





COUNTY: JEFF DAVIS

I. GENERAL INSTRUCTIONS:

OPTION A

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

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

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN 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.

Jeff Davis County

City of Denton

City of Hazlehurst

Jeff Davis Hospital Authority

City of Hazlehurst Airport Authority

City of Hazlehurst Housing Authority

Joint Development Authority of Jeff Davis County, Hazlehurst, and Denton

Southeast Georgia Regional Development Authority

Joint Development Authority of Telfair County, Hazlehurst, and Lumber City

City of Hazlehurst Downtown 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.

Aging Services, Ambulance Service, Animal Control, Cemeteries, Code Enforcement, Courts, E-911, Emergency Management, Extension Service, Law Enforcement, Planning and Zoning, Public Health, Public Housing, Public Welfare, Recreation, Tax Assessment, Tax Collection

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Airport, Cultural (Museum), Economic Development, Elections, Fire Protection, Fuel System, Hospital, Indigent Defense, Jail, Library, Parks, Probation Service, Recycling, Road/Street Construction, Sewer, Solid Waste, Street Maintenance, Tourism, Water







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. should be reported to the Department of Community Affairs.	on FORM 1, Section III. Use exactly the same service names listed on FORM 1. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFF DAVIS	rvice:Aging Services
Check the box that best describes the agreed upon del	livery arrangement for this service:
Service will be provided countywide (i.e., including a this box is checked, identify the government, authority of Davis County)	all cities and unincorporated areas) by a single service provider. (If or organization providing the service.): Senior Citizens Center (Jeff
Service will be provided only in the unincorporated pechecked, identify the government, authority or organization	ortion of the county by a single service provider. (If this box is tion providing the service.):
☐One or more cities will provide this service only within unincorporated areas. (If this box is checked, identify	n their incorporated boundaries, and the service will not be provided the government(s), authority or organization providing the service:
One or more cities will provide this service only within service in unincorporated areas. (If this box is checked, service.):	n their incorporated boundaries, and the county will provide the identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible map didentify the government, authority, or other organization	lelineating the service area of each service provider, and that will provide service within each service area.):
2. In developing this strategy, were overlapping service ar identified?	reas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documentate	tion as described, below)
⊠No	
f these conditions will continue under this strategy, attact overlapping but higher levels of service (See O.C.G.A. 36 overlapping service areas or competition cannot be elimin	-70-24(1)), overriding benefits of the duplication, or reasons that
f these conditions will be eliminated under the strategy, $\underline{\mathbf{a}}$ will be taken to eliminate them, the responsible party and	ttach an implementation schedule listing each step or action that the agreed upon deadline for completing it.

enterprise funds, user fees, ger fees, bonded indebtedness, etc	neral funds	ill help to pay for this service and indicate ho s, special service district revenues, hotel/mo	w the service will be tel taxes, franchise	e funded (e.g., taxes, impact
Local Government or Author	rity	Funding Met	thod	
Jeff Davis County	(General Fund & State		
City of Hazlehurst	G	Seneral Fund & State		
U.				
4. How will the strategy change th	e previou	s arrangements for providing and/or funding	this service within	the county?
The County will continue to provis anticipated.	ide the se	rvice with the City contributing a small amou	nt of monies. There	efore, no change
this service:	agreeme	nts or intergovernmental contracts that will be		
Agreement Name		Contracting Parties	Effective an	d Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra) will be us ate or fee	sed to implement the strategy for this service changes, etc.), and when will they take effect	e (e.g., ordinances, ct?	resolutions, local
None				
7. Person completing form: Gary F Phone number: 912-375-6611		unty Administrator completed: 9/16/2016		
3. Is this the person who should be projects are consistent with the s		ed by state agencies when evaluating whethe livery strategy? ⊠Yes ⊡No	er proposed local	government
If not, provide designated contact	ct person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:JEFF DAVIS	Service:Airport
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, authomathment) Authority	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): City of Hazlehurst Airport
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.):
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., exes, franchise taxes, impact
Local Government or Author	rity	Funding Method	
Jeff Davis County		General Fund, State, SPLOST	
City of Hazlehurst		General Fund, State, Rental Fees	
		, , , , , , , , , , , , , , , , , , , ,	
<u> </u>			
4. How will the strategy change the	e prev	ious arrangements for providing and/or funding this	service within the county?
An additional funding method (rental fees) has been added. The City of Hazlehurst will continue to provide the service through the City of Hazlehurst Airport Authority, while the County will continue to contribute SPLOST funding for any capital improvements.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name		Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Gary F Phone number: 912-375-6611		County Administrator ate completed: 09/16/2016	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFF DAVIS	Service: Ambulance Service
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Jeff Davis County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	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 v service in unincorporated areas. (If this box is chec service.):	vithin 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	
If these conditions will continue under this strategy, <u>at overlapping</u> but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be electrical to the contract of the contrac	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 strategorial 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

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	ity that will help to pay for this service and indi eral funds, special service district revenues, he .).	
Local Government or Author	rity Fund	ing Method
Jeff Davis County	General Fund & Fees	
4. How will the strategy change th	e previous arrangements for providing and/or	funding this service within the county?
No change is anticipated.		
5. List any formal service delivery this service:	agreements or intergovernmental contracts the	at 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 ate or fee changes, etc.), and when will they ta	
None		
'. Person completing form: Gary I Phone number: 912-375-6611	Faulk, County Administrator Date completed: 09/16/2016	
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact	et person(s) and phone number(s) below:	







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should be reported to the Department of Community Affairs.		
COUNTY:JEFF DAVIS	Service: Animal Control	
	in 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 Hazlehurst	
	ted portion of the county by a single service provider. (If this box is	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the 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?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation 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.	
	Power 4 of 2	

Page 1 of 2

3. List each government or authoric enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	ty that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m.).	now the service will be funded (e.g., notel taxes, franchise taxes, impact	
Local Covernment or Author	site.		
Local Government or Author City of Hazlehurst	General Fund & Fees	етпоа	
Jeff Davis County	General Fund & Fees		
4. How will the strategy change the	e previous arrangements for providing and/or funding	ng this service within the county?	
countywide. The County will pay of the itemized on the unincorporated	rvice will continue to be majority funded by the City; equitable per animal fees for pickups, boarding, and d area's millage. agreements or intergovernmental contracts that will	d associated costs. These costs will	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	=======================================		
	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff		
None			
7. Person completing form: Gary F Phone number: 912-375-6611	aulk, County Administrator Date completed: 09/16/2016		
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:			







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

Local Government or Authority	Funding	Method
City of Hazlehurst	General Fund (Lot Sales)	
How will the strategy change the p	revious arrangements for providing and/or fund	ding this service within the county?
o change anticipated.		
o onange antioipatoa,		
	reements or intergovernmental contracts that w	vill be used to implement the strategy
his service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w		rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) water of the General Assembly, rate	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate one Person completing form: Gary Factorian Completing form	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take alk, County Administrator Date completed: 09/16/2016	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate None Person completing form: Gary Fau Phone number: 912-375-6611 Is this the person who should be c	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	effect?

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 Arians.	
COUNTY:JEFF DAVIS	Service:Code Enforcement
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including the countywide).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, author Service will be provided only in the unincorporate	ed portion of the county by a single service provider. (If this box is
checked, identify the government, authority or orga ⊠One or more cities will provide this service only v	within their incorporated boundaries, and the service will not be provided
City of Hazlehurst	entify the government(s), authority or organization providing the service:
☐ One or more cities will provide this service only we service in unincorporated areas. (If this box is check 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 maidentify 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 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 strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

fees, bonded indebtedness, etc	rity that will help to pay for this service and indic neral funds, special service district revenues, ho s.).	otel/motel taxes, franchise taxes, impact
Local Government or Author	ority Fundi	ng Method
City of Hazlehurst	General Fund & Fees	
4. How will the strategy change th	ne previous arrangements for providing and/or f	unding this service within the county?
No change is anticipated.		
List any formal service delivery this service:	agreements or intergovernmental contracts tha	it 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 ate or fee changes, etc.), and when will they tak	
acts of the General Assembly, r	ate or fee changes, etc.), and when will they tak	
None 7. Person completing form: Gary Phone number: 912-375-6611 8. Is this the person who should be	ate or fee changes, etc.), and when will they take	ke effect?
None 7. Person completing form: Gary Phone number: 912-375-6611 8. Is this the person who should be projects are consistent with the	Faulk, County Administrator Date completed: 09/16/2016 e contacted by state agencies when evaluating	ke effect?







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should be reported to the Department of Community Affairs.				
COUNTY:JEFF DAVIS	Service: Courts			
Check the box that best describes the agreed upon	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includi this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If 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 eff Davis County (All others countywide)			
	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			

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

Local Government or Author	rity Funding Meth	od
Jeff Davis County	General Fund, Fines, Fees & State	
City of Hazlehurst	General Fund, Fines, Fees & State	
4. How will the strategy change the	e previous arrangements for providing and/or funding t	his service within the county?
No change anticipated.		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service te or fee changes, etc.), and when will they take effect	
None	5	
7. Person completing form: Gary F Phone number: 912-375-6611	aulk, County Administrator Date completed: 09/16/2016	
	e contacted by state agencies when evaluating whethe ervice delivery strategy? ⊠Yes ⊡No	r proposed local government
If not, provide designated contac	t person(s) and phone number(s) below:	







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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:JEFF DAVIS	Service:Cultural (Museum)			
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.): Hazlehurst-Jeff Davis			
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 docum	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 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 4 of 2			

	ity that will help to pay for this service and in eral funds, special service district revenues,).	
Local Government or Author	rity Fur	nding Method
City of Hazlehurst	In-Kind Services, General Fund - Ca	
4. How will the strategy change th	e previous arrangements for providing and/o	or funding this service within the county?
for capital improvements as need sewer, and lawn maintenance.	operated through the Historical Society, with ded. Hazlehurst additionally provides the mu agreements or intergovernmental contracts	
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for thate or fee changes, etc.), and when will they	his service (e.g., ordinances, resolutions, local take effect?
None		
7. Person completing form: Gary I Phone number: 912-375-6611	Faulk, County Administrator Date completed: 09/16/2016	
	e contacted by state agencies when evaluati service delivery strategy? ⊠Yes ⊡No	ing whether proposed local government
If not, provide designated contact	et 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.

