





FORM 1

COUNTY: Grady

INSTRUCTIONS:

After logging in with your DCA login and password, please fill out your contact information. Across the top of the application you will see tabs for five different forms. Choose any forms that you plan to submit for verification. After each form is completed, click "Submit Form" to be directed to the next step.

These are the same forms and information DCA had previously been collecting, only in a new electronic format.

FORM 1 is completed for every SDS submittal regardless of type. This form will allow you to choose your local governments and services 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.)

FORM 2 allows you to provide a summary of Service Delivery Arrangements for any selected type of service.

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.)

If all services were extended without change in FORM 1, you do not need to complete FORM 2 or FORM 4 (the system will gray out the option). If a FORM 3 (see below) isnt needed, go directly to the FORM 5 tab at the top.

FORM 3 should be filled out if any of the conditions in the existing Summary of Land Use Agreements have changed or it has been ten (10) or more years since the community has filed a FORM 3 with DCA.

FORM 4 is for Local Government Certifications of New or Revised Services.

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.)

FORM 5 is for Local Government Certifications for extending an existing Service Delivery Strategy without changes of service delivery arrangements. 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.)

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.

Cairo

City of Thomasville

Grady County

Grady County Hospital Authority

Grady E.M.C.

Whigham

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.

Airport

Animal Control

Cemeteries

Clerk of Courts

County Administration and Support

County and State Elections

County Recreation

County Roads & Bridges

County Tax Assessment & Collections

Electric

Emergency Management

Emergency Medical & Rescue

Extension Service

Fire

Gas

Hospital

Law Enforcement

Library

Magistrate Court

Mapping

Municipal Administration and Support

Municipal Elections

Municipal Parks and Recreation

Municipal Recorders Court

Municipal Tax Collections

Planning

Probate Court

Public Health

Public Works

Sheriff

Social Services

Solid Waste Disposal

Street Construction & Maintenance

Superior and State Courts

Voter Registration

Wastewater Collection & Treatment

Water







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Us additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Grady	Service: Airport
1. Check the box that best describes the agreed upon delivery arrangemen	t for this service:
Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.): Cairo	nty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. eation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the s	ervice area of each service provider, and identify the government,
authority, or other organization that will provide service within each so	ervice 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, No	below)
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, of eliminated).	or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implem	
eliminate them, the responsible party and the agreed upon deadline for con	npleting it.

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

Local Government or Authority	Funding Method
Cairo	General Funds
Grady County	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)		
COL	JNTY: Grady	Service: Animal Control	
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:	
V	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service Grady County		
	Service will be provided only in the unincorporated portion of the coungovernment, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or	d boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,	
	authority, or other organization that will provide service within each se		
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, No	pelow)	
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, on nated).	r reasons that overlapping service areas or competition cannot be	
If the	ese conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to	
elimi	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Cairo	General Funds
Grady County	General Funds

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

No Change

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
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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?

Grady County Animal Control Ordinance of March 5, 1991. City of Cairo "Animal and Fowls" Ordinance of April 11, 1965, as amended.

7. Person completing form: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	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.		
СО	UNTY: Grady	Service: Cemeteries	
1. C	heck the box that best describes the agreed upon delivery arrange	ement for this service:	
	Service will be provided countywide (i.e., including all cities and identify the government, authority or organization providing the s	unincorporated areas) by a single service provider. (If this box is checked, service.):	
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	e county by a single service provider. (If this box is checked, identify the	
V	One or more cities will provide this service only within their incorporation (If this box is checked, identify the government(s), authority or or Cairo, Whigham	porated boundaries, and the service will not be provided in unincorporated areas. rganization providing the service:	
	One or more cities will provide this service only within their incorpareas. (If this box is checked, identify the government(s), authori	rporated boundaries, and the county will provide the service in unincorporated ity or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within each	the service area of each service provider, and identify the government, ach service area.):	
2. In	developing this strategy, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as descri No	ribed, below)	
serv	· · · · · · · · · · · · · · · · · · ·	ation for continuing the arrangement (i.e., overlapping but higher levels of tion, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an implicate them, the responsible party and the agreed upon deadline for	plementation schedule listing each step or action that will be taken to	

