

Southwest Seorgia

Parand Paras

REGIONAL DEVELOPMENT CENTER

P.O. Box 346 30 West Broad Street Camilla, GA 31730-0346

Phone (229) 522-3552 - Fax (229) 522-3558

September 22, 2006

Mr. Rick Brooks, Director Planning and Environmental Management Division Georgia Department of Community Affairs 60 Executive Park South, N.E. Atlanta, Georgia 30329-2231



RE:

GRADY COUNTY SERVICE DELIVERY STRATEGY

Dear Mr. Brooks,

Attached to this letter is a copy of the updated Service Delivery Strategy for Grady County and the governments of Cairo and Whigham.

Please contact me at 229-522-3552 if you have any questions or need further information.

Sincerely,

Shane Kelsey Planner I

# SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

## Instructions:

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

County: GRADY	
1. What incompatibilities or conflicts between the land use plans of local governments service delivery strategy?	s were identified in the process of developing the
Grady County and the County's Municipal governments have reviewed the incompatibilities and/or conflicts and no major plan incompatibilities or conrespective land use plans. In addition, Grady County and the County's Mur comprehensive land use plan in 1991 with an update in 1995 where land uaddressed.	iflicts were identified pursuant to the nicipal governments formally adopted a
2. Check the boxes indicating how these incompatibilities or conflicts were addressed	:
<ul> <li>□ amendments to existing comprehensive plans</li> <li>□ adoption of a joint comprehensive plan</li> <li>□ other measures (amend zoning ordinances, add environmental regulations, etc.</li> </ul>	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.
If "other measures" was checked, describe these measures:	
3. Summarize the process that will be used to resolve disputes when a county disagree areas to be annexed into a city. If the conflict resolution process will vary for diffe A resolution was passed by each polictical subdivision establishing a process classification disputes purusant to property annexations and land use plans.	erent cities in the county, summarize each process. ss to resolve inter-governmental land use
4. What policies, procedures and/or processes have been established by local government that new extraterritorial water and sewer service will be consistent with all applicable	
Grady County and the county's municipal governments have adopted a joint process to insure that new extra territorial water and sewer service extensio plans (copy attached).	
5. Person completing form: Rusty Moye, County Administrator	May
Phone number: 229-377-1512 Date completed: May	y 26, 2006
6. Is this the person who should be contacted by state agencies when evaluating wheth consistent with land use plans of applicable jurisdictions? ☐ Yes ☐ No	her proposed local government projects are
If not, provide designated contact person(s) and phone number(s) below:	



## SERVICE DELIVERY STRATEGY

FOR GRADY

COUNTY

PAGE 1

## I. GENERAL INSTRUCTIONS:

- 1. 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.
- List all services provided or primarily funded by each general purpose local government and authority within the county in Section
  III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery
  strategy.
- 4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the Certifications form (page 4) 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, page 4).
- 7. Mail the completed forms along with any attachments to:

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

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.

# 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.

Grady County City of Cairo City of Whigham

# III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

Airport
Animal Control
Cemeteries
Clerk of Court
Code Enforcement
County Administration and Support
County Recreation
County Road & Bridges
County & State Elections
County Tax Assessment



### SERVICE DELIVERY STRATEGY

FOR GRADY

COUNTY

PAGE 1

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**Economic Development** 

Electric Distribution

Emergency Communications (911)

Emergency Management

Emergency Medical & Rescue

**Extension Service** 

Fire

Hospital

Law Enforcement

Library



## SERVICE DELIVERY STRATEGY

FOR GRADY

COUNTY

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Grady County City of Cairo City of Whigham

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For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

Magistrate Court
Mapping

Municipal Administration and Support

-Municipal Elections

Municipal Parks & Recreation

Municipal (Recorder's) Court

Municipal Tax Collection

Natural Gas Distribution

Planning

Probate Court



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FOR GRADY

COUNTY

PAGE 1

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Grady County City of Cairo City of Whigham