onesia se repented to the separation of community ranging.				
COUNTY:JEFF DAVIS	Service: <i>E</i> -911			
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 rity or organization providing the service.): Jeff Davis County			
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:			
	vithin 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 strateg will be taken to eliminate them, the responsible party a	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 Author	prity Fundi	ng Method
Jeff Davis County	General Fund, Fees	
City of Hazlehurst	General Fund, Fees	
. How will the strategy change th	ne previous arrangements for providing and/or f	unding this service within the county?
	inty will operate the service with funding from te	elephone surcharges (both regular and
cellular) and fees from Hazlehur	st or other governments involved.	
List any formal service delivery	agreements or intergovernmental contracts that	at will be used to implement the strategy fo
this service:		
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name What other mechanisms (if any	Contracting Parties Or will be used to implement the strategy for this ate or fee changes, etc.), and when will they tal	service (e.g., ordinances, resolutions, loca
Agreement Name . What other mechanisms (if any) will be used to implement the strategy for this	service (e.g., ordinances, resolutions, loca
Agreement Name What other mechanisms (if any acts of the General Assembly, reacts of the General Assembly), reacts of the General Assembly, reacts of the Gen) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tal	service (e.g., ordinances, resolutions, local ke effect?
Agreement Name What other mechanisms (if any acts of the General Assembly, report of the Gene) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tal	service (e.g., ordinances, resolutions, local ke effect?
Agreement Name What other mechanisms (if any acts of the General Assembly, reacts of the General Assembly), reacts of the General Assembly, reacts of the Gen) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tal	service (e.g., ordinances, resolutions, local ke effect?
Agreement Name What other mechanisms (if any acts of the General Assembly, report of the Gene) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tal all result from police dispatching, a higher level of any fees would be determined after first apply	service (e.g., ordinances, resolutions, local ke effect?
Agreement Name What other mechanisms (if any acts of the General Assembly, records of the General Assembly, records department. The amount povernment's fees. Person completing form: Gary Phone number: 912-375-6611	will be used to implement the strategy for this ate or fee changes, etc.), and when will they talk uld result from police dispatching, a higher level of any fees would be determined after first apply apply the following of the completed: 09/16/2016	service (e.g., ordinances, resolutions, locake effect? of service provided mostly to the City ying telephone surcharges and any other
Agreement Name What other mechanisms (if any acts of the General Assembly, report of the Gene) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tal all result from police dispatching, a higher level of any fees would be determined after first apply	service (e.g., ordinances, resolutions, locake effect? of service provided mostly to the City ying telephone surcharges and any other







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COUNTY:JEFF DAVIS	Service: Economic Development			
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government.)	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.):			
	vithin their incorporated boundaries, and the service will not be provide ntify the government(s), authority or organization providing the service			
	vithin 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 organize Development Authority of Jeff Davis County, Ha	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Joint azlehurst, and Denton; Southeast Georgia Regional Development ir County, Hazlehurst, and Lumber City; City of Hazlehurst			
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 document or additional docu	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, attach an implementation schedule listing each step or action that

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

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

Local Government or Authority	Funding Method
Jeff Davis County, City of Hazlehurst	General Fund
JDA of Jeff Davis, Hazlehurst, Denton	General Fund, SPLOST
Southeast GA Regional Dev. Auth.	JDA
City of Hazlehurst DDA	General Fund (Hazlehurst)
JDA of Telfair, Hazlehurst, Lumber City	General Fund

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

Economic Development is provided primarily through the Joint Development Authority of Jeff Davis County, Hazlehurst, and Denton. The service is provided secondarily through the Southeast Georgia Regional Development Authority (Jeff Davis, Appling, and Bacon Counties) and the Joint Development Authority of Telfair County, Hazlehurst, and Lumber City. The City of Hazlehurst Downtown Development Authority provides a higher level of service to the City. A new service area map has been attached.

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

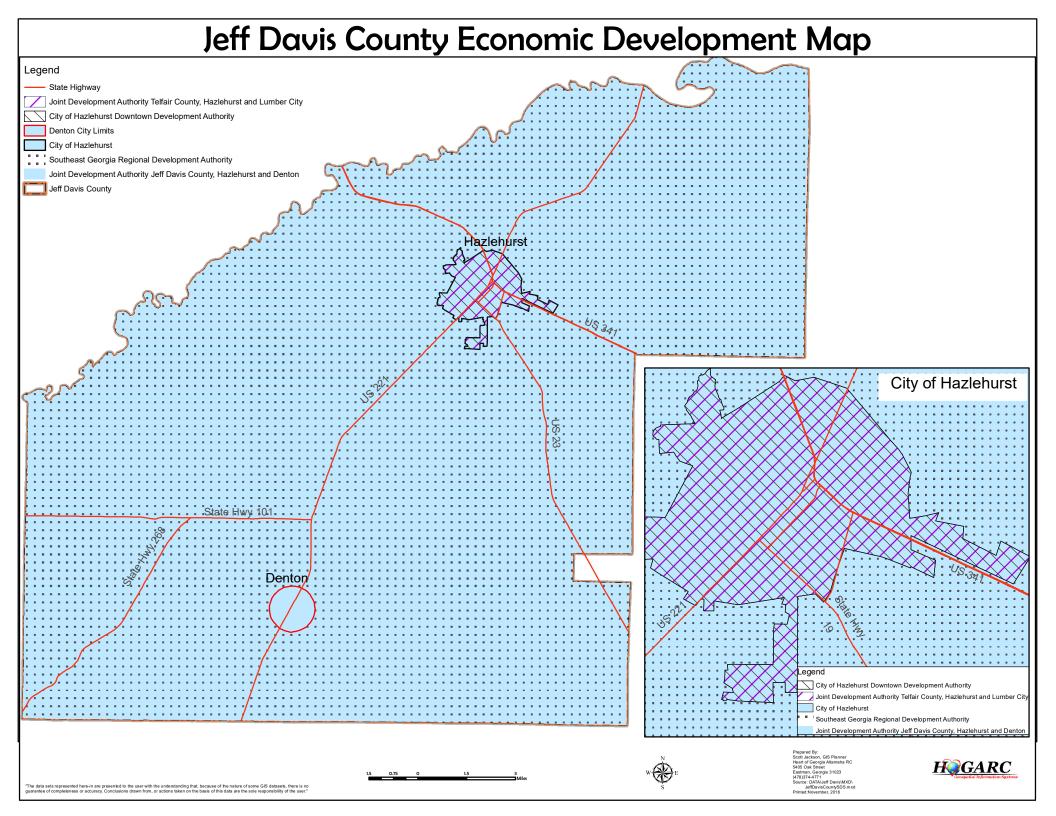
Agreement Name	Contracting Parties	Effective and Ending Dates

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

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ıv	. ,	IV	_

- 7. Person completing form: **Gary Faulk, County Administrator**Phone number: **912-375-6611**Date completed: 09/16/2016
- 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

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should be reported to the Department of Community Affairs.	
COUNTY:JEFF DAVIS	Service: Elections
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
☐Service will be provided only in the unincorporate checked, identify the government, authority or orga	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 City of Denton
	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	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Page 1 of 2

I		
	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel).	
Local Government or Author	rity Funding	Method
Jeff Davis County	General Fund and Fees	
City of Hazlehurst	General Fund and Fees	*
City of Denton	General Fund and Fees	
Jeff Davis County, City of Hazleh boundaries; however, the City of	e previous arrangements for providing and/or fundaments, and City of Denton will continue to provide the Hazlehurst has contracted with the Jeff Davis Contil the intergovernmental agreement expires in 20	he service in their incorporated unty Board of Elections and Registrars
	Registrars to conduct their elections. No formal	
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
Agreement Name Holding of City Election by Jeff	Contracting Parties Jeff Davis County, City of Hazlehurst	07/15-6/18
Agreement Name Holding of City Election by Jeff Davis County Board of		
Agreement Name Holding of City Election by Jeff		07/15-6/18
Agreement Name Holding of City Election by Jeff Davis County Board of		07/15-6/18
Agreement Name Holding of City Election by Jeff Davis County Board of		07/15-6/18
Agreement Name Holding of City Election by Jeff Davis County Board of		07/15-6/18
Agreement Name Holding of City Election by Jeff Davis County Board of Elections and Registrars 6. What other mechanisms (if any)		07/15-6/18 To be updated as needed rvice (e.g., ordinances, resolutions, local
Agreement Name Holding of City Election by Jeff Davis County Board of Elections and Registrars 6. What other mechanisms (if any)	Jeff Davis County, City of Hazlehurst) will be used to implement the strategy for this se	07/15-6/18 To be updated as needed rvice (e.g., ordinances, resolutions, local

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

STATE OF GEORGIA	1
COUNTY OF JEFF DAVIS	j

INTERGOVERMENTAL AGREEMENT BETWEEN JEFF DAVIS COUNTY, GEORGIA, AND THE CITY OF HAZLEHURST CONCERNING THE HOLDING OF CITY ELECTIONS BY THE JEFF DAVIS COUNTY BOARD OF ELECTIONS AND REGISTRARS

THIS AGREEMENT is made and entered this the 12 day of 2015, by and between Jeff Davis County, a political subdivision of the State of Georgia (the "County"), the Jeff Davis County Board of Elections and Registrars (the "Board"), and the City of Hazlehurst a municipal corporation of the State of Georgia (the "City").

WITNESSETH:

WHEREAS, the City of Hazlehurst is required to conduct municipal elections for the purposes of electing persons to serve on the City Council, to elect someone to serve as Mayor of the City; to hold special elections; to have a referenda; or a bond issue; and

WHEREAS, O.C.G.A. §21-2-45 states in part that any municipality may authorize the county in which the municipality is located to conduct any or all of the municipality's elections; and

WHEREAS, the City of Hazlehurst, Georgia lies within the geographic boundary of Jeff Davis County; and

WHEREAS, on May 20, 2011, the City of Hazlehurst submitted a written request to the County requesting that the County hold the City's November 2011, election and future City elections; and

WHEREAS, the County and City entered an Intergovernmental Agreement on July 21, 2011, for the County to hold the City's November 2011 election and future City elections; and

WHEREAS, the County and City have agreed to enter into a new Intergovernmental Agreement for providing the services of the Board of Elections to properly conduct the municipal election pursuant to the laws of the State of Georgia; and

WHEREAS, in consideration of the mutual benefits accruing to each party hereto and both parties having determined that it is in the best interests of each to enter into an agreement as authorized by Article IX, §III, Paragraph I of the Constitution of the State of Georgia.

NOW, THEREFORE, in consideration of the mutual promises and understandings made in this Agreement, and for other good and valuable consideration, the County and the City do hereby agree as follows:

1. REPRESENTATION OF PARTIES

Each party hereto makes the following representations and warranties, which are specifically relied upon by all of the other parties as a basis for entering this Agreement:

- 1. The City is a municipal corporation as defined by statutory law and judicial interpretation that has validly adopted a resolution to authorize the entity to enter this Agreement at a public meeting held pursuant to the Open Meetings Act, O.C.G.A. §50-14-1 et seq., on the _______ day of ________, 2015.
- 2. The County validly adopted a resolution to authorize the entity to enter this Agreement at a public meeting held pursuant to the Open Meetings Act, O.C.G.A. §50-14-1 et seq., on the ______ day of _______, 2015.

2. CONDUCT OF ELECTIONS

This Agreement will govern the conduct of all elections which the Board of Elections shall conduct on behalf of the City including all runoffs and special elections which may be necessary during the term of this Agreement. It is the intent of the parties that City elections be conducted in compliance with all applicable federal, state, and local requirements.

3. TERM OF AGREEMENT

The term of this Agreement shall be three (3) years commencing on July 1, 2015, and expiring on June 30, 2018, unless it is terminated prior to that date in accordance with the procedure set forth in below in paragraph four.