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
Cairo	General Funds
Whigham	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching at the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
COUNTY: Grady	Service: Clerk of Courts	
1. Check the box that best describes the agreed upon de	elivery arrangement for this service:	
Service will be provided countywide (i.e., including identify the government, authority or organization p	all cities and unincorporated areas) by a single service provider. (If this box is checked, providing the service.):	
Service will be provided only in the unincorporated government, authority or organization providing the	portion of the county by a single service provider. (If this box is checked, identify the e service.):	
One or more cities will provide this service only wit (If this box is checked, identify the government(s), Cairo, Whigham	hin their incorporated boundaries, and the service will not be provided in unincorporated areas. authority or organization providing the service:	
	hin their incorporated boundaries, and the county will provide the service in unincorporated ent(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 se		
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 documentated No	ation as described, below)	
If these conditions will continue under this strategy, atta	ch 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 eliminated).	of the duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy,	attach an implementation schedule listing each step or action that will be taken to	
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Cairo	General Funds
Whigham	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	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.			
COL	UNTY: Grady	Service: County Administration and Support		
1. CI	neck the box that best describes the agreed upon delivery arrangement	for this service:		
V	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service Grady County			
	Service will be provided only in the unincorporated portion of the coungovernment, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or	d boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,		
	authority, or other organization that will provide service within each se	rvice 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, No	pelow)		
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of		
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or inated).	r reasons that overlapping service areas or competition cannot be		
	ese conditions will be eliminated under the strategy, attach an implementation			
elimi	nate them, the responsible party and the agreed upon deadline for com	pleting it.		

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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
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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?

Grady Code of Ordinances

7. Person completing form: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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СО	UNTY: Grady	Service: County and State Elections		
1. C	heck the box that best describes the agreed upon delivery arrangem	ent for this service:		
	Service will be provided countywide (i.e., including all cities and uni identify the government, authority or organization providing the service Grady County	ncorporated areas) by a single service provider. (If this box is checked, vice.):		
	Service will be provided only in the unincorporated portion of the cogovernment, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or organized	rated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:		
	One or more cities will provide this service only within their incorpor areas. (If this box is checked, identify the government(s), authority of	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the	e 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, unnecess	ary competition and/or duplication of this service identified?		
	Yes (if 'Yes', you must attach additional documentation as describe No	d, below)		
If the	ese conditions will continue under this strategy, attach an explanation	on for continuing the arrangement (i.e., overlapping but higher levels of		
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	n, or reasons that overlapping service areas or competition cannot be		
If the	ese conditions will be eliminated under the strategy, attach an imple	ementation schedule listing each step or action that will be taken to		
۵lim	ingte them, the responsible party and the agreed upon deadline for a	completing it		

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	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.			
СО	UNTY: Grady	Service: County Recreation		
1. C	heck the box that best describes the agreed upon delivery arrangement	ent for this service:		
$\overline{\checkmark}$	Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the service Grady County	ncorporated areas) by a single service provider. (If this box is checked, rice.):		
	Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	unty by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:		
	One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority of	ated boundaries, and the county will provide the service in unincorporated 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, unnecessar	ary competition and/or duplication of this service identified?		
	Yes (if 'Yes', you must attach additional documentation as described No	d, below)		
If the	ese conditions will continue under this strategy, attach an explanation	on for continuing the arrangement (i.e., overlapping but higher levels of		
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	, or reasons that overlapping service areas or competition cannot be		
	ese conditions will be eliminated under the strategy, attach an implementation at the strategy attach at the strategy			
nile	ingto them, the responsible party and the agreed upon deadline for co	ompleting it		

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

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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? **No**

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FORM 2: Summary of Service Delivery Arrangements