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Public Health
Public Works
Sherift
Social Services
Solid Waste Disposal
Street Construction & Maintenance
Superior and State Court
Voter Registration
Wastewater Collection & Treatment
Water



### Instructions:

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

County: Grady	Service: Airport
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
service provider. (If this box is	untywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
	y in the unincorporated portion of the county by a single service provider. the government, authority or organization providing the
will not be provided in unincorp	de this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ling the service:
	ide this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ling the service.):
	, attach a legible map delineating the service area of each service emment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐Yes ☑No	e overlapping service areas, unnecessary competition and/or duplication
If these conditions will continue u	under the strategy, attach an explanation for continuing the

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

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



Instructions:	
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
County: Grady	Service: Animal Control
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
	vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
	the unincorporated portion of the county by a single service provider. government, authority or organization providing the
will not be provided in unincorporate	nis service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
	nis service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were ove of this service identified?  Yes No	erlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but his	r the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
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completing it.

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

# Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. Service: Cemeteries County: Grady 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):\_ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Chiro; City of Whithham 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.): In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐Yes ☑No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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County: Grady	Service: Clerk of Courts
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
	vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the generate.):	he unincorporated portion of the county by a single service provider. covernment, authority or organization providing the
will not be provided in unincorporate	his service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
	his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified?  ☐Yes ☑No	erlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but his	the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
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County: Grady Service: Code Enforcement
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  City of Callo, City of Whigham, Grady County
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐ Yes ☑ No
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
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County: Grady	Service: County Administration and Support	
1. Check the box that best describes	the agreed upon delivery arrangement for this service:	
	tywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the	
	n the unincorporated portion of the county by a single service provider. e government, authority or organization providing the	
will not be provided in unincorpor	this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), ag the service:	
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	attach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within	
2. In developing the strategy, were of this service identified?  ☐Yes ✓No	overlapping service areas, unnecessary competition and/or duplication	
arrangement (i.e., overlapping but	der the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).	
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	rvice listed on page 1, Section III. Use exactly the same service names dditional pages as necessary. If the contact person for this service (listed at a the Department of Community Affairs.
County: Grady	Service: County Recreation
1. Check the box that best describes the agreed	upon delivery arrangement for this service:
	., including all cities and unincorporated areas) by a single ntify the government, authority or organization providing the
Service will be provided only in the uninc (If this box is checked, identify the governm service.):	
	ce only within their incorporated boundaries, and the service s. (If this box is checked, identify the government(s), identify the government (s), identify the g
	ce only within their incorporated boundaries, and the county reas. (If this box is checked, identify the government(s), ice.):
	gible map delineating the service area of each service nority, or other organization that will provide service within
2. In developing the strategy, were overlapping of this service identified?	g service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higher lev	ategy, attach an explanation for continuing the els of service (See O.C.G.A. 36-70-24(1)), overriding

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County: Grady	Service: County Roads & Bridges
1. Check the box that best describes t	he agreed upon delivery arrangement for this service:
	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
(If this box is checked, identify the	the unincorporated portion of the county by a single service provider. government, authority or organization providing the
	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), the service:
	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
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County: Grady	Service: County and State Elections
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single hecked, identify the government, authority or organization providing the
	in the unincorporated portion of the county by a single service provider he government, authority or organization providing the
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	attach a legible map delineating the service area of each service mment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?	overlapping service areas, unnecessary competition and/or duplication
	nder the strategy, attach an explanation for continuing the

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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County: Grady	Service: County Tax Assessment & Collections
1. Check the box that best describes the agreed up	pon delivery arrangement for this service:
Service will be provided countywide (i.e., i service provider. (If this box is checked, identified service.): Grady County	ncluding all cities and unincorporated areas) by a single fy the government, authority or organization providing the
Service will be provided only in the unincor (If this box is checked, identify the governmen service.):	rporated portion of the county by a single service provider. it, authority or organization providing the
	only within their incorporated boundaries, and the service If this box is checked, identify the government(s), :
	only within their incorporated boundaries, and the county is. (If this box is checked, identify the government(s), i.):
	ole map delineating the service area of each service ity, or other organization that will provide service within
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	strategy, attach an implementation schedule listing each n, the responsible party and the agreed upon deadline for



