





COUNTY: GRADY

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Grady County

City of Cairo

City of Whigham

Joint Economic Development Authority

Grady County Hospital Authority

Grady County Lake Authority

Joint Development Authority of Colquitt, Mitchell, Grady, Thomas, and Brooks Counties

Joint Grady County Development Authority

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

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

Airport

Animal Control

Cemeteries

Clerk of Court

Code Enforcement

County and State Elections

County Administration and Support

County Recreation

County Tax Assessment & Collections

Economic Devlopment

Electric Distribution

Emergency Management

Emergency Medical & Rescue

Extension Service

Hospital

Law Enforcement

Library

Magistrate Court

Mapping

Municipal Administration and Support

Municipal Parks

Municipal Court

Natural Gas Distribution

Planning

Probate Court

Public Health

Public Works

Sheriff

Social Services

Solid Waste Disposal

Superior and State Court

Voter Registration

Wastewater Collection & Treatment

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.

Emergency Communications (E911)

Fire

Streets, Roads & Bridges

Municipal Elections

Municipal Tax Collection

Water







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 Me	ethod
City of Cairo	User Fees-General Fund-Municipal Only	
	I	
. How will the strategy change the pr	evious arrangements for providing and/or fundin	ng this service within the county?
No Change		
 List any formal service delivery agrethis service: 	eements or intergovernmental contracts that will	be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
3		3
What other mechanisms (if any) wil	Il be used to implement the strategy for this servi	ice (e.a. ordinances resolutions local
	or fee changes, etc.), and when will they take eff	
•	<i>y</i>	
. Person completing form: Carlos To		
Phone number: 229.377.1512	Date completed: 10/9/15	
Is this the person who should be co	ontacted by state agencies when evaluating whe	ther proposed local government
projects are consistent with the serv		ther proposed rooting government
, , , , , , , , , , , , , , , , , , ,		
	erson(s) and phone number(s) below:	
TYPE CONTACT NAME, TITLE & I	PHONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	rity that will help to pay for this service and indicaleral funds, special service district revenues, hotel.).	
Local Government or Author	rity Funding	Method
Grady County	General Funds-County Wide	
4. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
No Change		
List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Animal Control Agreement	City of Cairo, City of Whigham, Grady County	March 5, 1991/open ended
) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take	
Grady County Animal Control Or City of Cairo "Animal and Fowls"	rdinance of March 5, 1991. Ordinance of April 11, 1965 as amended	
7. Person completing form: Carlo Phone number: 229.377.1512	s Tobar-County Administrator Date completed: 10/9/15	
	e contacted by state agencies when evaluating v service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Author			
City of Cairo	General Funds-Cemetery Lot Fees-Municip	oal Only	
City of Whigham	General Funds-Municipal Only	General Funds-Municipal Only	
How will the strategy change the	e previous arrangements for providing and/or fundir	ng this service within the county?	
No Change			
5. List any formal service delivery this service:	agreements or intergovernmental contracts that wil	I be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	will be used to implement the strategy for this servate or fee changes, etc.), and when will they take ef		
7. Person completing form: Carlos Phone number: 229.377.1512	Tobar-County Administrator Date completed: 10/9/15		
3. Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes □No	ether proposed local government	
If not, provide designated contact	ct person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be fund	ed (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 Authorit	y Funding I	Method
Grady County	General Funds-County Wide	
. How will the strategy change the p	previous arrangements for providing and/or fund	ling this service within the county?
No Change		
9-		
. List any formal service delivery ag this service:	reements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
. Person completing form: Carlos 1 Phone number: 229.377.1512	obar-County Administrator Date completed: 10/9/15	
	·	
. Is this the person who should be of projects are consistent with the se	contacted by state agencies when evaluating whrvice delivery strategy? ⊠Yes ⊡No	nether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

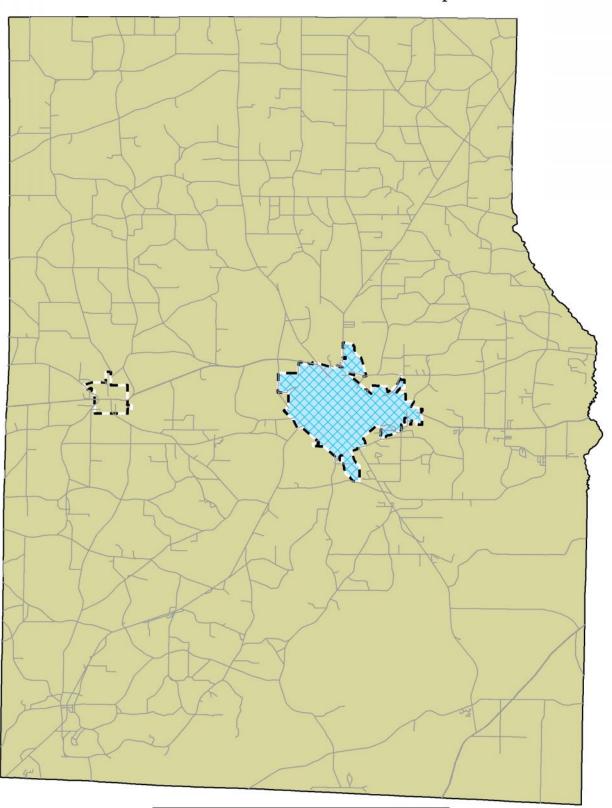
should be reported to the Department of Community Affairs.		
COUNTY:GRADY	Service:Code Enforcement	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority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

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

Local Government or Author	ity Funding I	Method	
City of Cairo	General Fund-Municipal Only		
City of Whigham	User Fees	User Fees	
Grady County	General Fund-Unincorporated Revenues	General Fund-Unincorporated Revenues	
. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?	
No Change			
List any formal service delivery a this service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy fo	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Agreement Name Code Enforcement	Contracting Parties City of Whigham/Grady County	Sept. 1, 1993/open ended	
Code Enforcement . What other mechanisms (if any)		Sept. 1, 1993/open ended	
Code Enforcement . What other mechanisms (if any)	City of Whigham/Grady County will be used to implement the strategy for this ser	Sept. 1, 1993/open ended	
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	Sept. 1, 1993/open ended	
Code Enforcement What other mechanisms (if any) acts of the General Assembly, ra Person completing form: Carlos Phone number: 229.377.1512 Is this the person who should be	City of Whigham/Grady County will be used to implement the strategy for this set te or fee changes, etc.), and when will they take e	Sept. 1, 1993/open ended rvice (e.g., ordinances, resolutions, local effect?	
What other mechanisms (if any) acts of the General Assembly, ra Person completing form: Carlos Phone number: 229.377.1512 Is this the person who should be projects are consistent with the s	City of Whigham/Grady County will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e Tobar-County Administrator Date completed: 10/9/15 contacted by state agencies when evaluating when	Sept. 1, 1993/open ended rvice (e.g., ordinances, resolutions, local effect?	