	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.			
СО	UNTY: Grady	Service: County Roads & Bridges		
1. C	heck the box that best describes the agreed upon delivery arrangen	nent for this service:		
	Service will be provided countywide (i.e., including all cities and unidentify the government, authority or organization providing the ser Grady County	nincorporated areas) by a single service provider. (If this box is checked, rvice.):		
	Service will be provided only in the unincorporated portion of the c government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the		
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	One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	orated boundaries, and the county will provide the service in unincorporated or organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating th	ne service area of each service provider, and identify the government,		
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2. In	developing this strategy, were overlapping service areas, unnecess	sary competition and/or duplication of this service identified?		
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If the	ese conditions will continue under this strategy, attach an explanat	ion for continuing the arrangement (i.e., overlapping but higher levels of		
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	on, or reasons that overlapping service areas or competition cannot be		
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.):

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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FORM 2: Summary of Service Delivery Arrangements

	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.			
COL	JNTY: Grady	Service: County Tax Assessment & Collections		
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:		
V	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service Grady County			
	Service will be provided only in the unincorporated portion of the coungovernment, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or	d boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,		
	authority, or other organization that will provide service within each se	rvice 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, No	pelow)		
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of		
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be		
If the	ese conditions will be eliminated under the strategy, attach an implementation	ntation schedule listing each step or action that will be taken to		
elimi	nate them, the responsible party and the agreed upon deadline for com	pleting it.		

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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: Grady	Service: Electric		
1. Check the box that best describes the agreed upon delivery arrangeme	nt for this service:		
Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the servi	corporated areas) by a single service provider. (If this box is checked, ce.):		
Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	inty by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	nted boundaries, and the service will not be provided in unincorporated areas. ization providing the service:		
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority o	nted boundaries, and the county will provide the service in unincorporated or organization providing the service.):		
Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each Cairo, Whigham	service area of each service provider, and identify the government, service area.):		
2. In developing this strategy, were overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?		
Yes (if 'Yes', you must attach additional documentation as described No	l, below)		
If these conditions will continue under this strategy, attach an explanation	n 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, eliminated).	or reasons that overlapping service areas or competition cannot be		
If these conditions will be eliminated under the strategy, attach an impler	nentation schedule listing each step or action that will be taken to		
eliminate them, the responsible party and the agreed upon deadline for co	mpleting it.		

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

Local Government or Authority	Funding Method
Cairo	Enterprise Funds
City of Thomasville	Enterprise Funds
Grady E.M.C.	Corporate revenues
Whigham	Enterprise Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/11/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	e copies of this form and complete one for each service listed on FORM 1, Section III. Usional pages as necessary. If the contact person for this service (listed at the bottom of the page)	Use exactly the same service names listed on FORM 1. Answer each question below, attaching ge) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Grady	Service: Emergency Management
1. C	heck the box that best describes the agreed upon delivery arrangeme	ent for this service:
	Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the servi Grady County	ncorporated areas) by a single service provider. (If this box is checked, ice.):
	Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	unty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas.
	One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority of	ated boundaries, and the county will provide the service in unincorporated 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, unnecessa	ary competition and/or duplication of this service identified?
□	Yes (if 'Yes', you must attach additional documentation as described No	d, below)
If the	ese conditions will continue under this strategy, attach an explanatio	n for continuing the arrangement (i.e., overlapping but higher levels of
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, inated).	, or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an impler	mentation schedule listing each step or action that will be taken to
مانام	ingto them, the responsible party and the agreed upon deadline for so	amploting it