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County: Grady	Service: Economic Development
1. Check the box that best describes the a	greed upon delivery arrangement for this service:
	e (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
	unincorporated portion of the county by a single service provider. remment, authority or organization providing the
	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
	service only within their incorporated boundaries, and the county ted areas. (If this box is checked, identify the government(s), service.):
	a a legible map delineating the service area of each service, authority, or other organization that will provide service within
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County: Grady	Service: Electric Distribution
1. Check the box that best describes t	the agreed upon delivery arrangement for this service:
service provider. (If this box is che	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
	the unincorporated portion of the county by a single service provider government, authority or organization providing the
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County: Grady	Service: Emergency Communications
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
Service will be provided only (If this box is checked, identify service.):	in the unincorporated portion of the county by a single service provider. the government, authority or organization providing the
will not be provided in unincorp	de this service only within their incorporated boundaries, and the service borated areas. (If this box is checked, identify the government(s), ing the service:
	de this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ing the service.):
	attach a legible map delineating the service area of each service rument, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐Yes ☑No	e overlapping service areas, unnecessary competition and/or duplication
	ander the strategy, attach an explanation for continuing the at higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

li 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.



Instructions:	
isted on page 1. Answer each question belo	ne for each service listed on page 1, Section III. Use exactly the same service names nw, attaching additional pages as necessary. If the contact person for this service (listed at I be reported to the Department of Community Affairs.
County: Grady	Service: Emergency Management
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single hecked, identify the government, authority or organization providing the
	in the unincorporated portion of the county by a single service provider. he government, authority or organization providing the
will not be provided in unincorporate	the this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), ing the service:
	de this service only within their incorporated boundaries, and the county orporated areas. (If this box is checked, identify the government(s), ing the service.):
	attach a legible map delineating the service area of each service mment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐Yes ☑No	e overlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping bu	nder the strategy, attach an explanation for continuing the at higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ons 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.



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Make copies of this form and complete one for e listed on page 1. Answer each question below, atta the bottom of the page) changes, this should be rep	each service listed on page 1, Section III. Use exactly the same service names ching additional pages as necessary. If the contact person for this service (listed at orted to the Department of Community Affairs.
County: Grady	Service: Emergency Medical & Rescue
1. Check the box that best describes the a	agreed upon delivery arrangement for this service:
	de (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
	e unincorporated portion of the county by a single service provider vernment, authority or organization providing the
will not he provided in unincorporated	s service only within their incorporated boundaries, and the service lareas. (If this box is checked, identify the government(s), a service:
	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):
	h a legible map delineating the service area of each service at, authority, or other organization that will provide service within
2. In developing the strategy, were overl of this service identified?  ☐Yes ☑No	lapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	he strategy, attach an explanation for continuing the ner 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).

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County: Grady	Service: Extension Service
1. Check the box that best describes the a	greed upon delivery arrangement for this service:
	e (i.e., including all cities and unincorporated areas) by a single i, identify the government, authority or organization providing the
	unincorporated portion of the county by a single service provider. vernment, authority or organization providing the
	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
	service only within their incorporated boundaries, and the county ted areas. (If this box is checked, identify the government(s), service.):
	a legible map delineating the service area of each service , authority, or other organization that will provide service within
2. In developing the strategy, were overladed of this service identified?  ☐ Yes ☑ No	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higher	ne strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
	der the strategy, attach an implementation schedule listing each atte them, the responsible party and the agreed upon deadline for