Grady County

Code Enforcement Service Area Map









Serviced by Grady County Code Enforcement











FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:GRADY	Service:County Administration and Support	
1. Check the box that best describes the agreed u	upon delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. (If athority or organization providing the service.): Grady County	
Service will be provided only in the unincorport checked, identify the government, authority or o	prated portion of the county by a single service provider. (If this box is organization providing the service.):	
	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:	
	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the	
	e map delineating the service area of each service provider, and anization that will provide service within each service area.):	
In developing this strategy, were overlapping so identified?	ervice areas, unnecessary competition and/or duplication of this service	
☐Yes (if "Yes," you must attach additional doc	cumentation as described, below)	
⊠No		
	y, attach an explanation for continuing the arrangement (i.e., .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).	
	rategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.	
	Page 1 of 2	

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

Local Government or Authority		Method
Grady County	General Funds-County Wide Revenues	
. How will the strategy change the p	previous arrangements for providing and/or fund	ing this service within the county?
No Change		
List say formed somiles delivery or	was and a seriate was common and all as a tractal that will	III ha waad ta imambana ant tha atrota ay fara
this service:	reements or intergovernmental contracts that wi	iii be used to implement the strategy for
tillo oci vicc.		
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any) w	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
	or fee changes, etc.), and when will they take e	
. Person completing form: Carlos T	obar-County Administrator	
Phone number: 229.377.1512	Date completed: 10/9/15	
- Helle Hallisell =2010 1111012	24.6 66.11p16.64.116/6/16	
. Is this the person who should be of projects are consistent with the set	contacted by state agencies when evaluating whrvice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 N	lethod
Grady County	General Funds-County Wide Revenues	
4. How will the strategy change the p	revious arrangements for providing and/or fundi	ng this service within the county?
N. O.		
No Change		
List any formal service delivery ag this service:	reements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
, ig. comon riamo		
	ill be used to implement the strategy for this server or fee changes, etc.), and when will they take e	
7. Person completing form: Carlos T Phone number: 229.377.1512	obar-County Administrator Date completed: 10/9/15	
Is this the person who should be c projects are consistent with the ser	ontacted by state agencies when evaluating whe vice delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Should be reported to the Department of Community Arians.		
COUNTY:GRADY	Service:County Recreation	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Grady County	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

· · · · · · · · · · · · · · · · · · ·	will help to pay for this service and indicate how the service will be funded (e.g., nds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Covernment or Authority	Funding Method

Grady County	General Funds-County Wide Revenues	
How will the strategy change the	ne previous arrangements for providing and/or funding	ng this service within the county?
No Change		
List any formal service delivery this service:	agreements or intergovernmental contracts that wil	l be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
Recreation	Grady County/City of Cairo	2/28/79 open ended
) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take ef	
. Person completing form: Carlo Phone number: 229.377.1512	os Tobar-County Administrator Date completed: 10/9/15	
Is this the person who should be projects are consistent with the	be contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Analis.	
COUNTY:GRADY	Service:County Tax Assessment & Collections
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Grady County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced t	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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 N	lethod
Grady County	General Funds-County Wide Revenues	
4. How will the strategy change the p	revious arrangements for providing and/or fundi	ng this service within the county?
N. O.		
No Change		
List any formal service delivery ag this service:	reements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
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	ill be used to implement the strategy for this server or fee changes, etc.), and when will they take e	
7. Person completing form: Carlos T Phone number: 229.377.1512	obar-County Administrator Date completed: 10/9/15	
Is this the person who should be c projects are consistent with the ser	ontacted by state agencies when evaluating whe vice delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authority	Funding Method		
City of Cairo General Fund-Municipal Only City of Whigham General Fund-Municipal Only Grady County General Fund-Unincorporated Revenues			
		J.D.A	Intergovernmental Fund Transfers
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

nat other mechanisms (if any) will be us s of the General Assembly, rate or fee	this service (e.g., ordinances, resolutions, local ey take effect?

7. Person completing form: **Carlos Tobar-County Administrator**Phone number: **229.377.1512**Date completed: 10/9/15

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as 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

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

Page 1 of 2

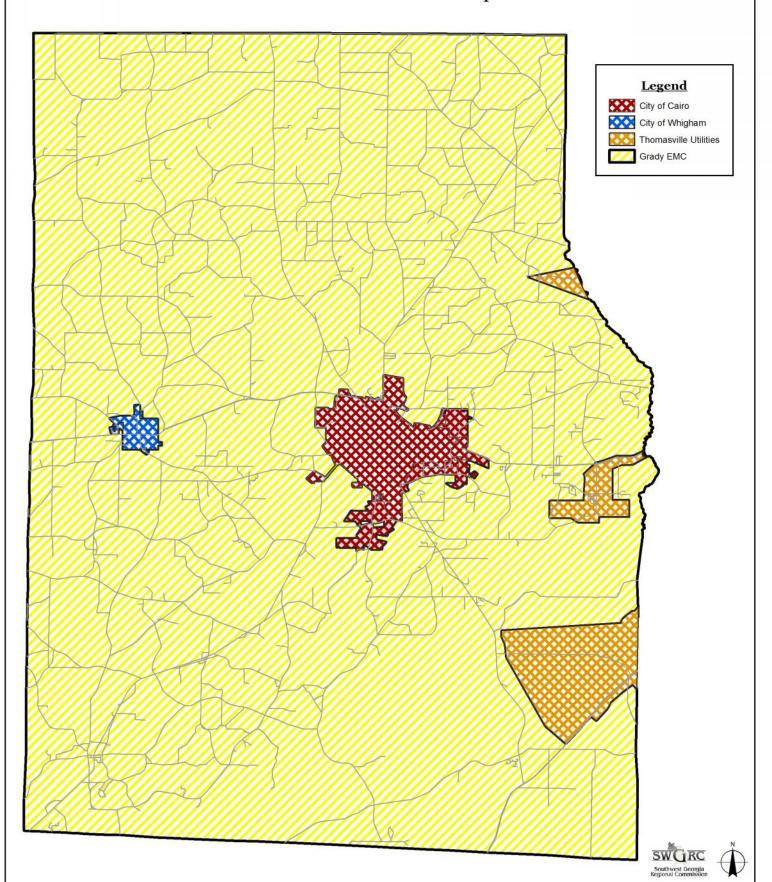
3	List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
	fees, bonded indebtedness, etc.).

