Otherwise, no Georgetown-Quitman County inmate shall be released from the Randolph County Jail in Randolph County.

11. UNIFORMS

Georgetown-Quitman County shall deliver its inmates to the Randolph County Jail in the inmate's personal clothing. Those inmates will be released to Georgetown-Quitman County from the Randolph County Jail in their personal clothing.

12. FEE FOR HOUSING INMATES

The daily fee for each Georgetown-Quitman County inmate housed in the Randolph County Jail shall be \$ 30.00. This fee shall not be prorated, but shall be charged for any portion of a day that a Georgetown-Quitman County inmate is housed in the Randolph County Jail.

For any person that has been arrested by Georgetown-Quitman County and is brought to the Randolph County Jail for fingerprinting, photographing, due to the nature of the offense, and/or for intoxicilizer testing, but is not booked into the Randolph County Jail and is not in the custody of Randolph County, and such person is released by Georgetown-Quitman County on his or her own recognizance or on some other bond suitable to Georgetown-Quitman County, Randolph County will charge a single \$40.00 processing fee to Georgetown-Quitman County which would include any fingerprinting, photographing or intoxicilizer testing.

13. BILLING AND PAYMENT

Randolph County shall invoice Georgetown-Quitman Co on a monthly basis for housing inmates. Payment is due (30) days after receipt of Randolph County's invoice. Invoices shall be prepared by the Randolph County Jail Staff from data provided by the Sheriff or Jail Administrator.

14. INSPECTION OF RECORDS AND AUDIT

Randolph County agrees upon request to furnish Georgetown-Quitman County or its agents all records pertaining to housing and maintenance of Georgetown-Quitman County's inmates in the Randolph County Jail. Georgetown-Quitman County shall have the right to audit all financial data pertaining to the fees and expenses charged Georgetown-Quitman County for the housing and maintenance of inmates, which right shall survive the term of this Agreement. Randolph County's Sheriff or Jail Administrator shall maintain a record of Georgetown-Quitman County's inmate which shall include the duration of confinement. Georgetown-Quitman County shall not have the right to require Randolph County to furnish any records or audit any records that do not pertain to the housing and maintenance of Georgetown-Quitman County's inmates.

15. COURT PROHIBITION OF HOUSING INMATES

Randolph County's obligation to accept inmates of Georgetown-Quitman County shall be suspended for such period of time as Randolph County is prohibited, pursuant to the order of a court of competent jurisdiction, from accepting inmates.

16. INSURANCE

At all times during the term of this Agreement, Randolph County and Georgetown-Quitman County shall have and maintain in full force and effect, liability insurance in amounts deemed appropriate by the governing bodies of each County insuring their officers, employees and agents as to any liability incurred due to any acts of negligence or misconduct of any such officers, employees, or agents of the respective counties.

17. MISCELLANEOUS PROVISIONS

a. DURATION AND EFFECTIVENESS

This Agreement and all its terms and conditions shall continue in effect until terminated.

b. MERGER AND INTEGRATION

This Agreement constitutes the entire agreement between the parties and contains all the agreements between them with respect to the subject matter hereof. It also supersedes any and all other agreements or contracts, either oral or written, between the parties with respect to the subject matter hereof.

c. MODIFICATION

Except as otherwise specifically provided, the terms and conditions of this contract may only be amended by mutual agreement of the parties, in writing, signed by the Lessor and Lessee and entered into the minutes of Lessee during a meeting.

d. SEVERABILITY

The invalidity or unenforceability of any particular provision of this contract shall not affect its other provisions, and this contract shall be construed in all respects as if such invalid or unenforceable provisions

had been omitted.

e. BINDING SUCCESSORS

This agreement shall be binding upon the parties hereto and their successors and assigns.

f. JURISDICTION, VENUE AND CHOICE OF LAW

This Agreement shall be construed and enforced under and in accordance with the laws of the State of Georgia. Venue and jurisdiction for all disputes arising in any way out of this Agreement shall be in the Superior Court of Randolph County, Georgia and both parties consent to jurisdiction and venue therein and waive any objections he/it may have, now or in the future, thereto.

g. NOTICE

All notices, requests, demands or other communications required or permitted to be given hereunder shall be in writing and shall be addressed and delivered to each party at the addresses set forth below. Notice given under this Agreement is deemed to have been received within three (3) days of the postmark on the letter in which it is contained, and a photocopy of the envelope in which the notice was sent, or on the date shown on any e-mail delivery receipt and such receipt shall be deemed as sufficient proof thereof, rejection or other refusal to accept or inability to deliver because of the changed address of which proper notice was not given shall be deemed to be receipt of the notice, request, demand or other communication. By giving prior written notice thereof, any party may from time to time at any time change its address for notices hereunder.

RANDOLPH COUNTY

Randolph County
c/o Ben Plowden, Interim County Manager
P. O. Box 221
Cuthbert, GA 39840
(229) 310-3570 (cell)
(229) 732-5212 (office)

benrcce@yahoo.com

RANDOLPH COUNTY SHERIFF

Eddie Fairbanks
Randolph County Sheriff
P. O. Box 506
Cuthbert, GA 39840
(229) 310-3057 (cell)
(229) 732-2525 (office)
randolphso@windstream.net

h. DUTY TO COOPERATE

On or after the date of this Agreement, both parties shall, at the request of the other, make, execute and deliver all instruments and documents and shall do or cause to be done all such other things which either party may reasonable require to effectuate the provisions and intentions of this Agreement.

i. TIME OF THE ESSENCE

Time is and shall be of the essence of this Agreement.

j. NO WAIVER

No failure of any party to exercise any power given under this agreement or to insist upon strict compliance with any obligation specified in this Agreement, and no custom or practice at variance with the terms of this Agreement, shall constitute a waiver of any party's right to demand exact compliance with the terms of this Agreement.

k. CONSTRUCTION

This Agreement shall be construed without regard to who drafted the various provisions hereof. Each provision of this Agreement shall be construed as though all the parties participated equally in its drafting. Consequently, the parties acknowledge and agree that any rule of

construction that a document is to be construed against the drafting shall not be applicable to this agreement.

I. COUNTERPARTS

This Agreement may be executed in several counterparts and in duplicate originals, each of which shall constitute an executed original, and it shall not be necessary that each party execute each counterpart if each party has executed at least one counterpart of this Agreement either by writing or by facsimile.

IN WITNESS WHEREOF, the parties herein have hereunto set their hands and seals, in counterparts, the day and year first above written.

SIGNATURES FOLLOW ON SEPARATE PAGES

RANDOLPH COUNTY BOARD OF
COMMISSIONERS



By: Johnny P. Bradley
Chairman

Attest: Addie C. Taylor
Clerk

RANDOLPH COUNTY SHERIFF

Approved by: Edgar Lowmyer

Georgetown-Quitman COUNTY BOARD OF
COMMISSIONERS

(SEAL)

By: [Signature]
Chairman

Attest: [Signature]
Clerk

GEORGETOWN - QUITMAN COUNTY SHERIFF

Approved By: [Signature]
SHERIFF