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listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at
the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Grady	Service: Fire
1. Check the box that best descri	ibes the agreed upon delivery arrangement for this service:
service provider. (If this box is	ountywide (i.e., including all cities and unincorporated areas) by a single s checked, identify the government, authority or organization providing the
(If this box is checked, identif	nly in the unincorporated portion of the county by a single service provider by the government, authority or organization providing the
will not be provided in uninco	vide this service only within their incorporated boundaries, and the service orporated areas. (If this box is checked, identify the government(s), riding the service:
	vide this service only within their incorporated boundaries, and the county incorporated areas. (If this box is checked, identify the government(s), viding the service.):
	ed, attach a legible map delineating the service area of each service wernment, authority, or other organization that will provide service within
2. In developing the strategy, we of this service identified?  ☐ Yes ☑ No	ere overlapping service areas, unnecessary competition and/or duplication
	under the strategy, attach an explanation for continuing the

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



# Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. Service: Hospital County: Grady 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 SCTVICE.): Grady County - Archbold Memorial Hospital Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐Yes ☑No If these conditions will continue under the strategy, attach an explanation for continuing the

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



instructions:	
isted on page 1. Answer each question below,	for each service listed on page 1, Section 111. Use exactly the same service names attaching additional pages as necessary. If the contact person for this service (listed at exported to the Department of Community Affairs.
County: Grady	Service: Law Enforcement
I. Check the box that best describes t	he agreed upon delivery arrangement for this service;
service provider. (If this box is che	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
	the unincorporated portion of the county by a single service provider. government, authority or organization providing the
will not be provided in unincorpora	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), at the service:
	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), 3 the service.):
Other (If this box is checked, at provider, and identify the government each service area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐Yes ☑No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but I	er the strategy, attach an explanation for continuing the tigher levels of service (See O.C.G.A. 36-70-24(1)), overriding a that overlapping service areas or competition cannot be eliminated).
	d under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for



County: Grady	Service: Library
1. Check the box that best descri	bes the agreed upon delivery arrangement for this service:
Service will be provided conservice provider. (If this box is service.): Roddenbery Memorial Lib	ountywide (i.e., including all cities and unineorporated areas) by a single s checked, identify the government, authority or organization providing the any Board of Trustees
	aly in the unincorporated portion of the county by a single service provider by the government, authority or organization providing the
will not be provided in uninco	vide this service only within their incorporated boundaries, and the service reporated areas. (If this box is checked, identify the government(s), iding the service:
	vide this service only within their incorporated boundaries, and the county ncorporated areas. (If this box is checked, identify the government(s), iding the service.):
	ed, attach a legible map delineating the service area of each service vernment, authority, or other organization that will provide service within
2. In developing the strategy, we of this service identified?  ☐ Yes ☑ No	ere overlapping service areas, unnecessary competition and/or duplication
If these conditions will continue	under the strategy, attach an explanation for continuing the

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



nstructions:	
isted on page 1. Answer each question below, att	each service listed on page 1, Section III. Use exactly the same service names arching additional pages as necessary. If the contact person for this service (listed at sported to the Department of Community Affairs.
County: Grady	Service: Magistrate's Court
. Check the box that best describes the	agreed upon delivery arrangement for this service:
	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
	ne unincorporated portion of the county by a single service provider.  overnment, authority or organization providing the
	is service only within their incorporated boundaries, and the service at areas. (If this box is checked, identify the government(s), the service:
	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), he service.):
	ch a legible map delineating the service area of each service ont, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified?  ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the their levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated u	under the strategy attach an implementation schedule listing each

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.