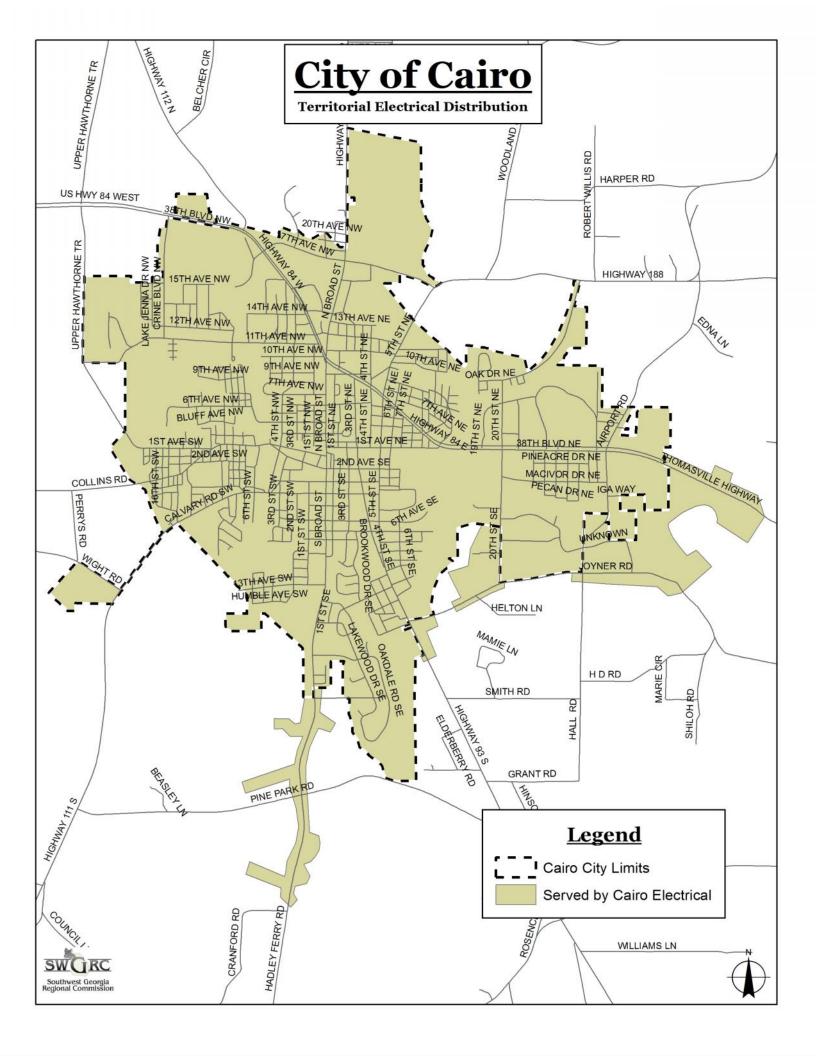
Local Government or Authority	Funding Method
City of Cairo	User Fees-Muncipal Revenues
City of Whigham	User Fees-Municipal Revenues
Grady EMC	User Fees-Corporate Revenues
City of Thomasville	User Fees-Municipal Revenues

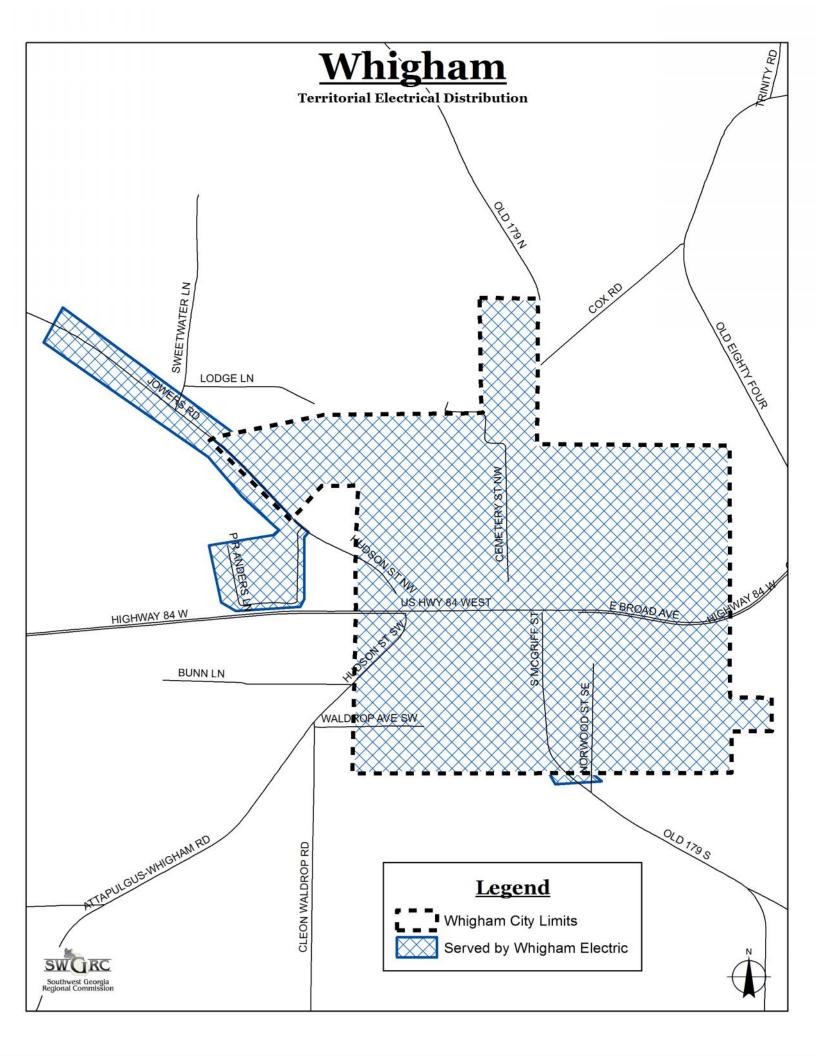
City of Thomasville	User Fees-Municipal Revenues	
I. How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
No Change		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) vacts of the General Assembly, rat	will be used to implement the strategy for this ser- te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local affect?
7. Person completing form: Carlos Phone number: 229.377.1512	Tobar-County Administrator Date completed: 10/9/15	
	contacted by state agencies when evaluating wheervice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	