4. TERMINATION

This Agreement may be terminated by either party, with or without cause, prior to the termination date upon ninety (90) days written notice to the other party. This Agreement shall terminate on the final day of the ninety (90) day period and each party's responsibilities under this Agreement shall cease. However, the termination date cannot fall at any time between July 1 and December 31 of a municipal election year.

Upon termination of the agreement by either the City or the County, the City shall have the right to utilize all voting equipment for use during municipal elections, including but not limited to, early voting, election day voting, run-off election voting and special election provided that the City election does not occur during the same time as a County election. Should the City election and County election occur at the same time the City shall be responsible for locating and obtaining its own voting equipment.

5. RESPONSIBILITIES OF PARTIES

Pursuant to this Agreement, the Board of Elections and the City of Hazlehurst shall be responsible for providing the following enumerated services:

- The Board of Elections and the Election Superintendent: The Board of Elections and Election Superintendent shall provide any and all services required to conduct, manage, and supervise all municipal elections for the City in accordance with all applicable state and local laws, other than the services the City is responsible for providing.
 - a. The Election Superintendent shall be responsible for calling for all elections to be held in all applicable voting wards of the City; Publishing the Notice of election and any other advertisements as authorized by law and prior to the date of any election, appoint the necessary personnel to supervise and conduct the city election; appoint personnel necessary to supervise and hold the municipal election;
 - b. Perform duties of Election Superintendent and absentee ballot clerk;
 - c. Publish the qualifying fee as required by O.C.G.A. §21-2-131, now and as it may be amended thereafter;
 - d. Collect the qualifying fee as required by O.C.G.A. §21-2-131, and apply the qualifying fee to the cost of the election;
 - e. Prepare qualifying material for potential candidates and perform qualifying of candidates, including any write-in candidates as required by O.C.G.A. §21-2-130 et seq;
 - f. Placing the city's referendum question(s) on the ballot for a City Election;
 - g. Designate early and advance voting sites and hours; secure and maintain elections equipment;
 - h. Prepare the ballot order form and order the ballots;
 - i. Prepare and submit to the City Clerk a list of electors pursuant to O.C.G.A.§21-2-224(e);
 - j. Perform logic and accuracy testing as required by Sections 183-1-12-.02 and .07 of the Official Compilation of Rules and Regulations of the State of Georgia now and as they may be amended;
 - k. Conduct the elections on the dates and during the times designated by the election laws of the State of Georgia;

- Hire, train, supervise poll workers and absentee ballot clerks to serve in all
 primaries and all elections; ensure compliance with the State Election
 Board rules and general laws regarding the hiring and training of said
 officers and clerks;
- m. Provide staff, equipment and supplies for conducting City Elections at City Polling Places on city Election Days and for conducting recounts as may be required;
- n. Conduct absentee voting, early/advance voting and run-off elections if necessary for the city elections;
- o. Certify City elections returns as required by O.C.G.A. §21-2-493 now and as it may be amended hereafter and submit certified City Election returns to the Georgia Secretary of State and the City Clerk or as otherwise directed by the City and guarantee the secrecy of the ballot;
- p. Conduct recounts, if necessary, for any and all city elections in accordance with the election laws of the State of Georgia;
- q. Place advertisements in the City's legal organ regarding calls for Special Elections as required by O.C.G.A. §21-2-540 now or as it may be amended;
- r. Notification of City residents of their assigned voting wards.

2. The City shall be responsible for the following:

- a. The City Attorney shall be responsible for taking all steps necessary to obtain pre-clearance approval for any City elections from the Justice Department or other Federal or State Agencies should such pre-clearance by required by subsequent changes to the Voting Rights Act or other applicable federal and state law;
- b. Adopt election resolutions pursuant to O.C.G.A. §21-2-45(c) now and as it may be amended hereafter and deliver to the Board of Elections no later than January 1 of a City Election a copy of the minutes of the City Council meeting containing the qualifying fees, the name of the appointed qualifying officer; and a list of all political office position to be included in the City Election;
- c. Review and update the voter lists to insure the list is current and certified prior to the election;
- d. Perform filing officer duties as required by the Georgia Government Transparency and Campaign Finance Commission for all state reports filed by the candidates or committees in conjunction with City Elections to

ensure compliance with Title 21, Chapter 5 of the Official Code of Georgia;

- e. Notify the Board of Elections immediately of the need for a Special Election;
- f. Pay for all costs associated with any and all training for the conducting of municipal elections required for the Board of Elections, Election Superintendent, and poll workers.
- g. Appoint an election certified officer to represent the City of Hazlehurst and to assist the Election superintendent in the conduct of City Elections no later than July of 2016.
 - i. Said officer shall be made available to assist the Election superintendent in the holding of National, State, and County elections on an as needed basis.
 - ii. The City shall be responsible for all costs associated with said officer in the performance of their duties in municipal elections.
 - iii. The County and/or Board of Elections shall be responsible for all costs associated with said officer in the performance of their duties in National, State, and County elections unless otherwise agreed to by the City.
 - iv. The City and County shall be responsible for one-half (1/2) of all costs and fees associated with the training and qualification of said officer.
- h. Cooperate with the County and the Board of Elections in the performance of this Agreement and provide the County and the Board of Elections with such documentation and information as it may reasonably request to facilitate the performance of its duties under this Agreement.

6. COMPENSATION

Pursuant to this Agreement and O.C.G.A. §21-2-45(c) the City shall pay all costs associated with the election including but not limited to the following:

- 1. Any and all publication costs including the cost ballots and other supplies necessary for the election.
- 2. Costs of all training of poll workers, Poll Managers, Assistant Poll Managers and absentee ballot officers.
- 3. Salaries of all County employed personnel utilized for the purposes of holding the

- election, including, but not limited to, early voting, election day, run-offs, and special elections.
- 4. The sum of \$165.00 to Poll Worker Managers on Election Day and the sum of \$135.00 to Assistant Poll Worker Managers on Election Day.
- 5. The sum of \$8.00 per hour for early voting poll workers.
- 6. Any other reasonable expenses incurred by the Board of Elections or the County in conducting the election, including postage associated with the City Election.
- 7. The Board shall furnish to the City an itemized statement of all costs associated with the election within thirty (30) days after the election. The City shall have thirty (30) days upon receipt of the statement to remit payment in full. The City shall remit payment for all invoices received to the Board of Elections.

7. INDEMNITY

The City hereby agrees to release, indemnify and hold harmless the County, the Board of Elections, and their agents and employees from any and all loss, damage, injury, claims, expenses and demands arising out of or connected in any way with any election conducted pursuant to the terms of this Agreement except claims arising from any intentional or willful acts of agents or employees of the County or the Board of Elections in connection with any election held pursuant to this Agreement.

It is the intent of the parties to be covered under the auspices of any and all applicable immunities granted by law.

Should it be necessary to comply with legal requirements that any of the County's personnel shall be sworn in as a temporary officer or employee of the city, such formality shall be observed without limitation.

Neither the Board nor the County shall be financially responsible for any liability for any attorney's fees and court costs in connection with any litigation associated with the election. Should the Board require any legal services they shall be performed by the City Attorney or any other attorney hired by the City to perform such legal services at the City's expense.

8. MODIFICATION

The parties may modify this Agreement in writing by having a modification signed by all parties and adopted in an open public meeting and attached to the minutes of said public meeting.

IN WITNESS WHEREOF, this Agreement has been:

APPROVED by the Mayor and Council of the City of Hazlehurst on the
of <u>August</u> , 2015, and entered on the minutes of the meeting on said date.
ATTEST: Leva Bannell Clerk Mayor, City of Hazlehurst, GA
APPROVED by the Jeff Davis County Board of Commissioners on the day of, 2015 and entered on the minutes of the meeting of the Board of Commissioners on said date.
ATTEST:
Clerk Stand James Chair, Board of Commissioners Jeff Davis County, Georgia
AGREED to by the Jeff Davis County Board of Elections on the 17th day of, 2015, and entered on the minutes of the meeting of the Board of Elections.
Ruby Nowek Madely & Lorswe Chair, Jeff Davis County Board of Elections







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. esary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFF DAVIS	Service: Emergency Management
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.): Jeff Davis County EMA
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.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	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 v service in unincorporated areas. (If this box is chec 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 maidentify 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 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

Local Government or Authority	Funding M	lethod
Jeff Davis County	General Fund, State, Georgia Power	
How will the strategy change the p	revious arrangements for providing and/or fundir	ng this service within the county?
lo change anticipated.		
List any formal service delivery agr his service:	reements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will acts of the General Assembly, rate	ll be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, locafect?
What other mechanisms (if any) will acts of the General Assembly, rate	ll be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loca fect?
acts of the General Assembly, rate	ll be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loca fect?
acts of the General Assembly, rate	ll be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loca fect?
acts of the General Assembly, rate	ll be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loca fect?
acts of the General Assembly, rate	ll be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loca fect?
one Person completing form: Gary Fau	or fee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, locafect?
lone Person completing form: Gary Faul Phone number: 912-375-6611	or fee changes, etc.), and when will they take effective to the second s	fect?







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should be reported to the Department of Community Affairs.	
COUNTY:JEFF DAVIS	Service: Extension Service
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Jeff Davis County
Extension Service	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify 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 docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the 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.

Local Government or Author		Method
Jeff Davis County	General Fund, State	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
No change anticipated.		
List any formal service delivery a this service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ratione Person completing form: Gary Fa	will be used to implement the strategy for this sene or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rational None Person completing form: Gary Farance number: 912-375-6611 Is this the person who should be	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?