Instructions

nstructions:	
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names isted on page 1. Answer each question 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: Grady	Service: Mapping
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	untywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
	y in the unincorporated portion of the county by a single service provider. the government, authority or organization providing the
	ide this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ling the service:
	ide this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ling the service.):
Other (If this box is checked provider, and identify the gove each service area.):	, attach a legible map delineating the service area of each service emment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐Yes ☑No	e overlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping be	under the strategy, attach an explanation for continuing the ut higher levels of service (See O.C.G.A. 36-70-24(1)), overriding sons that overlapping service areas or competition cannot be eliminated).
If these conditions will be elimina step or action that will be taken to	ated under the strategy, attach an implementation schedule listing each o eliminate them, the responsible party and the agreed upon deadline for



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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
County: Grady	Service: Municipal Administration and Support
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
	ne unincorporated portion of the county by a single service provider overnment, authority or organization providing the
	is service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), he service: City of Calm; City of Whigham
	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), ne service.):
	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified?  ☐Yes ☑No	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for



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County: Grady	Service: Municipal Elections
I. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single hecked, identify the government, authority or organization providing the
Service will be provided only (If this box is checked, identify the service.):	in the unincorporated portion of the county by a single service provider he government, authority or organization providing the
will not be provided in unincorpo	the this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), and the service:
	le this service only within their incorporated boundaries, and the county orporated areas. (If this box is checked, identify the government(s), ing the service.):
Other (If this box is checked, provider, and identify the gover each service area.):	attach a legible map delineating the service area of each service mment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐Yes ☑No	overlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping bu	nder the strategy, attach an explanation for continuing the t higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ons that overlapping service areas or competition cannot be eliminated).
	ted under the strategy, attach an implementation schedule listing each eliminate them, the responsible party and the agreed upon deadline for



Instructions

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County: Grady	Service: Municipal Parks and Recreation		
1. Check the box that best describes the a	greed upon delivery arrangement for this service:		
	le (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the		
	unincorporated portion of the county by a single service provider. remment, authority or organization providing the		
will not be provided in unincorporated	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:		
	service only within their incorporated boundaries, and the county ted areas. (If this box is checked, identify the government(s), service.):		
	a a legible map delineating the service area of each service, authority, or other organization that will provide service within		
2. In developing the strategy, were overladed of this service identified?  ☐ Yes ☑ No	apping service areas, unnecessary competition and/or duplication		
arrangement (i.e., overlapping but higher	te strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).		
	der the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for		



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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names			
listed on page 1. Answer each question below, att the bottom of the page) changes, this should be re	caching additional pages as necessary. If the contact person for this service (listed at eported to the Department of Community Affairs.		
County: Grady	Service: Municipal (Recorder's) Court		
1. Check the box that best describes the	agreed upon delivery arrangement for this service:		
	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the		
	ne unincorporated portion of the county by a single service provider.  overnment, authority or organization providing the		
	is service only within their incorporated boundaries, and the service of areas. (If this box is checked, identify the government(s), the service: [City of Callot; City of Whitgham]		
	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), he service.):		
	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within		
2. In developing the strategy, were over of this service identified?  ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication		
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the the strategy, attach an explanation for continuing the sher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).		
	inder the strategy, attach an implementation schedule listing each sinate them, the responsible party and the agreed upon deadline for		



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completing it.

County: Grady	Service: Municipal Tax Collections
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
	vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
(If this box is checked, identify the g	he unincorporated portion of the county by a single service provider. covernment, authority or organization providing the
	nis service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service: [City of Califo, City of Whilphem]
	uis service only within their incorporated boundaries, and the county brated areas. (If this box is checked, identify the government(s), the service.):
	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were ove of this service identified?  ☐Yes ☑No	erlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but his	the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated u	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.

Instructions:	
	ervice listed on page 1, Section III. Use exactly the same service names additional pages as necessary. If the contact person for this service (listed at to the Department of Community Affairs.
County: Grady	Service: Natural Gas
1. Check the box that best describes the agree	d upon delivery arrangement for this service:
	e., including all cities and unincorporated areas) by a single entify the government, authority or organization providing the
	ncorporated portion of the county by a single service provider.  nent, authority or organization providing the
	ice only within their incorporated boundaries, and the service is. (If this box is checked, identify the government(s), price:
	ice only within their incorporated boundaries, and the county areas. (If this box is checked, identify the government(s), vice.):
	egible map delineating the service area of each service hority, or other organization that will provide service within
2. In developing the strategy, were overlapping of this service identified?  ☐Yes ☑No	ng service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higher le	rategy, attach an explanation for continuing the vels of service (See O.C.G.A. 36-70-24(1)), overriding erlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under t	he strategy, attach an implementation schedule listing each