Grady County

Electric Service Area Map













FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this	
COUNTY:GRADY	Service: Emergency Communications (E911)	
Check the box that best describes the agreed upor	a delivery arrangement for this service:	
1. Offect the box that best describes the agreed upor	ruenvery arrangement for this service.	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Grady County	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
	Page 1 of 2	

-		KU	12.	CO	m	mu	26

Local Government or Auth		Funding Method			
Grady County	General Funds/User Fees				
How will the strategy change	the previous arrangements for providing and/or fundi	ng this service within the county?			
Grady County will assume res	ponsibility to funding previously assumed by City of C	airo.			
List any formal service delive	ry agreements or intergovernmental contracts that wi	I be used to implement the strategy			
this service:		,			
	Contracting Parties	Effective and Ending Date			
this service: Agreement Name 1992 Agreement	Grady County/City of Cairo	Effective and Ending Date 12/15/92 to 5/10/99			
this service: Agreement Name 1992 Agreement	Grady County/City of Cairo Grady County/Decatur County				
this service: Agreement Name 1992 Agreement 1993 Agreement	Grady County/City of Cairo	12/15/92 to 5/10/99			
this service: Agreement Name 1992 Agreement 1993 Agreement	Grady County/City of Cairo Grady County/Decatur County	12/15/92 to 5/10/99 April 16, 1993/open-ended			
this service: Agreement Name 1992 Agreement 1993 Agreement	Grady County/City of Cairo Grady County/Decatur County	12/15/92 to 5/10/99 April 16, 1993/open-ended			
this service: Agreement Name 1992 Agreement 1993 Agreement	Grady County/City of Cairo Grady County/Decatur County	12/15/92 to 5/10/99 April 16, 1993/open-ended			
Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel . What other mechanisms (if all	Grady County/City of Cairo Grady County/Decatur County	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, lo			
Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel . What other mechanisms (if all	Grady County/City of Cairo Grady County/Decatur County 1992 Agreement City of Cairo ny) will be used to implement the strategy for this services.	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, lo			
Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel . What other mechanisms (if all	Grady County/City of Cairo Grady County/Decatur County 1992 Agreement City of Cairo ny) will be used to implement the strategy for this services.	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, lo			
this service: Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel . What other mechanisms (if all	Grady County/City of Cairo Grady County/Decatur County 1992 Agreement City of Cairo ny) will be used to implement the strategy for this services.	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, lo			
Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel 5. What other mechanisms (if all	Grady County/City of Cairo Grady County/Decatur County 1992 Agreement City of Cairo ny) will be used to implement the strategy for this services.	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, lo			
Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel . What other mechanisms (if are acts of the General Assembly . Person completing form: Car	Grady County/City of Cairo Grady County/Decatur County 1992 Agreement City of Cairo ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take e	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, lo			
Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel What other mechanisms (if aracts of the General Assembly Person completing form: Car Phone number: 229.377.1512	Grady County/City of Cairo Grady County/Decatur County 1992 Agreement City of Cairo ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take etc. los Tobar-County Administrator Date completed: 10/9/15	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, loffect?			
Agreement Name 1992 Agreement 1993 Agreement 1999 Resolution to Cancel . What other mechanisms (if aracts of the General Assembly . Person completing form: Car Phone number: 229.377.1512	Grady County/City of Cairo Grady County/Decatur County 1992 Agreement City of Cairo ny) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take e	12/15/92 to 5/10/99 April 16, 1993/open-ended May 10, 1999/ended rice (e.g., ordinances, resolutions, loffect?			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Funds-County Wide Revenues	
gements for providing and/or funding	g this service within the county?
ntergovernmental contracts that will	he used to implement the strategy:
3	be used to implement the strategy
J	be used to implement the strategy
Contracting Parties	Effective and Ending Date
Contracting Parties	Effective and Ending Date
Contracting Parties	Effective and Ending Date
Contracting Parties	Effective and Ending Date
Contracting Parties	Effective and Ending Date
	gements for providing and/or funding

7. Person completing form: **Carlos Tobar-County Administrator**Phone number: **229.377.1512**Date completed: 10/9/15

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Analis.	
COUNTY:GRADY	Service:Emergency Medical & Rescue
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Grady County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced t	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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 N	Method
Grady County	General Funds-County Wide Revenues	
. How will the strategy change the pre	evious arrangements for providing and/or fundi	ng this service within the county?
No Change		
· ·		
	ements or intergovernmental contracts that wil	ll be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
3	3	3
	be used to implement the strategy for this serv	
acts of the General Assembly, rate of	or fee changes, etc.), and when will they take e	ffect?
. Person completing form: Carlos To	bar-County Administrator	
	Date completed: 10/9/15	
rojects are consistent with the serv	ntacted by state agencies when evaluating whe ice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact pe	erson(s) and phone number(s) below:	
., 0	· · · · · · · · · · · · · · · · · · ·	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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-County Wide Revenues	
. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
No Change		
. List any formal service delivery agree this service:	ements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e.ç fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
Person completing form: Carlos Tob Phone number: 229.377.1512	par-County Administrator Date completed: 10/9/15	
. Is this the person who should be con projects are consistent with the service	tacted by state agencies when evaluating whether proceedelivery strategy? $oxtimes$ Yes $oxtimes$ No	oposed local government
If not, provide designated contact per	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List each o	government or au	uthority that will	help to pay for	this service and ir	ndicate how the ser	vice will be funded (e.g.,
enterprise	funds, user fees,	general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impact
fees, bond	ed indebtedness	, etc.).				

	Funding Method	
Local Government or Authority City of Cairo	General Fund-Municipal Revenues	
_	General Fund-Municipal Revenues	
City of Whigham	•	
Grady County	General Fund-Unincorporated Revenues	
4. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
The fire station in Whigham is now ope	erated by Grady County	
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List each o	government or au	uthority that will	help to pay for	this service and ir	ndicate how the ser	vice will be funded (e.g.,
enterprise	funds, user fees,	general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impact
fees, bond	ed indebtedness	, etc.).				