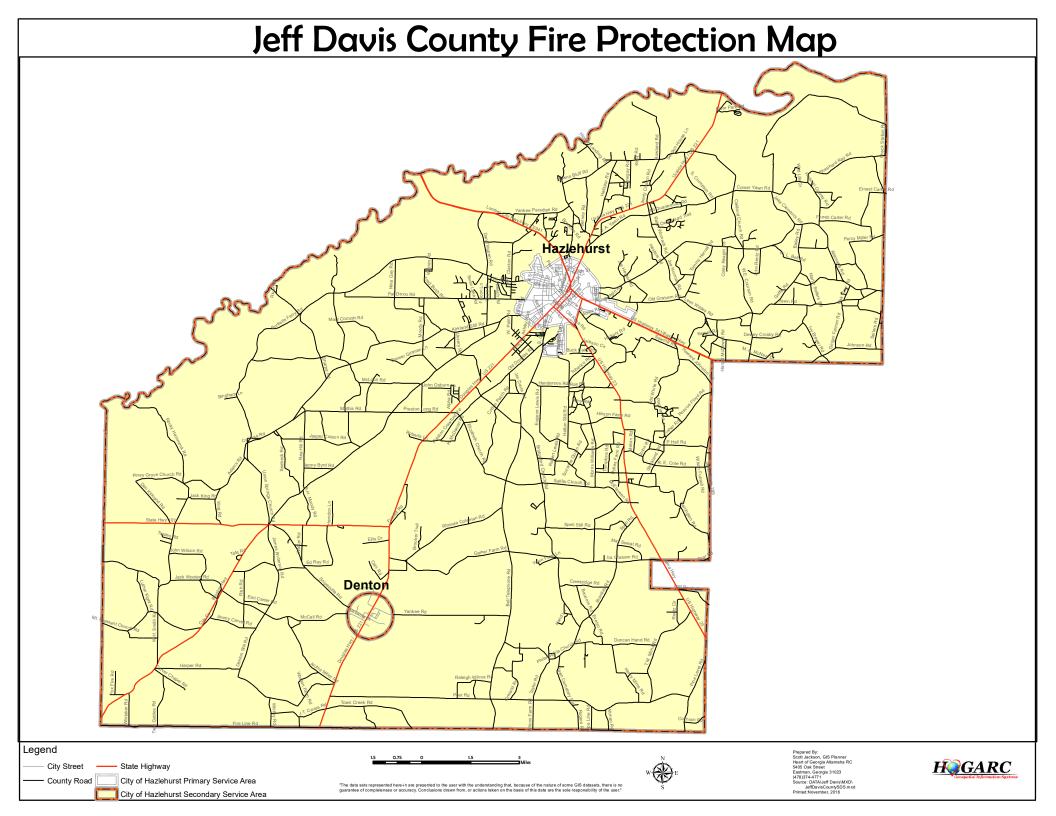


FORM 2: Summary of Service Delivery Arrangements

Instructions:

	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFF DAVIS	Service: Fire Protection
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, authority the government.	ng 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 nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	vithin 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 maidentify the government, authority, or other organizational Hazlehurst	ap delineating the service area of each service provider, and ation that will provide service within each service area.): City of
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.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).				
Local Government or Author	rity	Funding Method		
Jeff Davis County	- 500	General Fund		
City of Hazlehurst		General Fund & Contract Fee		
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?	
The City of Hazlehurst has a verbal agreement to provide service and coordination to the volunteer fire department stations throughout the county for a specific fee. A new fire protection map has been attached. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name		Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
None				
7. Person completing form: Gary Faulk, County Administrator Phone number: 912-375-6611 Date completed: 09/16/2016				
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

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should be reported to the Department of Community Affairs.	odry, it the contact person for the contact at the potential of the page) of this
COUNTY:JEFF DAVIS	Service:Fuel System
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.): Jeff Davis County
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 intify 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	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	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 strateg 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 Author		Funding Method	
Jeff Davis County	General Fund		
City of Hazlehurst	General Fund		
	,Ji		
How will the strategy change to	ne previous arrangements for providing and/or fund	ding this service within the county?	
	of Hazlehurst operate a joint central facility for the p		
povernments share equally in fuspecific in regard to equal fundi	unding (maintainence cost) the facility. The previous	s Service Delivery Strategy was not	
pecific in regard to equal furidi	ig for maintenance costs.		
	agreements or intergovernmental contracts that w	vill be used to implement the strategy	
	- sgr		
this service:		man and an	
this service: Agreement Name	Contracting Parties	Effective and Ending Date	
What other mechanisms (if any	Contracting Parties () will be used to implement the strategy for this se	Effective and Ending Date vice (e.g., ordinances, resolutions, lo	
Agreement Name What other mechanisms (if any	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo	
Agreement Name What other mechanisms (if any	Contracting Parties () will be used to implement the strategy for this se	Effective and Ending Date vice (e.g., ordinances, resolutions, lo	
Agreement Name What other mechanisms (if any acts of the General Assembly,	Contracting Parties (i) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loeffect?	
Agreement Name What other mechanisms (if any acts of the General Assembly,	Contracting Parties (i) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take strator for the facility by maintaining records, billing	rvice (e.g., ordinances, resolutions, loeffect?	
Agreement Name What other mechanisms (if any acts of the General Assembly,	Contracting Parties (i) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take strator for the facility by maintaining records, billing	rvice (e.g., ordinances, resolutions, loeffect?	
Agreement Name What other mechanisms (if any acts of the General Assembly,	Contracting Parties (i) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take strator for the facility by maintaining records, billing	rvice (e.g., ordinances, resolutions, loeffect?	
Agreement Name What other mechanisms (if any acts of the General Assembly, leff Davis County is the adminisesponsible for paying for the fu	Contracting Parties (i) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take strator for the facility by maintaining records, billing	rvice (e.g., ordinances, resolutions, loeffect?	
Agreement Name What other mechanisms (if any acts of the General Assembly, eff Davis County is the adminisesponsible for paying for the further person completing form: Gary Phone number: 912-375-6611	Contracting Parties (1) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take estrator for the facility by maintaining records, billing el they use. Faulk, County Administrator Date completed: 09/16/2016	rvice (e.g., ordinances, resolutions, loeffect? and purchases. Each government is	
Agreement Name What other mechanisms (if any acts of the General Assembly, eff Davis County is the adminisesponsible for paying for the further person completing form: Gary Phone number: 912-375-6611	Contracting Parties (1) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take estrator for the facility by maintaining records, billing el they use. Faulk, County Administrator	rvice (e.g., ordinances, resolutions, loeffect? and purchases. Each government is	







FORM 2: Summary of Service Delivery Arrangements

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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:JEFF DAVIS	Service:Hospital	
	ing all cities and unincorporated areas) by a single service provider. (If	
Authority Authority	rity or organization providing the service.): Jeff Davis Hospital	
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 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 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 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 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 se	ervice and indicate how the service will be funded (e.g.,
enterprise funds, user fees, general funds, special service distric	ct revenues, hotel/motel taxes, franchise taxes, impact
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding N	lethod		
Jeff Davis County	General Fund (as approved by Jeff Davis Board of Commissioners)			
Jeff Davis Hospital Authority	Fees & SPLOST			
Service funding method was modified	to reflect funding by the Jeff Davis Board of C	commissioners. The language		
Commissioners]).	eeded]) was reworded to (General Fund [as ap			
Commissioners]). List any formal service delivery agre		I be used to implement the strategy fo		
Commissioners]). List any formal service delivery agrethis service;	ements or intergovernmental contracts that wil	I be used to implement the strategy fo		
Commissioners]). List any formal service delivery agrethis service;	ements or intergovernmental contracts that wil	I be used to implement the strategy fo		
Commissioners]). List any formal service delivery agrethis service;	ements or intergovernmental contracts that wil	I be used to implement the strategy fo		
Commissioners]). List any formal service delivery agrethis service;	ements or intergovernmental contracts that wil			
Commissioners]). List any formal service delivery agrethis service;	ements or intergovernmental contracts that wil	I be used to implement the strategy fo		

acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	
	_

None

7. Person completing form: **Gary Faulk, County Administrator**Phone number: **912-375-6611**Date completed: 09/16/2016

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

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

COUNTY:JEFF DAVIS	Service:Indigent Defense	
Check the box that best describes the agreed upon	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 inization providing the service.):	
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	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 ty of Hazlehurst (Municipal Court)	
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)	
⊠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 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	

	that will help to pay for this service and indicate al funds, special service district revenues, hotel/			
Local Government or Authorit	y Funding I	Method		
Jeff Davis County	General Fund, State			
City of Hazlehurst	Fees & Fines			
,				
4. How will the strategy change the բ	previous arrangements for providing and/or fund	ing this service within the county?		
	or indigent defense was modified to include a grother the Jeff Davis County Courts and the City of Ha			
this service:	5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name Contracting Parties Effective and Ending Dates				
	Contracting Farties	Effective and Ending Dates		
	Somutating Fundes	Effective and Ending Dates		
	Sontacting Funces	Effective and Ending Dates		
	Sontacting Fundes	Ellective and Ending Dates		
	Sommating Funds	Effective and Ending Dates		
		Ellective and Ending Dates		
		Ellective and Ending Dates		
6. What other mechanisms (if any) w	rill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, local		
6. What other mechanisms (if any) w	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local		
6. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this sene or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local		
6. What other mechanisms (if any) wacts of the General Assembly, rate None 7. Person completing form: Gary Fare Phone number: 912-375-6611 8. Is this the person who should be completed to the complete should be completed.	rill be used to implement the strategy for this sene or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local		







FORM 2: Summary of Service Delivery Arrangements

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:JEFF DAVIS	Service:Jail		
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.): Jeff Davis County Sheriff		
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		
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	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc	neral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel to	ne service will be funded (e.g., axes, franchise taxes, impact
Local Government or Author	rity	Funding Method	
Jeff Davis County		General Fund, Fees & Fines	
City of Hazlehurst		General Fund	
4. How will the strategy change th	ie previ	ous arrangements for providing and/or funding this	service within the county?
Municipal Court inmates. The Co- inmates as agreed in the July, 20 of the Jeff Davis County Sheriff a	ounty w 016 inte and are	e entered into a new intergovernmental agreement ill operate the facility with the City of Hazlehurst paergovernment agreement. Inmates housed for cour paid by the Jeff Davis County general funds, fines ments or intergovernmental contracts that will be us	lying a daily rate fee for city atty courts are the responsibility and fees.
Agreement Name		Contracting Parties	Effective and Ending Dates
Jeff Davis-Hazlehurst Prisoner	Jeff Da	avis County, City of Hazlehurst	07/2016-12/2020
Housing Intergovernmental			To be updated as needed
Agreement			
acts of the General Assembly, r		e used to implement the strategy for this service (e.ee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None	-		
. Person completing form: Gary I Phone number: 912-375-6611	Da	ate completed: 09/16/2016	
. Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether p delivery strategy? ⊠Yes ⊡No	roposed local government
If not, provide designated contact	ct perso	on(s) and phone number(s) below:	

COUNTY OF JEFF DAVIS



INTERGOVERNMENTAL AGREEMENT

THIS AGREEMENT made and entered into this <u>20</u> day of <u>June</u>, 2016, by and between the City of Hazlehurst, Georgia, a municipal corporation, hereinafter referred to as the "City" and Jeff Davis County, a political subdivision of the State of Georgia, by and through the Board of Commissioners of Jeff Davis County, hereinafter referred to as the "County", and approved by Preston Bohannon, in his capacity as the duly elected Sheriff of Jeff Davis County, Georgia, hereinafter referred to as "Sheriff".

WHEREAS, the Sheriff of said County presently operates a jail facility for the detention of persons charged with violations of statutes of the State of Georgia and Jeff Davis County Ordinances; and

WHEREAS, the City of Hazlehurst has no facility for the detention of persons arrested for violation of municipal ordinances and other violations of laws within the criminal jurisdictional venue of its Municipal Court; and the City is desirous of entering into an agreement with Jeff Davis County and the Sheriff to house the City's inmates at the Jeff Davis County Detention Center; and

WHEREAS in order to promote, efficient law enforcement in the aforesaid City and County, with the approval of the Sheriff, the parties hereto have reached an agreement herein specified pursuant to the provisions of Article 9, Section 3, paragraph 1 of the 1983 Constitution of the State of Georgia; and

WHEREAS, on December 14, 1989, the Jeff Davis County Board of Commissioners did adopt a Resolution placing O.C.G.A. §15-21-90 et seq into effect and requiring the imposition and collection of additional penalties in all courts in Jeff Davis County including the Municipal

Court of the City of Hazlehurst. The additional penalties shall only by used for constructing, operating and staffing jails, correctional institutions, and detentions facilities by counties; and

WHEREAS, O.C.G.A. §15-21-92 requires that the County and City must enter into an Intergovernmental Agreement for the use of the county jail before the additional penalties can be collected; and

WHEREAS, the county is desirous of the Municipal Court of the City of Hazlehurst to assess the additional penalties allowed under O.C.G.A. §15-21-91 et seq and to remit said penalties to the governing authority of Jeff Davis County pursuant to O.C.G.A. §15-21-94.