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	e copies of this form and complete one for each service listed on FORM 1, Section III ional pages as necessary. If the contact person for this service (listed at the bottom of the	 Use exactly the same service names listed on FORM 1. Answer each question below, attaching page) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Grady	Service: Emergency Medical & Rescue
1. C	heck the box that best describes the agreed upon delivery arrangen	ment for this service:
	Service will be provided countywide (i.e., including all cities and unidentify the government, authority or organization providing the ser Grady County	nincorporated areas) by a single service provider. (If this box is checked, rvice.):
	Service will be provided only in the unincorporated portion of the configuration government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization.	orated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:
	One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	prated boundaries, and the county will provide the service in unincorporated or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating th	ne service area of each service provider, and identify the government,
	authority, or other organization that will provide service within each	ch service area.):
2. In	developing this strategy, were overlapping service areas, unnecess	sary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as describe No	ed, below)
If the	ese conditions will continue under this strategy, attach an explanati	ion for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicatio inated).	on, or reasons that overlapping service areas or competition cannot be
		ementation schedule listing each step or action that will be taken to
alim	ingto them, the responsible party and the agreed upon deadline for	completing it

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	e copies of this form and complete one for each service listed on FORM 1, Section III. It involves as necessary. If the contact person for this service (listed at the bottom of the particle)	Use exactly the same service names listed on FORM 1. Answer each question below, attaching age) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Grady	Service: Extension Service
1. C	heck the box that best describes the agreed upon delivery arrangement	ent for this service:
	Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the service Grady County	ncorporated areas) by a single service provider. (If this box is checked, ice.):
	Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	unty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:
	One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority of	ated boundaries, and the county will provide the service in unincorporated 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, unnecessar	ary competition and/or duplication of this service identified?
□	Yes (if 'Yes', you must attach additional documentation as described No	d, below)
If the	ese conditions will continue under this strategy, attach an explanation	on for continuing the arrangement (i.e., overlapping but higher levels of
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	, or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an imple	mentation schedule listing each step or action that will be taken to
۵lim	ingto them, the responsible party and the agreed upon deadline for or	omploting it

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Grady	Service: Fire
1. Check the box that best describes the agreed upon delivery arrangement	for this service:
Service will be provided countywide (i.e., including all cities and unince identify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c Cairo, Grady County, Whigham	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea	
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, No	below)
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, of eliminated).	r reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implementation of the strategy attach an implementation of the strategy.	
eliminate them, the responsible party and the agreed upon deadline for com	ipieting it.

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

Local Government or Authority	Funding Method
Cairo	General Funds
Grady County	General Funds
Whigham	General Funds

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

No Change

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)		
COL	UNTY: Grady	Service: Gas	
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:	
V	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.): Cairo		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of	d boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,	
	authority, or other organization that will provide service within each se	rvice 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, I	pelow)	
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an implementation		
elimi	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Cairo	Enterprise Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)		
COL	JNTY: Grady	Service: Hospital	
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:	
V	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.): Grady County		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of	nd boundaries, and the county will provide the service in unincorporated 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		
□	Yes (if 'Yes', you must attach additional documentation as described, I	pelow)	
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be	
If the	ese conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to	
elimi	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Grady County	General Funds
Grady County Hospital Authority	User Fees

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

No Change

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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: Grady	Service: Law Enforcement
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 incorporate areas. (If this box is checked, identify the government(s), authority or Cairo, Grady County, Whigham	ed boundaries, and the county will provide the service in unincorporated 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 se	ervice 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, No	below)
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.):

Local Government or Authority	Funding Method
Cairo	Municipal Revenues
Grady County	Unincorporated Revenues
Whigham	Municipal Revenues

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

No Change

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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.		
col	JNTY: Grady	Service: Library
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:
V	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service Cairo	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of	d boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea	
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, I	pelow)
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an implementation	ntation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Cairo	General Funds
Grady County	General Funds

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

No change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/24/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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.		
СО	UNTY: Grady	Service: Magistrate Court
1. C	heck the box that best describes the agreed upon delivery arrangem	ent for this service:
	Service will be provided countywide (i.e., including all cities and unidentify the government, authority or organization providing the service Grady County	incorporated areas) by a single service provider. (If this box is checked, vice.):
	Service will be provided only in the unincorporated portion of the cogovernment, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or organ	rated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:
	One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the	e service area of each service provider, and identify the government,
	authority, or other organization that will provide service within each	n service area.):
2. In	developing this strategy, were overlapping service areas, unnecess	ary competition and/or duplication of this service identified?
□	Yes (if 'Yes', you must attach additional documentation as describe No	ed, below)
If the	ese conditions will continue under this strategy, attach an explanation	on for continuing the arrangement (i.e., overlapping but higher levels of
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	n, or reasons that overlapping service areas or competition cannot be
	· · · · · · · · · · · · · · · · · · ·	ementation schedule listing each step or action that will be taken to
۵lim	ingte them, the responsible party and the agreed upon deadline for a	completing it