Local Government or Autho	rity	Funding Method			
Grady County		General Fund- County Wide Revenues			
Grady County Hospital Authority	C	Corporate Revenues			
4. How will the strategy change th	e previous	s arrangements for providing and/or funding this s	service within the county?		
N. O.					
No Change					
5. List any formal service delivery	agreemei	nts or intergovernmental contracts that will be use	ed to implement the strategy for		
this service:	agroomo	no or intergeventmental contracto that will be dec	od to implement the strategy for		
Agreement Name		Contracting Parties	Effective and Ending Dates		
Archbold Memorial Agreement	Hospital	Authority, Archbold Memorial	July 31, 1986 open ended		
		sed to implement the strategy for this service (e.g	J., ordinances, resolutions, local		
acts of the General Assembly, re	ate or lee	changes, etc.), and when will they take effect?			
7. Person completing form: Carlos					
Phone number: 229.377.1512	Date	completed: 10/9/15			
8. Is this the person who should b	e contacte	ed by state agencies when evaluating whether pro	oposed local government		
projects are consistent with the			special local government		
•		. 6, = =			
If not, provide designated conta	ct person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:GRADY	Service:Law Enforcement		
1. Check the box that best describes the agreed upon			
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the County		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐Yes (if "Yes," you must attach additional docum ☑No	entation as described, below)		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions of the conditions are serviced to the conditions of the conditions are serviced to the conditions of the conditions of the conditions are serviced to the conditions of the condition	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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 Mo	ethod
City of Cairo	General Fund-Municipal Revenues	
City of Whigham	General Fund-Municipal Revenues	
Grady County	General Fund-Unincorporated Revenues	
How will the strategy change the pre	evious arrangements for providing and/or fundin	ng this service within the county?
No Change		
List any formal convice delivery agre	amonto or intergovernmental contracts that will	he used to implement the strategy for
this service:	ements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this servi	
acts of the General Assembly, rate o	r fee changes, etc.), and when will they take eff	
Person completing form: Carlos To Phone number: 229.377.1512	bar-County Administrator Date completed: 10/9/15 Intacted by state agencies when evaluating where	fect?
Person completing form: Carlos To Phone number: 229.377.1512 Is this the person who should be coprojects are consistent with the service.	bar-County Administrator Date completed: 10/9/15 Intacted by state agencies when evaluating where	fect?
Person completing form: Carlos To Phone number: 229.377.1512 Is this the person who should be copprojects are consistent with the service.	bar-County Administrator Date completed: 10/9/15 htacted by state agencies when evaluating where delivery strategy?	fect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.					
COUNTY:GRADY	Service:Library				
1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Roddenbery Memorial Library Board of Trustees					
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):				
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the				
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
If these conditions will continue under this strategy, a	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

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

Local Government or Authori	ity Funding Me	ethod
City of Cairo	General Fund-Municipal Revenues	
School Board	General Fund-Countywide Revenues	
Grady County	General Fund-Unicorporated Revenues	
How will the strategy change the	previous arrangements for providing and/or fundin	g this service within the county?
No Change		
this service:	agreements or intergovernmental contracts that will	
Agreement Name Library Agreement	Contracting Parties City of Cairo, School Board, Grady County	Effective and Ending Dates 1994 open ended
	will be used to implement the strategy for this servi te or fee changes, etc.), and when will they take eff	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take eff	
acts of the General Assembly, ra Person completing form: Carlos Phone number: 229.377.1512	te or fee changes, etc.), and when will they take eff Tobar-County Administrator Date completed: 10/9/15	ect?
acts of the General Assembly, ra Person completing form: Carlos Phone number: 229.377.1512 Is this the person who should be	te or fee changes, etc.), and when will they take eff	ect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 N	Method
Grady County	General Funds-County wide	
. How will the strategy change the pre	evious arrangements for providing and/or fundi	ng this service within the county?
No Change		
	ements or intergovernmental contracts that wi	Il be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
7 1 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
What other mechanisms (if any) will	be used to implement the strategy for this serv	vice (e.g. ordinances resolutions local
	or fee changes, etc.), and when will they take e	
acto of the Constant toodhisty, rate of	n ree changes, etc./, and when will they take e	noot.
. Person completing form: Carlos To		
Phone number: 229.377.1512	Date completed: 10/9/15	
		ath an annual and least an annual art
projects are consistent with the serv	ntacted by state agencies when evaluating whe	etner proposed local government
projects are consistent with the serv	ice delivery strategy? A res Lino	
If not, provide designated contact pe	erson(s) and phone number(s) below:	
,, 3	()	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impac	İ
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding N	Method
City of Cairo	General Fund-Municipal Revenues	
. How will the strategy change the pr	evious arrangements for providing and/or fundi	ng this service within the county?
No Change		
	eements or intergovernmental contracts that wil	ll be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
3		3
What other mechanisms (if any) wil	Il be used to implement the strategy for this serv	vice (e.g. ordinances resolutions local
	or fee changes, etc.), and when will they take el	
•		
. Person completing form: Carlos To		
Phone number: 229.377.1512	Date completed: 10/9/15	
. Is this the person who should be co	ontacted by state agencies when evaluating whe	ether proposed local government
projects are consistent with the serv	/ice delivery strategy? ⊠Yes □No	and the feet and t
If not, provide designated contact pe	erson(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:GRADY	Service:Municipal Administration and Support		
Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If			
this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
☑One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Cairo; City of Whigham			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (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 strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authori	y Funding I	Viethod
City of Cairo	General Fund-Municipal Only	
City of Whigham	General Fund-Municipal Only	
4. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
No Change		
List any formal service delivery a this service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	-	
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
7. Person completing form: Carlos Phone number: 229.377.1512	Fobar-County Administrator Date completed: 10/9/15	
8. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating wh rvice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:GRADY	Service:Municipal Court	
Check the box that best describes the agreed upo	n delivery arrangement for this service:	
Service will be provided countywide (i.e., include this box is checked, identify the government, authorized the countywide (i.e., include the countywide the countywide (i.e., include the countywide the countywide the countywide the countywide the countywide (i.e., include the countywide the countywide the countywide the countywide the countywide (i.e., include the countywide the	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):	
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and cation that will provide service within each service area.):	
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐Yes (if "Yes," you must attach additional documentation as described, below)		
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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