NOW, THEREFORE, for valuable consideration and mutual promises exchanged between the parties hereto in consideration of the premises and in compliance with and pursuant to the provisions, terms, and conditions of Statutes pertaining thereto, the City and County do hereby agree as follows:

- 1. Jeff Davis County shall provide to the City of Hazlehurst services and facilities for the detention of persons charged with violation of municipal ordinances of the City of Hazlehurst and other laws within the criminal jurisdictional venue of the Municipal Court of said city, with such services and facilities to be substantially the same as utilized for the detention of persons charged with violations of state statutes and county ordinances subject to the provisions set forth herein.
- 2. Initially, the City shall pay to the County the sum of \$30.00 upon intake of an inmate brought to the jail by the City. The City will then pay the sum of \$30.00 per calendar day for each City inmate housed in the County Jail EXCEPT for those inmates for whom the City obtains and delivers to the Sheriff's Office or Jail a state warrant within twelve (12) business hours after intake of the inmate for charges that will result in the inmate being tried in State or Superior Court in which case the inmate shall not be considered a City inmate. However, if the City has not obtained and delivered to the Sheriff's Office or Jail a state warrant within the

twelve (12) business hour period, the \$30.00 per calendar day will stay in effect until such time as the warrant has been obtained and provided to the Sheriff's Office or Jail unless an emergency occurs delaying the issuance and delivery of the warrant. Otherwise the per diem amount to be paid by the City to the County is payable per calendar day regardless of what time of day a City inmate is logged in or logged out. The per diem rate shall not be prorated for partial days. The Sheriff shall provide the City with a statement for services provided hereunder no later than the tenth (10th) day of each month and the City shall remit payment within thirty (30) days after receipt of said statement.

The County may increase the per diem cost per inmate in accordance with the increase in the cost of operating the jail. For such increase to become effective, the County must provide the City written notice of the increase for the per diem costs at least ninety (90) days before such increased cost to the City is to begin. If the City does not object to the proposed increase within thirty (30) days of receipt of such notice of the proposed increase, then the proposed increase shall go into effect on the ninetieth (90th) day as contemplated. If the City objects in writing to the proposed increase within thirty (30) days of receipt of such written notice of increase from the County, then the parties must have agreed upon the proposed or an alternative per diem increase by the ninetieth (90) day after the County's written notice of the proposed increase or this Agreement shall terminate unless the parties otherwise agree in writing.

3. Any expenses for medical, hospital, and prescription drugs incurred by city inmates shall be the sole responsibility of the City. The City shall be solely responsible for transporting City inmates in the event a City inmate requires medical treatment, attention or service while at the jail and the City shall be responsible for providing a guard for said City inmate while he or she is away from the jail for such medical treatment. The City shall indemnify and hold harmless Jeff Davis County, its officers and employees, the Sheriff of Jeff Davis County and his lawful deputies and employees, from any and all claims, damages, or expenses, including legal expenses

incurred in defending actions or habeas corpus proceedings, arising out of or related to the arrest, detention, or imprisonment of persons charged with violations of City Ordinances and other criminal laws within the criminal jurisdictional venue of the Municipal Court of said City who are detained in the County Jail pursuant to the provisions of this agreement, except that the City shall not be liable for any claims, damages, or expenses that may arise due to actions or omissions of any agent or employee of the County, unless such actions or omissions are at the direction of the City, and the County shall indemnify and hold harmless the City of Hazlehurst, its officers and employees, the Police Chief and his lawful officers and employees from any and all claims, damages, or expenses, including legal expenses incurred in defending any such actions or omissions of any agent or employee of the County.

- 4. The City shall comply with all procedures and policies of the Sheriff regarding the processing of persons to be detained in the County Jail. The City shall further comply with all rules of the Georgia Crime Information Center, rules of the National Crime Information Center, and laws related to the submission of arrestee fingerprints and Uniform Crime Reporting Data for all persons arrested by its police department. Detention by the County of persons charged with violations of municipal ordinances and other criminal laws within the criminal jurisdictional venue of the Municipal Court of the City of Hazlehurst shall be contingent upon availability of space in the Jeff Davis County Detention Center, and the County shall be under no obligation to give to the City any preference or priority in the detention of persons in the Jeff Davis County Detention Center.
- 5. This agreement may be terminated by the Sheriff or any party hereto upon giving the other party thirty days written notice of such intention to terminate. This agreement is executed in duplicate, each of which shall constitute an original hereof for all purposes.

- 6. The City shall provide for transportation of all inmates arrested by its police department to the County Jail as well as for all necessary court appearances of inmates in its Municipal Court.
- 7. Although housed in the Jeff Davis County Detention Center at all times hereunder, inmates charged with violations of municipal ordinances and other criminal laws within the criminal jurisdictional venue of the Municipal Court of the City of Hazlehurst shall be deemed to be in the legal custody of the City.
- 8. All persons arrested for violations of ordinances of the City and other laws within the criminal jurisdictional venue of its municipal Court will be adjudicated in the Municipal Court of the City and all fines and forfeitures, except those funds collected by said court pursuant to the Jail Construction and staffing act, set forth in O.C.G.A. §15-21-91 et seq described herein shall be the property of the City.
- 9. The initial term of this agreement will be from July 1, 2016 until December 31, 2020, unless said agreement is terminated by either party in accordance with paragraph five (5) set forth herein.

IN WITNESS WHEREOF, the City and County have hereunto set their names and the signatures of their proper officials duly authorized by resolutions spread upon the official minutes of the Board of Commissioners of Jeff Davis County, and upon the minutes of the Mayor and Council of the City of Hazlehurst, respectively, on the day and year first above written.

Approved as to Form:

Carla Powell, County Attorney Jeff Davis County, Georgia Approved by the Board of Commissioners of Jeff Davis County, Georgia

By:

Wayne Hall, Chairman

Attest:

Sherri Lytle, Clerk

Approved as to Form

Ken W. Smith, City Attorney City of Hazlehurst Approved by the Mayor and Council of the the City of Hazlehurst, Georgia

By:

R. Bayne Stone, Mayor

Attest: Vuna Laper

Vernice Lopez, Clerk

Approved by the Sheriff, Jeff Davis County, Georgia

reston Bohannon, Sheriff







FORM 2: Summary of Service Delivery Arrangements

Instructions:

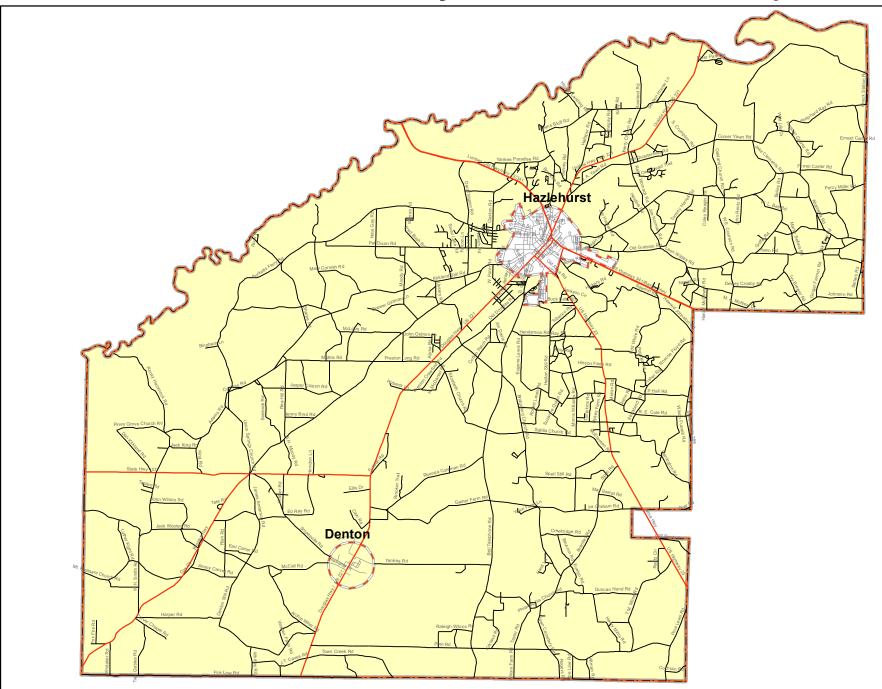
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

should be reported to the Department of Community Affairs.				
COUNTY:JEFF DAVIS	Service:Law Enforcement			
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 orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:			
	vithin 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.): Jeff Davis azlehurst			
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 strateg 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.			

	_	l 2. cont	The second second
		 APPENDING TO THE RESERVE	

	nat will help to pay for this service and indicate how th funds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Jeff Davis County	General Fund, Fees & Fines	
City of Hazlehurst	General Fund, Fees & Fines	
•		
4. How will the strategy change the pr	evious arrangements for providing and/or funding this	service within the county?
Hazlehurst will provide a higher level	or law enforcement in the unincorporated area and the of service within their municipal boundaries. Discussi unty wide may be held in the future, but no timetable h	ons concerning the possible
this service:	eements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
	I be used to implement the strategy for this service (e. or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
		g., ordinances, resolutions, local
acts of the General Assembly, rate of	or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None 7. Person completing form: Gary Faul Phone number: 912-375-6611	or fee changes, etc.), and when will they take effect? k, County Administrator Date completed: 09/16/2016 ntacted by state agencies when evaluating whether possible contents and the complete contents are contents.	

Jeff Davis County Law Enforcement Map







"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."











FORM 2: Summary of Service Delivery Arrangements

Inate.	· otio	me

	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFF DAVIS	Service: Library
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.): Jeff Davis County Library
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.

3.	List each government or au	ithority that will	help to pay fo	r this serv	ice and in	dicate how t	he servi	ce will be funde	ed (e.g.,
	enterprise funds, user fees,	general funds,	special servic	e district r	evenues,	hotel/motel	taxes, fra	anchise taxes, i	impact
	ees, bonded indebtedness	etc.).							

Local Government or Authority	Funding Method			
Jeff Davis County	General Fund, In-kind services			
City of Hazlehurst	In-kind services			
Jeff Davis County BOE	General Fund, In-kind services			

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

The City of Hazlehurst was added as a local government providing in-kind services. The Ohoopee Regional Library Board replaced the Satilla Regional Library Board as the regional library board (provider).

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

Agreement Name	Contracting Parties	Effective and Ending Dates

What other mechani	sms (if any) will be used to imp	lement the strategy for	this service (e.g.,	ordinances,	resolutions, I	ocal
acts of the General A	Assembly, rate or fee changes,	etc.), and when will the	ey take effect?			