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the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County	Grady	Service: Planning
1. Chec	ck the box that best describes the ag	greed upon delivery arrangement for this service:
servi	ce provider. (If this box is checked	e (i.e., including all cities and unincorporated areas) by a single, identify the government, authority or organization providing the
∐Se (If th	ervice will be provided only in the	unincorporated portion of the county by a single service provider. ernment, authority or organization providing the
will i	not be provided in unincorporated a	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
will author		service only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):
prov		a legible map delineating the service area of each service authority, or other organization that will provide service within
of th	eveloping the strategy, were overlanis service identified?	pping service areas, unnecessary competition and/or duplication
		strategy, attach an explanation for continuing the rievels of service (See O.C.G.A. 36-70-24(1)), overriding

If 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).

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County: Grady	Service: Probate Court	
1. Check the box that best describes the	agreed upon delivery arrangement for this service:	
	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the	
Service will be provided only in the (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provider overnment, authority or organization providing the	
will not be provided in unincorporate	is service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), ne service:	
	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), ne service.):	
	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within	
2. In developing the strategy, were over of this service identified?  ☐ Yes ☑ No	clapping service areas, unnecessary competition and/or duplication	
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).	
	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for	



Instructions:

#### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

# Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at

County: Grady	Service: Public Health
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single hecked, identify the government, authority or organization providing the
	in the unincorporated portion of the county by a single service provider. he government, authority or organization providing the
will not be provided in unincorporate	de this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), ing the service:
	de this service only within their incorporated boundaries, and the county orporated areas. (If this box is checked, identify the government(s), ing the service.):
	attach a legible map delineating the service area of each service mment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐ Yes ✓ No	overlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping bu	nder the strategy, attach an explanation for continuing the it higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ons that overlapping service areas or competition cannot be eliminated).

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he bottom of the page) changes, this shoul	d be reported to the Department of Community Affairs.
County: Grady	Service: Public Works
I. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	entywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
	y in the unincorporated portion of the county by a single service provider the government, authority or organization providing the
will not be provided in unincorp	de this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ling the service: City of Color, City of Whileham, Grady County
	de this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ling the service.):
	, attach a legible map delineating the service area of each service rnment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping b	under the strategy, attach an explanation for continuing the ut higher levels of service (See O.C.G.A. 36-70-24(1)), overriding sons that overlapping service areas or competition cannot be eliminated).
If these conditions will be elimina	sted 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.



completing it.

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listed on page 1. Answer each question below,	or each service listed on page 1, Section III. Use exactly the same service names attaching additional pages as necessary. If the contact person for this service (listed at reported to the Department of Community Affairs.
County: Grady	Service: Sheriff
1. Check the box that best describes th	ne agreed upon delivery arrangement for this service:
	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
	the unincorporated portion of the county by a single service provider. government, authority or organization providing the
will not be provided in unincorpora	this service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), the service:
	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
2. In developing the strategy, were ov of this service identified?  ☐Yes ☑No	erlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hi	or the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A. 36-70-24(1)), overriding 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



Instructions

iisti denons.			
	e listed on page 1, Section III. Use exactly the same service names ional pages as necessary. If the contact person for this service (listed at e Department of Community Affairs.		
County: Grady	Service: Social Services		
1. Check the box that best describes the agreed up	oon delivery arrangement for this service:		
	ncluding all cities and unincorporated areas) by a single fy the government, authority or organization providing the		
Service will be provided only in the unincorr (If this box is checked, identify the government service.):	porated portion of the county by a single service provider. t, authority or organization providing the		
	only within their incorporated boundaries, and the service of this box is checked, identify the government(s),		
	only within their incorporated boundaries, and the county s. (If this box is checked, identify the government(s), .):		
	le map delineating the service area of each service ity, or other organization that will provide service within		
2. In developing the strategy, were overlapping so of this service identified?  ☐Yes ☑No	ervice areas, unnecessary competition and/or duplication		
	gy, attach an explanation for continuing the of service (See O.C.G.A. 36-70-24(1)), overriding pping service areas or competition cannot be eliminated).		
	trategy, attach an implementation schedule listing each i, the responsible party and the agreed upon deadline for		