Local Government or Authority	y Funding I	Method
City of Cairo	General Fund-Municipal Only	
City of Whigham	General Fund-Municipal Only	
. How will the strategy change the p	previous arrangements for providing and/or fund	ling this service within the county?
No Change		
. List any formal service delivery ag	reements or intergovernmental contracts that w	rill be used to implement the strategy for
this service:	•	,
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Effullig Dates
		1
	rill be used to implement the strategy for this ser	
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take e	effect?
Derean completing form: Carlos T	ober County Administrator	
Person completing form: Carlos T Phone number: 229.377.1512	Date completed: 10/9/15	
	•	
 Is this the person who should be of projects are consistent with the ser 	contacted by state agencies when evaluating whe rvice delivery strategy? ⊠Yes ⊡No	nether proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authori	y Funding	Method
City of Whigham	General Fund-Municipal	
How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
higham does their own elections	•	
higham does their own elections	•	
List any formal service delivery a	greements or intergovernmental contracts that v	will be used to implement the strategy
List any formal service delivery a		will be used to implement the strategy to the
List any formal service delivery a his service:	greements or intergovernmental contracts that v	
List any formal service delivery a nis service:	greements or intergovernmental contracts that v	
List any formal service delivery anis service:	greements or intergovernmental contracts that v	
List any formal service delivery a his service:	greements or intergovernmental contracts that v	
List any formal service delivery a his service:	greements or intergovernmental contracts that v	
List any formal service delivery a his service: Agreement Name What other mechanisms (if any)	greements or intergovernmental contracts that v	Effective and Ending Date
his service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this se	Effective and Ending Date
List any formal service delivery a his service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this se	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 Me	thod
City of Cairo	General Fund-Municipal Revenues	
City of Whigham	General Fund-Municipal Revenues	
4. How will the strategy change the p	revious arrangements for providing and/or funding	g this service within the county?
No Change		
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that will be	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effective or fee changes.	
projects are consistent with the ser	obar-County Administrator Date completed: 10/9/15 ontacted by state agencies when evaluating wheth vice delivery strategy? ⊠Yes □No erson(s) and phone number(s) below:	her proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:GRADY	Service:Municipal Tax Collections	
1. Check the box that best describes the agreed upon		
this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠I40		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

3	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 Authorit	y Funding Me	thod
City of Cairo	General Fund-Municipal Revenue	
City of Whigham	General Fund-Municipal Revenue	
4. How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?
No Change		
List any formal service delivery age this service:	reements or intergovernmental contracts that will b	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	
projects are consistent with the se	Date completed: 10/9/15 contacted by state agencies when evaluating wheth rvice delivery strategy? ⊠Yes □No	ner proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







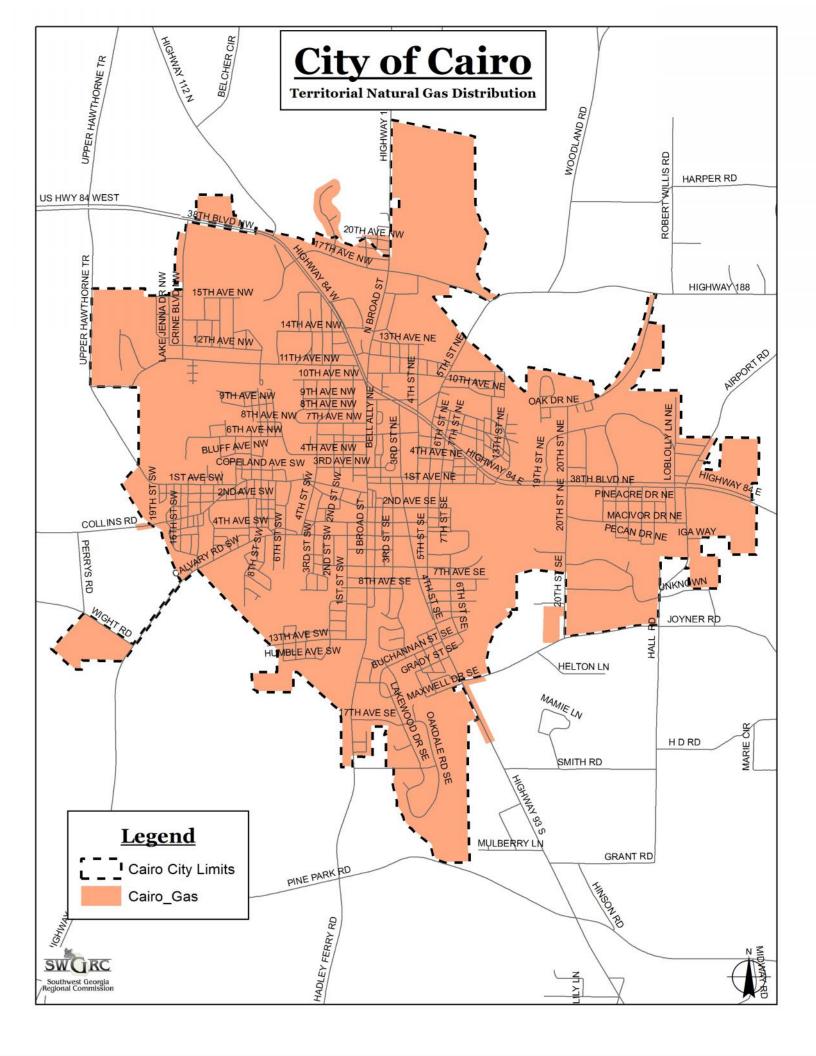
FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

City of Cairo	rity Funding I	Method
	Municipal Revenues (Enterprise Fund)	
How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
No Change		
List any formal service delivery this service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Hame	Contracting Funds	Enouge and Ending Battor
	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	
Person completing form: Carlos Phone number: 229.377.1512	S Tobar-County Administrator Date completed: 10/9/15	
Phone number: 229.377.1512 Is this the person who should be		ether proposed local government
Phone number: 229.377.1512 Is this the person who should be projects are consistent with the statement of	Date completed: 10/9/15 e contacted by state agencies when evaluating wh	ether proposed local government
Phone number: 229.377.1512 Is this the person who should be projects are consistent with the state.	Date completed: 10/9/15 e contacted by state agencies when evaluating wherevice delivery strategy? ⊠Yes □No	ether proposed local government