None

- 7. Person completing form: **Gary Faulk, County Administrator**Phone number: **912-375-6611**Date completed: 09/16/2016
- 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

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should be reported to the Department of Community Analis.				
COUNTY:JEFF DAVIS	Service:Parks			
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, 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 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 intify 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 of Hazlehurst			
	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, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

3. List each governme	nt or authority that will help	to pay for this ser	vice and indicate how	the service will be funded (e.g.,
enterprise funds, use	er fees, general funds, spec	cial service district	revenues, hotel/mote	I taxes, franchise taxes, impact
fees, bonded indebt	edness, etc.).			

Local Government or Authorit	y Funding	Method
Jeff Davis County	General Fund, Fees, SPLOST	
City of Denton	General Fund	
City of Hazlehurst	General Fund, SPLOST	
How will the strategy change the p	previous arrangements for providing and/or fund	ling this service within the county?
PLOST funds were added as a C	ity of Hazlehurst funding method.	
List any formal service delivery agnis service:	reements or intergovernmental contracts that w	rill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
		•
Vhat other mechanisms (if any) w	vill be used to implement the strategy for this set or fee changes, etc.), and when will they take o	vice (e.g., ordinances, resolutions, loc
Vhat other mechanisms (if any) w		vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) w		vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) worts of the General Assembly, rate		vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) w		vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) w		vice (e.g., ordinances, resolutions, loc
Vhat other mechanisms (if any) w	e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) works of the General Assembly, rate one Person completing form: Gary Factorial forms and the completing forms on the completing form of the completing forms of the co	e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loceffect?







FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:JEFF DAVIS	Service:Planning and Zoning			
Check the box that best describes the agreed upon	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If brity 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.):				
	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			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G. <i>I</i> overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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Local Government or Authority	Funding	Method
City of Hazlehurst	General Fund	
How will the strategy change the pre	vious arrangements for providing and/or fund	ding this service within the county?
change anticipated.		
,		
st any formal service delivery agre is service:	ements or intergovernmental contracts that w	vill be used to implement the strategy
S SEI VICE.		
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Dat
/hat other mechanisms (if any) will	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
/hat other mechanisms (if any) will		rvice (e.g., ordinances, resolutions, loeffect?
/hat other mechanisms (if any) will	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
hat other mechanisms (if any) will ts of the General Assembly, rate or	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
hat other mechanisms (if any) will ts of the General Assembly, rate or	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
/hat other mechanisms (if any) will	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
/hat other mechanisms (if any) will ts of the General Assembly, rate or ne	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
that other mechanisms (if any) will ts of the General Assembly, rate or the General Assembly and the completing form: Gary Faulk	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
that other mechanisms (if any) will its of the General Assembly, rate or the General Assembly, r	be used to implement the strategy for this ser fee changes, etc.), and when will they take of County Administrator Date completed: 09/16/2016	rvice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:JEFF DAVIS	Service: Probation Service			
Check the box that best describes the agreed upon	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.):				
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.):				
	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 cy of Hazlehurst (Municipal Court)			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg 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			

	at will help to pay for this service and indicate how the funds, special service district revenues, hotel/motel to	
Local Government or Authority	Funding Method	
Jeff Davis County	General Fund, Fees, Fines & State	
City of Hazlehurst	Fees & Fines	
4. How will the strategy change the pre	evious arrangements for providing and/or funding this	service within the county?
	clude fines. The arrangement for this service remains of Hazlehurst utilizes a private sector firm to provide	
this service:	ements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
	3 7 2 3 3 3	Lifective and Lifating Dates
		Encouve and Enamy Dates
		Enderve and Ending Dates
		Enderve and Ending Dates
		Enderve and Ending Bates
		Endeave and Ending Dates
		Enderve and Ending Bates
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e.r fee changes, etc.), and when will they take effect?	
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e.	
6. What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembl	be used to implement the strategy for this service (e.r fee changes, etc.), and when will they take effect?	
6. What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembl	be used to implement the strategy for this service (e.r. fee changes, etc.), and when will they take effect? k, County Administrator Date completed: 09/16/2016 htacted by state agencies when evaluating whether p	g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

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

Local Government or Authority	Funding M	lethod
Jeff Davis County	General Fund, Fees, and State	
How will the strategy change the pro	evious arrangements for providing and/or fundir	ng this service within the county?
lo change anticipated.		
o change anticipated.		
	ements or intergovernmental contracts that will	be used to implement the strategy t
his service:		
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will	be used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, lo
	be used to implement the strategy for this serv or fee changes, etc.), and when will they take ef	
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		
acts of the General Assembly, rate o	or fee changes, etc.), and when will they take ef	
one Person completing form: Gary Faul	r fee changes, etc.), and when will they take ef	
lone Person completing form: Gary Faul	or fee changes, etc.), and when will they take ef	
one Person completing form: Gary Faull Phone number: 912-375-6611 s this the person who should be con	k, County Administrator Date completed: 09/16/2016	fect?
lone Person completing form: Gary Faull Phone number: 912-375-6611	k, County Administrator Date completed: 09/16/2016	fect?
None Person completing form: Gary Faull Phone number: 912-375-6611	k, County Administrator Date completed: 09/16/2016	fect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY: JEFF DAVIS

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

Service: Public Housing

i e
1. Check the box that best describes the agreed upon delivery arrangement for this service:
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
⊠One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Hazlehurst Housing Authority
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.):
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes (if "Yes," you must attach additional documentation as described, below)
⊠No
If these conditions will continue under this strategy, <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 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

Local Government or Authority	Funding I	Method
Hazlehurst Housing Authority	Rent & HUD Funds	
How will the strategy change the prev	vious arrangements for providing and/or fund	ing this service within the county?
o change anticipated.		
ist any formal service delivery agreenis service:	ements or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
l l		
	be used to implement the strategy for this ser	
	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	
cts of the General Assembly, rate or		
cts of the General Assembly, rate or		
cts of the General Assembly, rate or		
cts of the General Assembly, rate or one Person completing form: Gary Faulk,	fee changes, etc.), and when will they take e	
one Person completing form: Gary Faulk, Phone number: 912-375-6611	fee changes, etc.), and when will they take e County Administrator Date completed: 09/16/2016 Cacted by state agencies when evaluating wh	effect?







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Ariairs.				
COUNTY:JEFF DAVIS	Service: Public Welfare			
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.): Department of Family and			
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 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, <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 strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			

•	me.	\mathbf{r}		. continued
			 11 /	

Local Government or Author		Funding Method		
Jeff Davis County	General Fund & State	General Fund & State		
=				
How will the strategy change the	e previous arrangements for providing and/or fundir	g this service within the county?		
la abanga antiningtad				
lo change anticipated.				
	agreements or intergovernmental contracts that will	be used to implement the strategy		
	agreements or intergovernmental contracts that will	be used to implement the strategy		
	agreements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy Effective and Ending Date		
his service:				
this service: Agreement Name What other mechanisms (if any		Effective and Ending Date ce (e.g., ordinances, resolutions, lo		
this service: Agreement Name What other mechanisms (if any	Contracting Parties Contracting Parties will be used to implement the strategy for this service.	Effective and Ending Date ce (e.g., ordinances, resolutions, lo		
this service: Agreement Name What other mechanisms (if any acts of the General Assembly, r	Contracting Parties Contracting Parties will be used to implement the strategy for this service.	Effective and Ending Date ce (e.g., ordinances, resolutions, lo		
this service: Agreement Name What other mechanisms (if any acts of the General Assembly, r	Contracting Parties Contracting Parties will be used to implement the strategy for this service.	Effective and Ending Date ce (e.g., ordinances, resolutions, lo		
this service: Agreement Name What other mechanisms (if any	Contracting Parties Contracting Parties will be used to implement the strategy for this service.	Effective and Ending Date ce (e.g., ordinances, resolutions, lo		
this service: Agreement Name What other mechanisms (if any acts of the General Assembly, r	Contracting Parties Contracting Parties will be used to implement the strategy for this service.	Effective and Ending Date ce (e.g., ordinances, resolutions, lo		
Mhat other mechanisms (if any acts of the General Assembly, r	Contracting Parties Output Discrete the strategy for this servents or fee changes, etc.), and when will they take effective the strategy for this servents or fee changes.	Effective and Ending Date ce (e.g., ordinances, resolutions, lo		







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	epartment of Community Affairs.			
COUNTY:JEFF DAVIS	Service:Recreation			
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.): Hazlehurst/Jeff Davis			
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 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:			
One or more cities will provide this service only v service in unincorporated areas. (If this box is check 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 maidentify 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 docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>at</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 eliminated).			
If these conditions will be eliminated under the strateg 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.			

	neral fui	will help to pay for this service and indicands, special service district revenues, hoto		
Local Government or Authority		Funding Method		
Jeff Davis County		General Fund, Fees, SPLOST		
4. How will the strategy change th	ie previ	ous arrangements for providing and/or fu	nding this service within the county?	
No change anticipated.				
- ,				
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that	will be used to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
	_			
		e used to implement the strategy for this see changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local e effect?	
None				
None				
7. Person completing form: Gary Phone number: 912-375-6611		County Administrator ate completed: 09/16/2016		
B. Is this the person who should b projects are consistent with the		acted by state agencies when evaluating v delivery strategy? ⊠Yes ⊡No	vhether proposed local government	
If not, provide designated conta	ct perso	on(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:JEFF DAVIS	Service:Recycling
Check the box that best describes the agreed upon	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 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 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 strateg 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 Authorit	y Funding	Method						
City of Hazlehurst	General Fund & Sale of Goods							
	P							
How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?						
The City of Hazlehurst provides recommodities recycled may be incre	cycling of cardboard and paper within the Hazlel eased in the future.	hurst City Limits. Expansion of						
this service:	greements or intergovernmental contracts that w							
	reements or intergovernmental contracts that w	rill be used to implement the strategy for Effective and Ending Dates						
this service:								
this service:								
this service:								
this service:								
this service:								
this service: Agreement Name What other mechanisms (if any) w		Effective and Ending Dates vice (e.g., ordinances, resolutions, local						
this service: Agreement Name What other mechanisms (if any) w	Contracting Parties vill be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local						
this service: Agreement Name What other mechanisms (if any) wacts of the General Assembly, rate	Contracting Parties vill be used to implement the strategy for this set or fee changes, etc.), and when will they take the contraction of the con	Effective and Ending Dates vice (e.g., ordinances, resolutions, local						







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.						
COUNTY:JEFF DAVIS	Service:Road/Street Construction					
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including the countywide).	n delivery arrangement for this service; ing all cities and unincorporated areas) by a single service provider. (If					
this box is checked, identify the government, autho	erity or organization providing the service.): ed portion of the county by a single service provider. (If this box is					
☐One or more cities will provide this service only w	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					
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Jeff Davis thurst					
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	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.					