Instructions:	
listed on page 1. Answer each question below, at	r each service listed on page 1, Section III. Use exactly the same service names ttaching additional pages as necessary. If the contact person for this service (listed at reported to the Department of Community Affairs.
County: Grady	Service: Solid Waste Disposal
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
	vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
	he unincorporated portion of the county by a single service provider government, authority or organization providing the
	nis service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
	nis service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were ove of this service identified?  ☐ Yes ☑ No	erlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding 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.



PAGE 2

County: Grady	Service: Street Construction & Maintenance
. Check the box that best describes the	agreed upon delivery arrangement for this service:
	de (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
	e unincorporated portion of the county by a single service provider. vernment, authority or organization providing the
will not be provided in unincorporated	s service only within their incorporated boundaries, and the service dareas. (If this box is checked, identify the government(s), e service: Cay of Cairo, City of Whigham, Grady County
	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):
Other (If this box is checked, attac provider, and identify the government each service area.):	h a legible map delineating the service area of each service at, authority, or other organization that will provide service within
2. In developing the strategy, were overlof this service identified?  ☐ Yes ☑ No	lapping service areas, unoecessary competition and/or duplication
arrangement (i.e., overlapping but high	the strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding nat 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.



#### Instructions:

completing it.

	each service listed on page 1, Section III. Use exactly the same service names aching additional pages as necessary. If the contact person for this service (listed at ported to the Department of Community Affairs.
County: Grady	Service: Superior and State Courts
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
	de (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
	e unincorporated portion of the county by a single service provider vernment, authority or organization providing the
	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:
	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):
	th a legible map delineating the service area of each service at, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified?  ☐Yes ☑No	lapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	the strategy, attach an explanation for continuing the there levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated un	nder 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



#### Instructions:

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

County: Grady	Service: Voter Registration
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single exked, identify the government, authority or organization providing the
	n the unincorporated portion of the county by a single service provider, e government, authority or organization providing the
will not be provided in unincorpor	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
	ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?  Yes No	verlapping service areas, unnecessary competition and/or duplication
	ler the strategy, attach an explanation for continuing the 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.



completing it.

County: Grady	Service: Wastewater Collection & Treatment
1. Check the box that best describes the	ne agreed upon delivery arrangement for this service:
	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
	the unincorporated portion of the county by a single service provider. government, authority or organization providing the
will not be provided in unincorpora	this service only within their incorporated boundaries, and the service sted areas. (If this box is checked, identify the government(s), the service:
	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
	tach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were ov of this service identified?  ☐Yes ☑No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A. 36-70-24(1)), overriding 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



County: Grady	Service: Water
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
	ride (i.e., including all cities and unincorporated areas) by a single ted, identify the government, authority or organization providing the
	he unincorporated portion of the county by a single service provider covernment, authority or organization providing the
	nis service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service: City of Calvo, City of Whigham
	is service only within their incorporated boundaries, and the county trated areas. (If this box is checked, identify the government(s), the service.):
	nch a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were ove of this service identified?  Yes No	erlapping service areas, unnecessary competition and/or duplication

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.



## SERVICE DELIVERY STRATEGY UPDATE CERTIFICATIONS

Instructions:

This two page form must, at a minimum, be signed by an authorized representative of the following governments: !) 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.