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authorit	y Funding Met	hod
City of Cairo	General Fund-Municipal Revenues	nou
· ·	General Fund-Municipal Revenues	
City of Whigham	•	
Grady County	General Fund- Unincorporated Revenues	
4. How will the strategy change the բ	previous arrangements for providing and/or funding	this service within the county?
No Change		
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that will b	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	
7. Person completing form: Carlos 1	obar-County Administrator	
Phone number: 229.377.1512	Date completed: 10/9/15	
	contacted by state agencies when evaluating wheth rvice delivery strategy? ⊠Yes □No	er proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 N	Method
Grady County	General Fund-County Wide	
. How will the strategy change the pro	evious arrangements for providing and/or fundi	ing this service within the county?
No Change		
	eements or intergovernmental contracts that wi	ill be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
3		3
What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g. ordinances resolutions local
	or fee changes, etc.), and when will they take e	
•		
. Person completing form: Carlos To		
Phone number: 229.377.1512	Date completed: 10/9/15	
Is this the person who should be co	ntacted by state agencies when evaluating who	ether proposed local government
projects are consistent with the serv	ice delivery strategy? XYes \(\sigma\)No	curer proposed local government
, , , , , , , , , , , , , , , , , , ,	д	
If not, provide designated contact pe	erson(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authorit		
Grady County	General Fund-County Wide(supplementing s	state funds for the operation of the
	Health Department)	
1. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
No Change		
5. List any formal service delivery ag this service:	greements or intergovernmental contracts that will b	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	-	_
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	
7. Person completing form: Carlos Phone number: 229.377.1512	Tobar-County Administrator Date completed: 10/9/15	
B. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating whethervice delivery strategy? ⊠Yes ⊡No	ner proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Author	rity Funding	Funding Method		
Grady County	General Fund-County Wide			
City of Cairo	General Funds			
City of Whigham	General Funds			
4. How will the strategy change the	e previous arrangements for providing and/or fund	ding this service within the county?		
No Change				
5. List any formal service delivery this service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take			
7. Person completing form: Carlos Phone number: 229.377.1512	S Tobar-County Administrator Date completed: 10/9/15			
8. Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating wher service delivery strategy? ⊠Yes ⊡No	hether proposed local government		
If not, provide designated contact	ct person(s) and phone number(s) below:			
· -	• • • • • • • • • • • • • • • • • • • •			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impac	İ
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding I	Funding Method	
Grady County	General Fund-County Wide Revenues		
. How will the strategy change the p	revious arrangements for providing and/or fund	ing this service within the county?	
No Change			
9			
	reements or intergovernmental contracts that wi	ill be used to implement the strategy for	
this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
Agreement Hame	Contracting Funds	Enocavo and Enamy Dates	
	ill be used to implement the strategy for this ser		
acts of the General Assembly, rate	or fee changes, etc.), and when will they take e	enect?	
. Person completing form: Carlos To Phone number: 229.377.1512	obar-County Administrator Date completed: 10/9/15		
Is this the person who should be s	ontacted by state agencies when evaluating wh	other proposed local government	
projects are consistent with the ser	vice delivery strategy? ⊠Yes □No	ether proposed local government	
If not, provide designated contact p	erson(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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.).

	Funding N	lethod
Grady County	General Fund-County Wide Revenues(supplementing state funds to state	
	agencies providing a variety of services)	
. How will the strategy change the pre	evious arrangements for providing and/or fundi	ng this service within the county?
No Change		
List any formal service delivery agrethis service:	ements or intergovernmental contracts that wil	Il be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will	be used to implement the strategy for this serv	
		ffect?
acts of the General Assembly, rate o		ffect?
	Tiee changes, etc.), and when will they take e	ffect?
		ffect?
	Tiee changes, etc.), and when will they take e	ffect?
	Tiee changes, etc.), and when will they take e	ffect?
acts of the General Assembly, rate o Person completing form: Carlos Tok		ffect?
Person completing form: Carlos Tob Phone number: 229.377.1512	par-County Administrator Date completed: 10/9/15 Intacted by state agencies when evaluating whe	
acts of the General Assembly, rate o	par-County Administrator Date completed: 10/9/15 Intacted by state agencies when evaluating when delivery strategy? ⊠Yes □No	
Person completing form: Carlos Tok Phone number: 229.377.1512 Is this the person who should be cor projects are consistent with the service	par-County Administrator Date completed: 10/9/15 Intacted by state agencies when evaluating when delivery strategy? ⊠Yes □No	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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
	ees, bonded indebtedness, etc.).

Local Government or Author	rity Funding Method		
City of Cairo	General Funds-Municipal Revenues		
City of Whigham	General Funds-Municipal Revenues		
Grady County	General Funds-Unincorporated Revenues		
,	·		
1. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change	No Change		
this service:	agreements or intergovernmental contracts that will be use		
Agreement Name	Contracting Parties	Effective and Ending Dates	
Solid Waste Agreement	City of Cairo, City of Whigham, Grady County	2/10/1992 - open ended	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
7. Person completing form: Carlos Tobar-County Administrator Phone number: 229.377.1512 Date completed: 10/9/15			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated conta	If not, provide designated contact person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Autho	rity Funding	Method		
Grady County	General Funds-County Wide Revenues			
City of Cairo	General Funds			
City of Whigham	General Funds			
4. How will the strategy change th	e previous arrangements for providing and/or fun	ding this service within the county?		
This service was formally known	"Street Construction & Maintenance"			
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take			
7. Person completing form: Carlos Phone number: 229.377.1512	s Tobar-County Administrator Date completed: 10/9/15			
	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government		
If not, provide designated conta	ct person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 N	Method
Grady County	General Funds-County Wide	
. How will the strategy change the pre	evious arrangements for providing and/or fundi	ing this service within the county?
No Change		
	ements or intergovernmental contracts that wi	Il be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agrooment Hame	Contracting Farties	Litotive and Litarily Dates
What other machanisms (if any) will	he used to implement the strategy for this ser	vice (e.g. ordinances recolutions lead
	be used to implement the strategy for this server fee changes, etc.), and when will they take e	
acts of the General Accessinary, rate of	in ree shariges, etc.), and when will they take e	moot:
. Person completing form: Carlos To	bar-County Administrator	
Phone number: 229.377.1512	Date completed: 10/9/15	
To design a construction of the second	atanta II. atata anna dan II.a. anna dadan I	all and a second of
. Is this the person who should be con	ntacted by state agencies when evaluating who	ether proposed local government
projects are consistent with the servi	ice delivery strategy? Myes Lino	
If not, provide designated contact pe	erson(s) and phone number(s) below:	
, promae accignates contact po		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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, impart	ct
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding M	lethod
Grady County	General Funds-County Wide Revenue	
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		
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		
No Change		
To Grange		
General Funds-County Wide Revenue 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		
this service:		
Agraamant Nama	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Ending Dates
What other mechanisms (if any) wil	I he used to implement the strategy for this serv	vice (e.g. ordinances resolutions loca
•		
Dorson completing form: Carlos Te	har County Administrator	
Thene named. 22001111012	Date completed. 10/0/10	
. Is this the person who should be coprojects are consistent with the serv	intacted by state agencies when evaluating whe rice delivery strategy? $oxtimes$ Yes $oxtimes$ No	ether proposed local government
If not provide designated contact as	preon(s) and phone number(s) helow	
ii not, provide designated contact pe	ersonits) and prione number(s) below.	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	hat will help to pay for this service and indicate how the I funds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
City of Cairo	User fees-Municipal Revenues (Enterprise Fund)	
4. How will the strategy change the pr	revious arrangements for providing and/or funding this	service within the county?
No Change		
5. List any formal service delivery agr this service:	eements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates