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)	
COL	UNTY: Grady	Service: Mapping
1. Cł	heck the box that best describes the agreed upon delivery arrangement	for this service:
	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
V	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization. Cairo	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,
	authority, or other organization that will provide service within each se	
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, I	pelow)
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, of inated).	r reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to
elimi	nate them, the responsible party and the agreed upon deadline for com	pleting it.

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

Local Government or Authority	Funding Method
Cairo	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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: Grady	Service: Municipal Administration and Support	
1. Check the box that best describes the agreed upon	on delivery arrangement for this service:	
Service will be provided countywide (i.e., inclu identify the government, authority or organizat	ding all cities and unincorporated areas) by a single service provider. (If this box is checked, ion providing the service.):	
Service will be provided only in the unincorpor government, authority or organization providin	ated portion of the county by a single service provider. (If this box is checked, identify the g the service.):	
	within their incorporated boundaries, and the service will not be provided in unincorporated areas. (s), authority or organization providing the service:	
	y within their incorporated boundaries, and the county will provide the service in unincorporated rnment(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 provid		
2. In developing this strategy, were overlapping serv	vice areas, unnecessary competition and/or duplication of this service identified?	
Yes (if 'Yes', you must attach additional documed No	nentation as described, below)	
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 beneficially beneficially described by the service (See O.C.G.A. 36-70-24(1)), overriding beneficially described by the service (See O.C.G.A. 36-70-24(1)), overriding beneficially described by the service (See O.C.G.A. 36-70-24(1)), overriding beneficially described by the service (See O.C.G.A. 36-70-24(1)), overriding beneficially described by the service (See O.C.G.A. 36-70-24(1)), overriding beneficially described by the service of the service (See O.C.G.A. 36-70-24(1)), overriding beneficially described by the service of the service o	efits of the duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strate	egy, attach an implementation schedule listing each step or action that will be taken to	
eliminate them, the responsible party and the agree	d upon deadline for completing it.	

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

Local Government or Authority	Funding Method	
Cairo	General Funds	
Whigham	General Funds	

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Us additional pages as necessary. If the contact person for this service (listed at the bottom of the page)		
COUNTY: Grady	Service: Municipal Elections	
1. Check the box that best describes the agreed upon delivery arrangement	nt for this service:	
Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service		
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organi. Whigham	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated 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 s 2. In developing this strategy, were overlapping service areas, unnecessar		
Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, <u>attach an explanation</u> service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, eliminated).		
If these conditions will be eliminated under the strategy, attach an implementation eliminate them, the responsible party and the agreed upon deadline for continuous		

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
Whigham	General Funds

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

Grady County Elections Superintendent will conduct City of Cairo elections.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 12/19/2011

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? **No**

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page		
COUNTY: Grady	Service: Municipal Parks and Recreation	
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 unince identify the government, authority or organization providing the service		
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or cairo, Whigham	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,	
authority, or other organization that will provide service within each se	ervice 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, No	below)	
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, celiminated).	r reasons that overlapping service areas or competition cannot be	
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 com	pleting it.	