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
Jeff Davis County	General Fund, SPLOST, Insurance Premium Tax (IPT), T-SPLOST(TIA), Grants
City of Denton	Grants, T-SPLOST (TIA)
City of Hazlehurst	General Fund, SPLOST, T-SPLOST (TIA), Grants

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

The use of Transportation Improvement Act funds (T-SPLOST) and Insurance Premium Tax proceeds by the County were added as funding methods for this service. The Insurance Premium Tax proceeds are only used for roads in the unincorporated area. The County provides for road/street construction within the city limits of Denton in lieu of the City of Denton receiving SPLOST funds. Denton may also use grants and TIA funds as available. The City of Hazlehurst will continue to provide the service within its municipal boundaries with the addition of TIA funds.

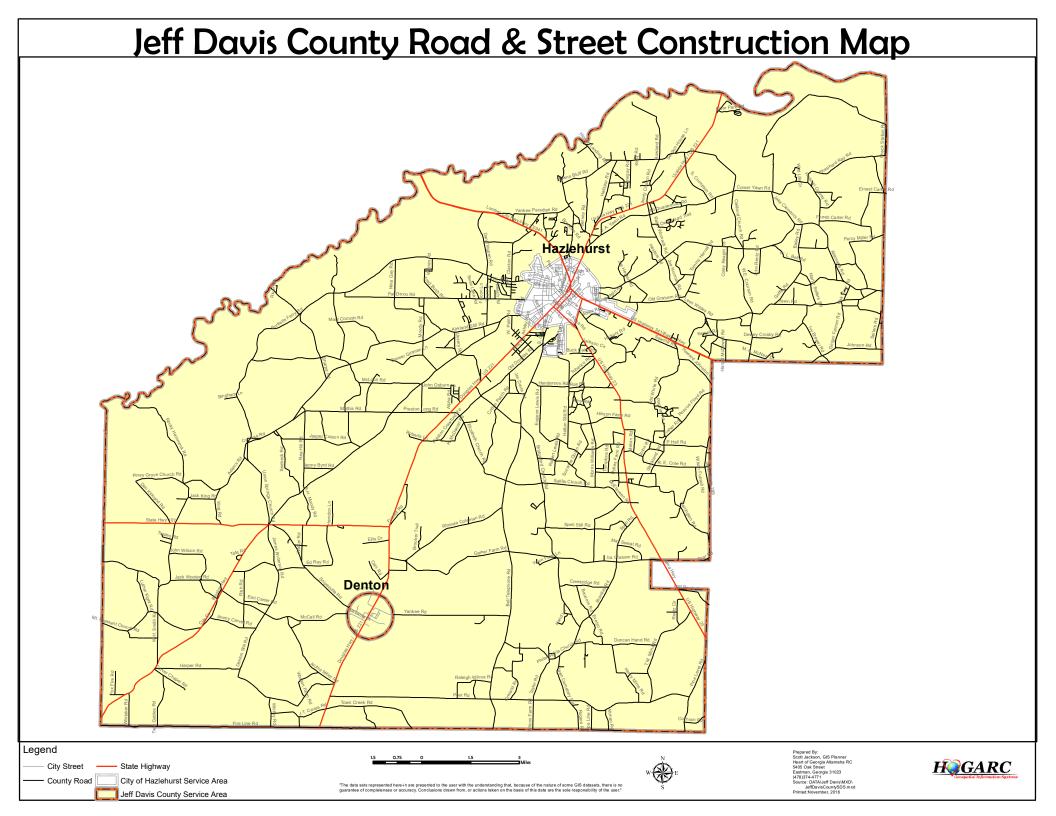
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates

acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	ioca
able of the content o	

None

- 7. Person completing form: **Gary Faulk, County Administrator**Phone number: **912-375-6611**Date completed: 09/16/2016
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No









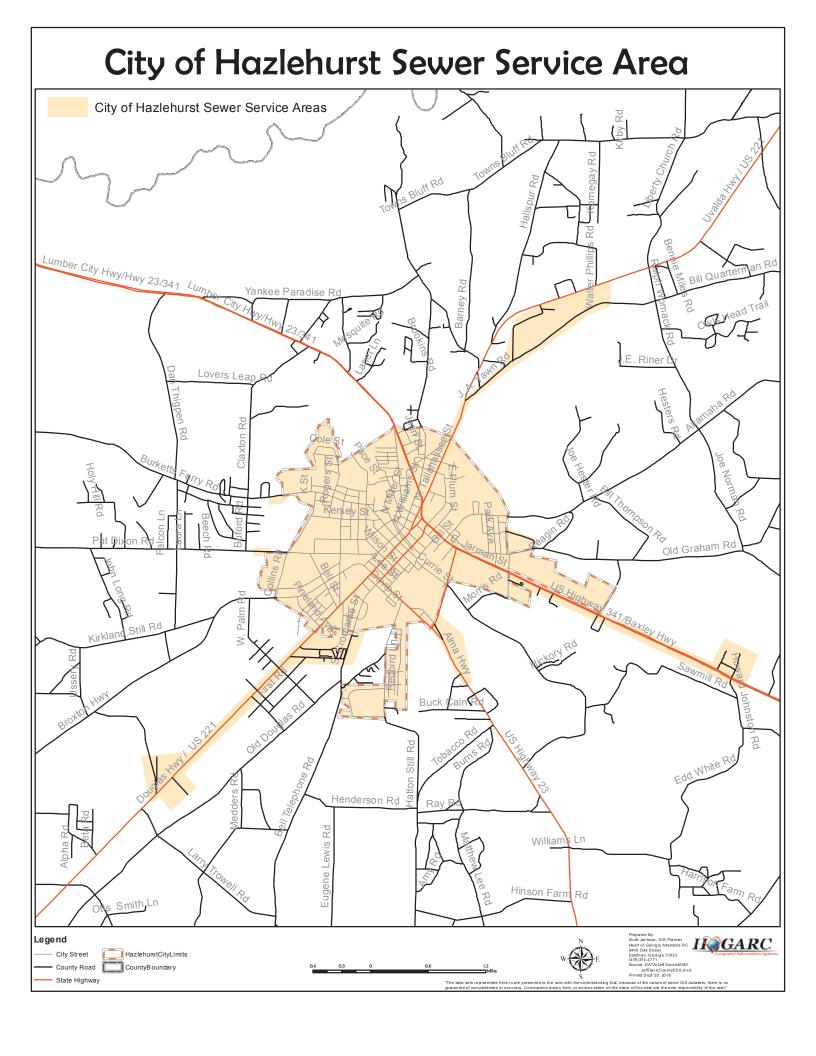
FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:JEFF DAVIS	Service:Sewer
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 organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	vithin 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
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	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

-	_		_				
5 D	5 F	201	EX IV	12.	con	tim	100

	neral funds, spe		cate how the service will be funded (e.g., otel/motel taxes, franchise taxes, impact
Local Government or Author	ority	Fundi	ing Method
City of Hazlehurst	Sewer		
l. How will the strategy change th	ne previous arra	angements for providing and/or fo	funding this service within the county?
A new sewer service map has b	een attached to	show current service area.	
i. List any formal service delivery this service:	agreements or	intergovernmental contracts tha	at will be used to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any acts of the General Assembly, r) will be used to ate or fee chan	o implement the strategy for this ges, etc.), and when will they tak	service (e.g., ordinances, resolutions, loca ke effect?
Person completing form: Gary Phone number: 912-375-6611 Is this the person who should b projects are consistent with the	Date comp e contacted by	oleted: 09/16/2016 state agencies when evaluating	whether proposed local government
If not, provide designated conta	ct person(s) and	d phone number(s) below:	









FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:JEFF DAVIS	Service:Solid Waste					
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, 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 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 of Hazlehurst					
	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 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. L	ist each.	governmer	it or au	thority that will	help to	pay for th	is service	and in	dicate how	the ser	vice will be	funde	d (e.g.,
e	nterprise	e funds, use	r fees,	general funds,	special	service d	istrict reve	enues,	hotel/mote	l taxes,	franchise ta	axes, ii	mpact
fe	es, bon	ded indebte	dness,	etc.).									

Local Government or Authority	Funding Method	
Jeff Davis County	General Fund, Insurance Premium Tax	
City of Denton	Verbal Agreement with County	
City of Hazlehurst	General Fund & Fees	

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

Each government will remain responsible for collection and disposal costs in their own jurisdictions. The County will itemize this line item on the millage for the unincorporated tax district to assure that revenues are used only from the unincorporated areas. The funding method for the City of Denton was modified from "Contract with County" to accurately reflect the current agreement status.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

6.	What other mechanisms ((if any) will be used t	o implement the s	strategy for this	service (e.g.,	ordinances,	resolutions,	local
6	cts of the General Assen	nbly, rate or fee char	iges, etc.), and w	hen will they tak	e effect?			
		•	•	•				

None		

- 7. Person completing form: **Gary Faulk, County Administrator**Phone number: **912-375-6611**Date completed: 09/16/2016
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.							
COUNTY:JEFF DAVIS	Service:Street Maintenance						
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	ng all cities and unincorporated areas) by a single service provider. (If rity 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.):						
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:						
	vithin 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.): Jeff Davis urst						
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 strateg 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 au	thority that will h	nelp to pay for t	his service and ir	ndicate how the ser	vice will be funded (e.	g.,
	enterprise funds, user fees,	general funds, s	special service	district revenues	, hotel/motel taxes,	franchise taxes, impa	ct
	fees, bonded indebtedness.	etc.).					

Local Government or Authority	Funding Method
Jeff Davis County	General Fund, SPLOST, Insurance Premium Tax (IPT), T-SPLOST(TIA), Grants
City of Denton	T-SPLOST (TIA), Grants
City of Hazlehurst	General Fund, SPLOST, T-SPLOST (TIA), Grants

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

Jeff Davis County will provide the service for the county road system and the City of Denton in exchange for Denton's non-receipt of sales tax monies. Funding methods have been added for each local government. A map of the County and current municipal limits is attached. Municipal streets are located within the respective municipal limits. County roads are located in the unincorporated area.