) will be used to implement the strategy for this service (e.gate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local

7. Person completing form: **Carlos Tobar-County Administrator**Phone number: **229.377.1512**Date completed: 10/9/15

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

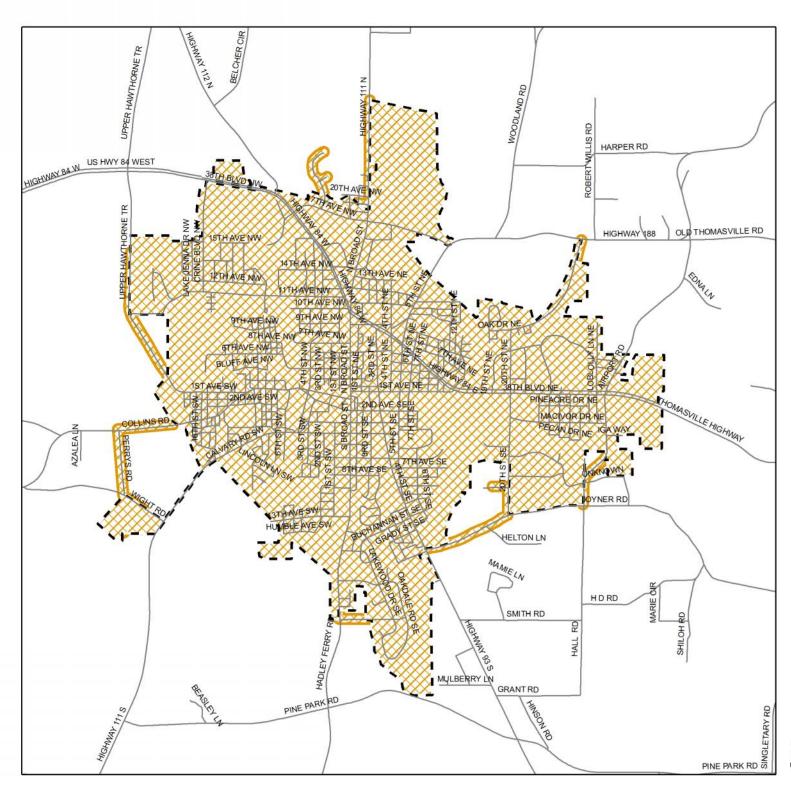
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

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

Page 1 of 2

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

Local Government or Authorit	ty Funding I	Method
City of Cairo	User Fees-Municipal Revenues	
City of Whigham	User Fees-Municipal Revenues	
4. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
No Change		
No onlinge		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	-	
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
7. Person completing form: Carlos		
Phone number: 229.377.1512	Date completed: 10/9/15	
3. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	



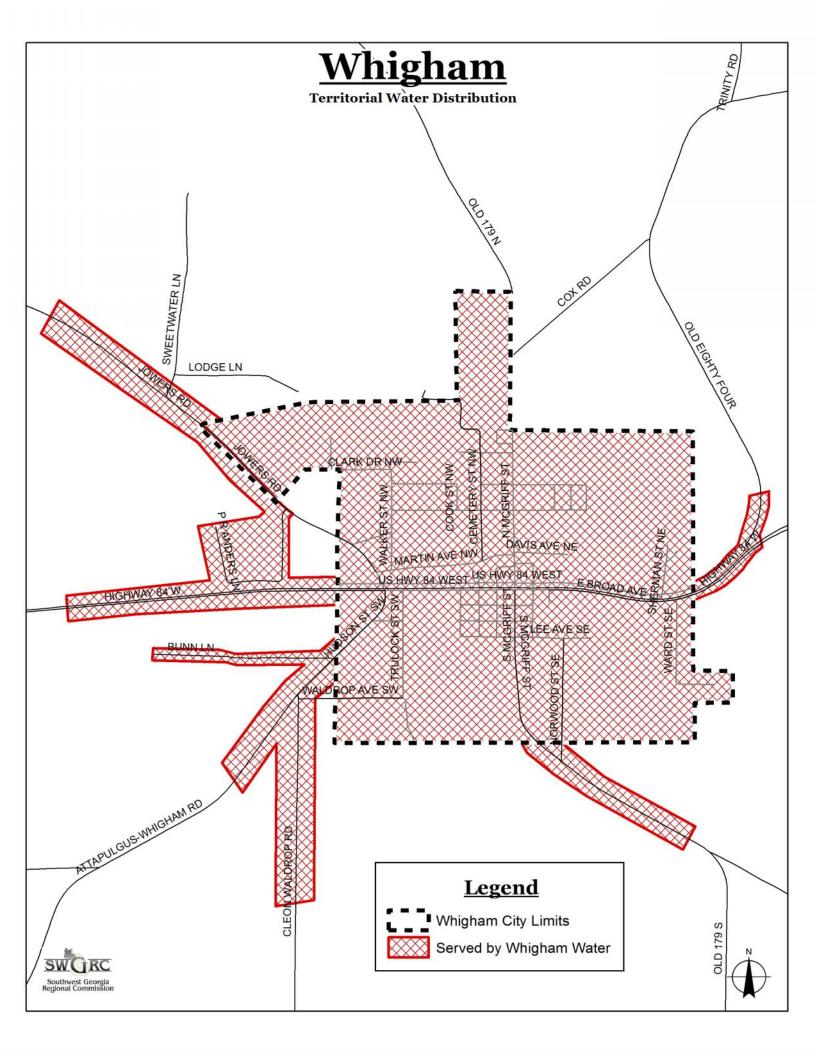
City of Cairo

Territorial Water Distribution















FORM 3: Summary of Land Use Agreements

Instructions:

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

Community / mano.	
COUNTY:GRADY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None.	re identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
Amendments to existing comprehensive plans	If the necessary plan amendments,
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when
Other measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	
3. What policies, procedures and/or processes have been established by local governme authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? There are no conflicts with extraterritorial water distribution because Grand no sewer service is provided outside the city limits of Cairo.	with all applicable land use plans
4. Person completing form: Carlos Tobar, County Manager	
Phone number: 229-377-1512 Date completed: 5/31/2016	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	







Service Delivery Strategy FORM 4: Certifications

Instructions:

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

COUNTY: GRADY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
GRADY COUNTY	County Commission Chairman	Charles Norton	Chil Honts	El.
CITY OF CAIRO	Mayor	Robert Burns, Sr.	Chil Hants Lohn Burns	6-13-16
CITY OF WHIGHAM	Mayor	George Trulock	Lydah	6-14-