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

Local Government or Authority	Funding Method	
Cairo	General Funds	
Whigham	General Funds	

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	this form and complete one for each service listed on FORM 1, Section III. Us as necessary. If the contact person for this service (listed at the bottom of the page	e exactly the same service names listed on FORM 1. Answer each question below, attaching) changes, this should be reported to the Department of Community Affairs.
COUNTY: G	rady	Service: Municipal Recorders Court
1. Check the	box that best describes the agreed upon delivery arrangemen	t for this service:
	will be provided countywide (i.e., including all cities and uninc the government, authority or organization providing the service	orporated areas) by a single service provider. (If this box is checked, e.):
	will be provided only in the unincorporated portion of the counnent, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
(If this b	more cities will provide this service only within their incorporate ox is checked, identify the government(s), authority or organiz Whigham	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	more cities will provide this service only within their incorporate of this box is checked, identify the government(s), authority or one of the control of t	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (I	f this box is checked, attach a legible map delineating the s	ervice area of each service provider, and identify the government,
	ty, or other organization that will provide service within each se	
2. In develop	ing 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)
If these cond	itions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
service (See eliminated).	O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o	or reasons that overlapping service areas or competition cannot be
If these cond	itions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method	
Cairo	General Funds	
Whigham	General Funds	

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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.			
СО	UNTY: Grady	Service: Municipal Tax Collections	
1. C	heck the box that best describes the agreed upon delivery arran-	gement 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 government, authority or organization providing the service.):	ne county by a single service provider. (If this box is checked, identify the	
V	One or more cities will provide this service only within their inco (If this box is checked, identify the government(s), authority or whigham	orporated boundaries, and the service will not be provided in unincorporated areas. organization providing the service:	
	One or more cities will provide this service only within their inco areas. (If this box is checked, identify the government(s), author	orporated boundaries, and the county will provide the service in unincorporated ority or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within a	g the service area of each service provider, and identify the government, each service area.):	
2. In	developing this strategy, were overlapping service areas, unnec	cessary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as desc No	cribed, below)	
		nation for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplic inated).	cation, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an in	mplementation schedule listing each step or action that will be taken to	

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
Whigham	General Funds

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

Grady County Tax Commissioner will collect and disburse City of Cairo's Ad Valorem, Mobile Home, and Vehicle Taxes.

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 12/19/2011

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? **No**

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Grady	Service: Planning
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 unince identify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or cairo, Grady County, Whigham	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the seauthority, or other organization that will provide service within each seauthority.	
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, No	below)
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, of eliminated).	r reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implementation	
eliminate them, the responsible party and the agreed upon deadline for com	pleting it.

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

Local Government or Authority	Funding Method
Cairo	General Funds
Grady County	General Funds
Whigham	General Funds

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

No Change

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	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.		
СО	UNTY: Grady	Service: Probate Court	
1. C	heck the box that best describes the agreed upon delivery arrangement	ent for this service:	
$\overline{\checkmark}$	Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the servi Grady County	ncorporated areas) by a single service provider. (If this box is checked, ice.):	
	Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	unty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:	
	One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority of	ated boundaries, and the county will provide the service in unincorporated 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, unnecessar	ary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as described No	d, below)	
If the	ese conditions will continue under this strategy, attach an explanatio	on for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an impler		
alim	ingte them, the responsible party and the agreed upon deadline for co	ampleting it	

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	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.		
СО	UNTY: Grady	Service: Public Health	
1. C	heck the box that best describes the agreed upon delivery arrangement	ent for this service:	
	Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the servi Grady County	ncorporated areas) by a single service provider. (If this box is checked, ice.):	
	Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	unty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:	
	One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority of	ated boundaries, and the county will provide the service in unincorporated 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	n developing this strategy, were overlapping service areas, unnecessa	ary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as described No	d, below)	
If the	ese conditions will continue under this strategy, attach an explanatio	on for continuing the arrangement (i.e., overlapping but higher levels of	
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an impler		
alim	ingto them, the responsible party and the agreed upon deadline for co	ampleting it	

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Us additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Grady	Service: Public Works
1. Check the box that best describes the agreed upon delivery arrangemen	t for this service:
Service will be provided countywide (i.e., including all cities and uninc identify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Cairo, Whigham	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the s	ervice area of each service provider, and identify the government,
authority, or other organization that will provide service within each se	
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, No	below)
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, celiminated).	or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for con	npleting it.