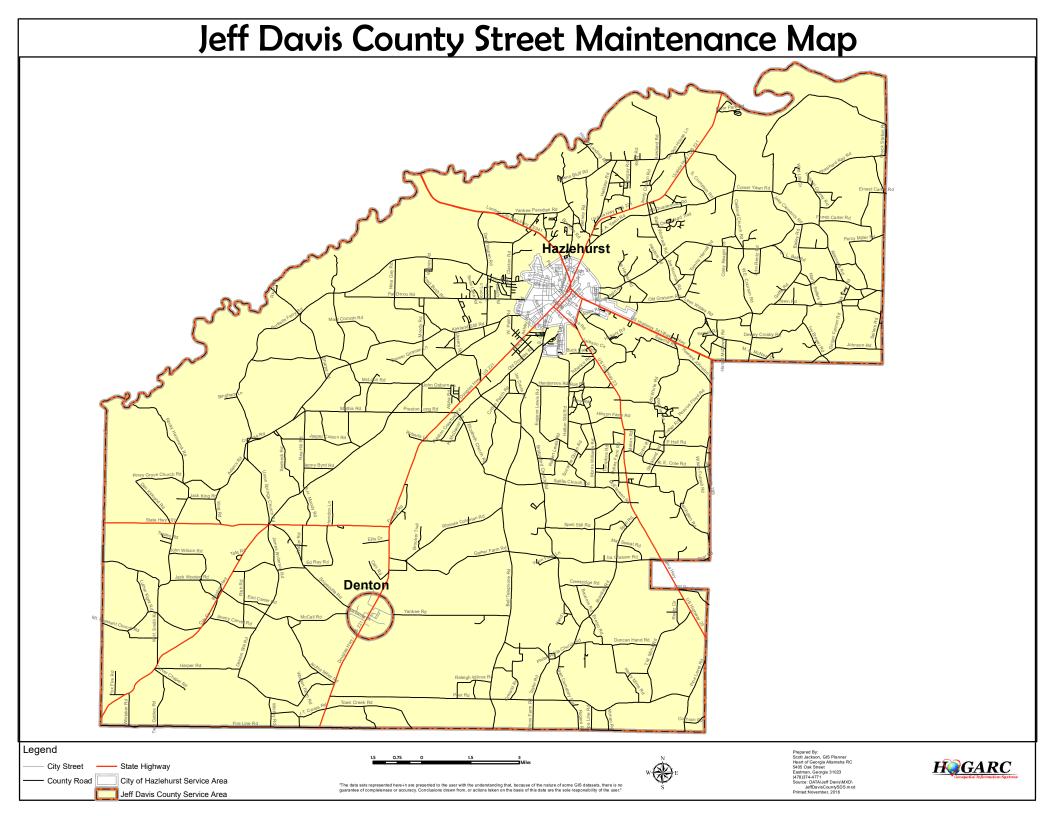
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Contracting Parties	Effective and Ending Dates
	Contracting Parties

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

None			

- 7. Person completing form: **Gary Faulk, County Administrator**Phone number: **912-375-6611**Date completed: 09/16/2016
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:JEFF DAVIS	Service: Tax Assessment			
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Jeff Davis County			
☐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 inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>ar</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			

	neral fund	vill help to pay for this service and indicate ls, special service district revenues, hotel		
Local Government or Author	ority	Funding	Method	
Jeff Davis County		General Fund		
- 15				
4. How will the strategy change th	ne previou	us arrangements for providing and/or fund	ding this ser	vice within the county?
No change anticipated.				
5. List any formal service delivery this service:	agreeme	ents or intergovernmental contracts that w	vill be used t	to implement the strategy for
Agreement Name		Contracting Parties	E	ffective and Ending Dates
	-			
		used to implement the strategy for this se e changes, etc.), and when will they take		ordinances, resolutions, local
None				
7. Person completing form: Gary Phone number: 912-375-6611		ounty Administrator e completed: 09/16/2016		
 Is this the person who should be projects are consistent with the 		ted by state agencies when evaluating whelivery strategy? ⊠Yes ⊡No	ether propo	osed local government
If not, provide designated conta	ct person	n(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:JEFF DAVIS	Service: Tax Collection					
1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):						
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):						
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:						
☑One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Jeff Davis County, City of Hazlehurst						
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and the tion that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service					
	entation as described, below)					
f 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).						
these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that rill be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.						
Page 1 of 2						

Local Government or Authority	Funding	Method
leff Davis County	General Fund	
City of Hazlehurst	General Fund	8
low will the strategy change the prev	rious arrangements for providing and/or fund	ting this service within the county?
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onango antioipatoa.		
ist any formal service delivery agree	ments or intergovernmental contracts that w	rill be used to implement the strateg
ist any formal service delivery agree	ments or intergovernmental contracts that w	rill be used to implement the strateg
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ist any formal service delivery agree	ments or intergovernmental contracts that w Contracting Parties	vill be used to implement the strateg
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List any formal service delivery agreenis service: Agreement Name What other mechanisms (if any) will be	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da
ist any formal service delivery agreeris service: **Agreement Name** What other mechanisms (if any) will be		Effective and Ending Da
List any formal service delivery agreenis service: Agreement Name What other mechanisms (if any) will be	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da
List any formal service delivery agreenis service: Agreement Name What other mechanisms (if any) will be	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da
List any formal service delivery agreenis service: Agreement Name What other mechanisms (if any) will be	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da
List any formal service delivery agree nis service: Agreement Name What other mechanisms (if any) will be cts of the General Assembly, rate or the control of the General Assembly, rate or the General Assembly Assembly Assembly, rate or the General Assembly Assem	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da
List any formal service delivery agree nis service: Agreement Name What other mechanisms (if any) will be cts of the General Assembly, rate or the control of the General Assembly, rate or the General Assembly Assembly Assembly, rate or the General Assembly Assem	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da
List any formal service delivery agree in service: Agreement Name What other mechanisms (if any) will be cets of the General Assembly, rate or the service delivery agree in service.	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da
List any formal service delivery agree his service: **Agreement Name** What other mechanisms (if any) will be	Contracting Parties e used to implement the strategy for this ser	Effective and Ending Da







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:JEFF DAVIS	Service:Tourism
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.): Hazlehurst/Jeff Davis
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.):
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strategwill 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.

Local Government or Author	ity Funding I	Method
Jeff Davis County	Hotel/Motel Tax	
. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
Service providing entity was revis	ed to include the full name [Hazlehurst] Jeff Davis	County Board of Touriem
or vide previously was revis	od to moldde the fall hame [Hazleharst] ben bavis	S County Board of Fourism.
List any formal service delivery a	greements or intergovernmental contracts that wi	ill he used to implement the strategy for
	greements of intergeventmental contracts that wi	in be used to implement the strategy it
this service:		,
	Contracting Parties	Effective and Ending Potes
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name		
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any)		vice (e.g., ordinances, resolutions, loca
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) acts of the General Assembly, rate	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) acts of the General Assembly, rate	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loca
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) acts of the General Assembly, rate	will be used to implement the strategy for this sen e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) acts of the General Assembly, rational one Person completing form: Gary Fachone number: 912-375-6611	will be used to implement the strategy for this sene or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?







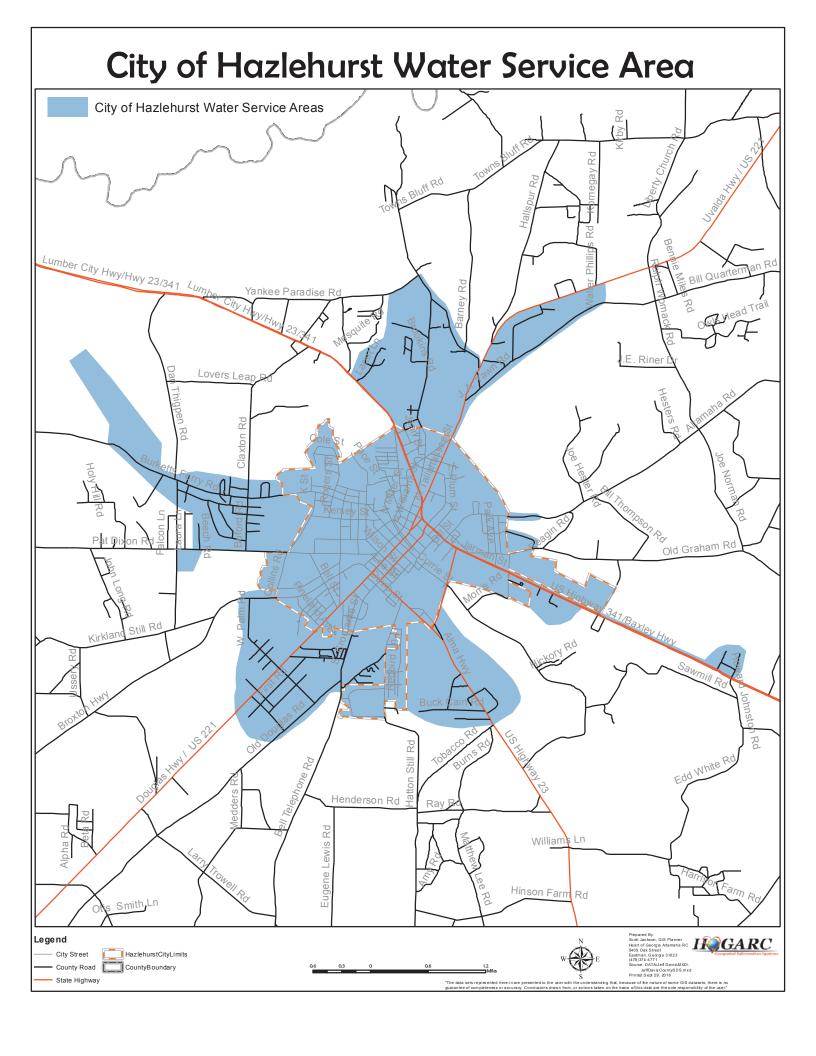
FORM 2: Summary of Service Delivery Arrangements

Instructions:

Should be reported to the Department of Community Arians.		
COUNTY:JEFF DAVIS	Service: Water	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
☐ 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 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.): City of	
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.	

 List each government or authority the enterprise funds, user fees, general fees, bonded indebtedness, etc.). 	nat will help to pay for this service and indicate how th funds, special service district revenues, hotel/motel to	e service will be funded (e.g., ixes, franchise taxes, impact	
Local Government or Authority	Funding Method		
City of Denton	Water Fund Fee		
City of Hazlehurst	Water Fund Fee		
How will the strategy change the pre	evious arrangements for providing and/or funding this	service within the county?	
New water service maps have been a	attached to show current service areas.		
List any formal service delivery agre this service:	eements or intergovernmental contracts that will be us		
Agreement Name	Contracting Parties	Effective and Ending Dates	
	be used to implement the strategy for this service (e. or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
		g., ordinances, resolutions, local	
None 7. Person completing form: Gary Faul	or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
None 7. Person completing form: Gary Faul Phone number: 912-375-6611	k, County Administrator Date completed: 09/16/2016 ntacted by state agencies when evaluating whether properties of the completed in the complete		











FORM 3: Summary of Land Use A	greements
Instructions:	
Answer each question below, attaching additional pages as necessary. Please note that any changes to the a service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this Community Affairs.	
COUNTY:JEFF DAVIS	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	
Amendments to existing comprehensive plans	NOTE:
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	will adopt them.
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Jeff Davis County and the cities of Denton and Hazlehurst have adopt any proposed extraterritorial water and sewer service is compatible with land use plans a adjoining local government in which the new service is to be extended.	with all applicable land use plans ed a joint resolution to insure that
4. Person completing form: Gary Faulk, County Administrator	
Phone number: 912-375-6611 Date completed: 09/16/2016	
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ☐Yes ☐No	er 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: JEFF DAVIS

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
JEFF DAVIS	Chairman	Wayne Hall	Wayn The	10/3/16
CITY OF DENTON	Mayor	Matt McCall	Stell Milal	9/30/16
CITY OF HAZLEHURST	Mayor	R. Bayne Stone	RiBayne Stone	9/30/16

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