	UF	'DA'	TED SERVICE DELIVERY STRATEGY FOR	Grady	COUNTY	
We	We, the undersigned authorized representatives of the jurisdictions listed below, certify that:					
1.			reviewed our existing Service Delivery Strategy and only one box for question #1)	have determined that:		
		A.	Our Strategy continues to accurately reflect our procounty and no changes in our Strategy are needed a		viding local services throughout our	
	Ø	B.	Our Strategy has been revised to reflect our preferr	ed arrangements for providin	g local services.	
If C	)ption	A is	s selected, only this form, signed by the appropriate I	ocal government representati	ves must be provided to DCA.	
	-	Вi	s selected, this form, signed by the appropriate local	government representatives,	must be submitted to DCA along	
wit	•	any an pro	updated "Summary of Service Arrangements" form a supporting local agreements pertaining to each of the updated service area map depicting the agreed upon wider for each service that has been revised/updated incide with local political boundaries.	nese services that has been re- service area for each provide	vised/updated; and r if there is more than one service	
2.	reso	lutio	our governing bodies (County Commission and City ons agreeing to the Service Delivery arrangements id entation of our service delivery strategy (O.C.G.A. 30	entified in our strategy and ha		
3.			ice delivery strategy continues to promote the delive onsive manner for all residents, individuals and prop			
4.	geog	grapi	rice delivery strategy continues to provide that water hic boundaries of a service provider are reasonable a within the geographic boundaries of the service prov	nd are not arbitrarily higher th	han the fees charged to customers	
5.	thos	e joi nty a	rice delivery strategy continues to ensure that the cost intly funded by the county and one or more municipate the borne by the unincorporated area residents, indivi 4 (3));	ilities) primarily for the benef	fit of the unincorporated area of the	

- Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local
  governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));
- 7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- 8. Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be aunexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))<sup>1</sup> and;
- 9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

'If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
LINVASTI	Albert Ball	Chairman	Grady County	9/5/06
KIKU	Richard VanLandingham	Mayor	City of Cairo	9/11/06
Jim Fa	Jimmie Laing	Mayor	City of Whigham	9/12/06
	;			



### GEORGIA DEPARTMENT OF **COMMUNITY AFFAIRS**

Mike Beatty COMMISSIONER Sonny Perdue **GOVERNOR** 

#### **MEMORANDUM**

TO:

Honorable Albert Ball

Chairman, Board of Commissioners of

Grady County 250 North Broad Street Cairo, Georgia 39828

Honorable Richard VanLandingham

Mayor, City of Cairo

P. O. Box 29

Cairo, Georgia 39828

Honorable Jimmie Laing Mayor, City of Whigham

P.O. Box 71

Whigham, Georgia 39897

FROM:

Mike Beatty M. L. Boatty

DATE:

December 22, 2006

SUBJECT: Service Delivery Strategy Verification

We have reviewed the recent revisions to the Service Delivery Strategy for Grady County and its cities and have determined that it meets all applicable requirements. Therefore, we are happy to verify the updated strategy.

Please keep in mind that local governments are required to review and revise their Service Delivery Strategy if any of the following occur:

- 1) Update of the comprehensive plan(s) for any local government in the county;
- Change of service delivery arrangements;
- 3) Change in revenue distribution arrangements (e.g., changes to LOST distribution between the county and its municipality);
- 4) Creation, abolition, or consolidation of local governments;
- 5) Existing service delivery strategy agreement expires; or
- The county and its affected municipalities otherwise agree to revise the strategy.





Honorable Albert Ball Page 2 December 22, 2006

Please also remember that state agencies cannot provide state administered financial assistance, grants, loans, or permits to local projects that are inconsistent with this strategy. Therefore, prior to seeking state grant, loan or permit assistance, you should ensure that the request for assistance is consistent with your Service Delivery Strategy.

If you have any questions, please call Stuart Dorfman of my staff at 404-679-3108.

MB/sd

cc: Dan Bollinger, Sr., Executive Director Southwest Georgia RDC