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

Local Government or Authority	Funding Method
Cairo	General Funds
Whigham	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	lake 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 dditional 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.		
CO	UNTY: Grady	Service: Sheriff	
1. C	heck the box that best describes the agreed upon delivery arrang	gement for this service:	
V	Service will be provided countywide (i.e., including all cities and identify the government, authority or organization providing the Grady County	d unincorporated areas) by a single service provider. (If this box is checked, service.):	
	Service will be provided only in the unincorporated portion of th government, authority or organization providing the service.):	ne county by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their inco (If this box is checked, identify the government(s), authority or o	orporated boundaries, and the service will not be provided in unincorporated areas. organization providing the service:	
	One or more cities will provide this service only within their inco areas. (If this box is checked, identify the government(s), autho	orporated boundaries, and the county will provide the service in unincorporated ority or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating	g the service area of each service provider, and identify the government,	
	authority, or other organization that will provide service within e	each service area.):	
2. ln	developing this strategy, were overlapping service areas, unnec	cessary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as desc No	cribed, below)	
If the	ese conditions will continue under this strategy, attach an explai	nation for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicated).	ation, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an in	nplementation schedule listing each step or action that will be taken to	

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
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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: Grady	Service: Social Services	
1. Check the box that best describes the agreed upon delivery arrangeme	nt for this service:	
Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the service)	corporated areas) by a single service provider. (If this box is checked, ce.):	
Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each service Grady County	service area of each service provider, and identify the government, service area.):	
2. In developing this strategy, were overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?	
Yes (if 'Yes', you must attach additional documentation as described No	, below)	
If these conditions will continue under this strategy, attach an explanation	n 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, eliminated).	or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an implen	nentation schedule listing each step or action that will be taken to	
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/11/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	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.		
СО	UNTY: Grady	Service: Solid Waste Disposal	
1. C	heck the box that best describes the agreed upon delivery arranger	ment for this service:	
	Service will be provided countywide (i.e., including all cities and unidentify the government, authority or organization providing the se Cairo	nincorporated areas) by a single service provider. (If this box is checked, rvice.):	
	Service will be provided only in the unincorporated portion of the orgovernment, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or org	orated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:	
	One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	orated boundaries, and the county will provide the service in unincorporated or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the	ne service area of each service provider, and identify the government,	
	authority, or other organization that will provide service within each	ch service area.):	
2. In	developing this strategy, were overlapping service areas, unneces	sary competition and/or duplication of this service identified?	
□	Yes (if 'Yes', you must attach additional documentation as describ No	ped, below)	
If the	ese conditions will continue under this strategy, attach an explanat	tion for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	on, or reasons that overlapping service areas or competition cannot be	
If the	ese conditions will be eliminated under the strategy, attach an impl	lementation schedule listing each step or action that will be taken to	
مانام	ingto them, the responsible party and the agreed upon deadline for	completing it	

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

Local Government or Authority	Funding Method
Cairo	Municipal Revenues
Grady County	Unincorporated Revenues
Whigham	Municipal Revenues

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

No Change

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. U additional pages as necessary. If the contact person for this service (listed at the bottom of the page)	
COUNTY: Grady	Service: Street Construction & Maintenance
Check the box that best describes the agreed upon delivery arrangeme	
Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the service.	corporated areas) by a single service provider. (If this box is checked, ce.):
Service will be provided only in the unincorporated portion of the cougovernment, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organical Cairo, Whigham	ted boundaries, and the service will not be provided in unincorporated areas. ization providing the service:
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each s	service area of each service provider, and identify the government, service area.):
2. In developing this strategy, were overlapping service areas, unnecessal	ry competition and/or duplication of this service identified?
Yes (if 'Yes', you must attach additional documentation as described No	, below)
If these conditions will continue under this strategy, attach an explanation	n 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, eliminated).	or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implen	nentation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for co	mpleting it.

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

Local Government or Authority	Funding Method
Cairo	Enterprise Funds
Whigham	Enterprise Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

	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.		
СО	UNTY: Grady	Service: Superior and State Courts	
1. C	heck the box that best describes the agreed upon delivery arrangement	ent for this service:	
	Service will be provided countywide (i.e., including all cities and uni identify the government, authority or organization providing the service of the county of the coun	incorporated areas) by a single service provider. (If this box is checked, vice.):	
	Service will be provided only in the unincorporated portion of the cogovernment, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or organ	rated boundaries, and the service will not be provided in unincorporated areas. inization providing the service:	
	One or more cities will provide this service only within their incorpor areas. (If this box is checked, identify the government(s), authority of	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the	e 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	ary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as describe No	ed, below)	
If the	ese conditions will continue under this strategy, attach an explanation	on for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	n, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an imple		
alim	ingte them, the responsible party and the agreed upon deadline for o	rompleting it	

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

Local Government or Authority	Funding Method
Grady County	General Funds

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

No Change

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
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/4/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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.		
Service: Voter Registration		
ent for this service:		
ncorporated areas) by a single service provider. (If this box is checked, vice.):		
ounty by a single service provider. (If this box is checked, identify the		
rated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:		
rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):		
e service area of each service provider, and identify the government,		
service area.):		
ary competition and/or duplication of this service identified?		
d, below)		
on for continuing the arrangement (i.e., overlapping but higher levels of		
n, or reasons that overlapping service areas or competition cannot be		
ementation schedule listing each step or action that will be taken to		

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
Grady County	General Funds

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

No Change

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 Da	Agreement Name	Contracting Parties	Effective and Ending Da	tes
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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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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.			
СО	COUNTY: Grady Service: Wastewater Collection & Treatment		
1. C	heck the box that best describes the agreed upon delivery arrangem	nent for this service:	
	Service will be provided countywide (i.e., including all cities and un identify the government, authority or organization providing the ser	incorporated areas) by a single service provider. (If this box is checked, vice.):	
	Service will be provided only in the unincorporated portion of the cogovernment, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorpo (If this box is checked, identify the government(s), authority or organized	rated boundaries, and the service will not be provided in unincorporated areas.	
$\overline{\mathbf{V}}$	One or more cities will provide this service only within their incorpo areas. (If this box is checked, identify the government(s), authority Cairo, Grady County, Whigham	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each	e service area of each service provider, and identify the government, in service area.):	
2. lr	developing this strategy, were overlapping service areas, unnecess	eary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as describe No	ed, below)	
serv	3,·· <u> </u>	on for continuing the arrangement (i.e., overlapping but higher levels of n, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an imple	ementation schedule listing each step or action that will be taken to	

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
Cairo	Enterprise Funds
Grady County	Enterprise Funds
Whigham	Enterprise Funds

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

No Change

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FORM 2: Summary of Service Delivery Arrangements

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: Grady	Service: Water	
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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
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.): Cairo, Grady County, Whigham		
Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea		
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, No	below)	
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, celiminated).	or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an implementation at the strategy of the str		
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Cairo	Enterprise Funds
Grady County	Enterprise Funds
Whigham	Enterprise Funds

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

No Change

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: Shane Kelsey, Planner

Phone number: (229) 522-3552 Date completed: 1/5/2012

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

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







FURING 3: Summary of Land Use Agreements			
Instructions: 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: Grady			
What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? None			
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 the necessary plan amendments, regulations, ordinances, etc. have not 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? None			
4. Person completing form: Shane Kelsey, Planner Phone number: (229) 522-3552 Date completed: 1/11/2012			
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? No			

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

There is no map available for this service.







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 soat; 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: GRADY

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
GRADY COUNTY	Chairman	Elwyn Childs	Elwyn Chille	3-25-12
CITY OF CAIRO	Mayor	Richard VanLandingham	pulled	426/201
CITY OF WHIGHAM	Mayor	Jimmy Laing	January Landing	4-4-12