





FORM 1

COUNTY: JOHNSON

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Johnson County

City of Adrian

City of Kite

City of Wrightsville

Development Authority of Johnson County

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.

None - Although not all services are being revised, the contact person for each Summary of Service Delivery Arrangements form (Form 2) has changed.

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.

Animal Control

Cemeteries

Codes Enforcement/Building Inspection

Cooperative Extension

DFACS

Economic Development

Elections and Voter Registration

Emergency Management

Emergency Medical Services

Fire Protection

Indigent Defense

Jail

Judicial/Courts

Law Enforcement

Public Health

Recreation

Road and Street Maintenance

Senior Citizen Center

Sewage Collection/Disposal

Solid Waste Management

Water Supply







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:JOHNSON	Service: Animal Control				
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.):					
_	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				
	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 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				

Page 1 of 2

	that will help to pay for this service and indicate al funds, special service district revenues, hotel						
		Mothed					
Local Government or Authoric	General Fund	Funding Method					
City of Wrightsville	General Fund						
City of Winghts wife	Concidi 1 una						
4. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?					
considered to be vicious in the unit	y of Wrightsville will also respond to calls concerncorporated area. The City of Kite only responded to calls from the City of Adrian.						
List any formal service delivery again this service: Agreement Name	greements or intergovernmental contracts that v Contracting Parties	vill be used to implement the strategy for Effective and Ending Dates					
Agreement Name	Contracting Farties	Lifective and Lifting 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: Guy Sir Phone number: 478-864-3388	ngletary, Johnson County Administrator Date completed: 7/11/13						
	contacted by state agencies when evaluating wlervice delivery strategy? ⊠Yes □No	nether proposed local government					
If not, provide designated contact	person(s) and phone number(s) below:						







FORM 2: Summary of Service Delivery Arrangements

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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:JOHNSON	Service: Cemeteries			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
☐ Service will be provided countywide (i.e., including 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 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 within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service City of Kite, City of Wrightsville				
	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 areas, unnecessary competition and/or duplication of this service identified?				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠ No				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
	If these conditions will be eliminated under the 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			

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).						
Local Government or Authority	Funding Method					
City of Kite	General Fund					
City of Wrightsville	General Fund & Lot Sales					

City of Kite	General Fund					
City of Wrightsville	General Fund & Lot Sales					
4. How will the strategy change to	ne previous arrangements for providing and/or funding th	is service within the county?				
No change is anticipated. The maintain their own public cemet	Kite Cemetery does have some empty lots available. Bo eries on an ongoing basis.	th municipalities will continue to				
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be	used to implement the strategy for				
Agreement Name	Contracting Parties	Effective and Ending Dates				
	y) will be used to implement the strategy for this service (rate or fee changes, etc.), and when will they take effect?					
None						
7. Person completing form: Guy Phone number: 478-864-3388	Singletary, Johnson County Administrator Date completed: 7/11/13					
	be contacted by state agencies when evaluating whether service delivery strategy? \boxtimes Yes \square No	proposed local government				
If not, provide designated conta	act person(s) and phone number(s) below:					







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should be reported to the Department of Community Affairs.				
COUNTY:JOHNSON	Service: Codes Enforcement/Building Inspection			
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 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			
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):			
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠ No				
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the 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			

3. List each government or	authority that will help	to pay for this service	and indicate how the ser	vice will be funded (e.g.,
enterprise funds, user fee	es, general funds, spec	cial service district rev	enues, hotel/motel taxes,	franchise taxes, impact
fees, bonded indebtednes	ss, etc.).			

Local Government or Author	ty Fundin	g Method					
City of Adrian	General Fund						
City of Wrightsville	General Fund & User Fees						
4. How will the strategy change the	previous arrangements for providing and/or ful	nding this service within the county?					
No change is anticipated. Adrian pending the possible adoption of a	s exploring the possibility of establishing a cool city zoning ordinance.	des enforcement program in the future,					
List any formal service delivery a 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					
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							
None							
None							
	ngletary, Johnson County Administrator Date completed: 7/11/13						
7. Person completing form: Guy Si Phone number: 478-864-3388 8. Is this the person who should be		whether proposed local government					







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should be reported to the Department of Community Arrairs.				
COUNTY:JOHNSON	Service:Cooperative Extension			
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.): Johnson 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				
	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 authorit	y that wil	help to p	bay for t	this service	and in	ndicate how	the ser	vice will b	e funded	(e.g.,
enterprise	funds, user	fees, gene	ral funds	, special	service	district reve	enues,	hotel/motel	taxes,	franchise	taxes, im	pact
fees, bond	ed indebted	ness, etc.										

Local Government or Author	rity Funding Method	1				
Johnson County	General Fund & State					
4. How will the strategy change the	e previous arrangements for providing and/or funding this	service within the county?				
No change is anticipated.						
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will be us	sed to implement the strategy for				
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: Guy S Phone number: 478-864-3388	ingletary, Johnson County Administrator Date completed: 7/11/13					
Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating whether pservice delivery strategy? ⊠Yes □No	roposed local government				
If not, provide designated contact	et person(s) and phone number(s) below:					







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COUNTY:JOHNSON	Service:DFACS				
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.): Johnson 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 ntify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
	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 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					

	eral fund	ill help to pay for this service and indicate how the s, special service district revenues, hotel/motel ta	
Local Government or Autho	rity	Funding Method	
Johnson County		State	
-			
4. How will the strategy change th	e previou	s arrangements for providing and/or funding this	service within the county?
No change in service delivery is due to local budget constraints.	anticipate	ed. The County previously provided supplementa	I funding, but no longer does so
5. List any formal service delivery this service:	agreeme	nts or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Guy S Phone number: 478-864-3388		y, Johnson County Administrator e completed: 7/11/13	
B. Is this the person who should be projects are consistent with the		ted by state agencies when evaluating whether pr lelivery strategy? $oxtime Yes igs No$	oposed local government
If not, provide designated contact	ct person	(s) and phone number(s) below:	







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nould be reported to the Department of Community Arrairs.						
COUNTY:JOHNSON	Service: Economic Development					
Check the box that best describes the agreed upor	n delivery arrangement for this service:					
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Development Authority of					
☐ 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					
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)					
⊠ No						
	A: 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).					
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					

	y that will help to pay for this service and in ral funds, special service district revenues, .						
Local Government or Authori	ity Fun	ding Method					
Johnson County	General Fund	-					
Development Authority of Johnson	n General Fund						
County							
4. How will the strategy change the	previous arrangements for providing and/o	r funding this service within the county?					
No change is anticipated. The Co	No change is anticipated. The County contributes \$20,000/yr. to the Development Authority.						
5. List any formal service delivery a this service:	greements or intergovernmental contracts	that will be used to implement the strategy for					
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, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None

7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13

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? \boxtimes Yes \square No







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:JOHNSON	Service: Elections and Voter Registration							
Check the box that best describes the agreed upor	n delivery arrangement for this service:							
	☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):							
☐ Service will be provided only in the unincorporate checked, identify the government, authority or organ	d 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 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.):								
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Johnson htsville							
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. List each	government	or authority	that will h	elp to pay fo	r this service	and indi	icate how t	the service	will be funded	(e.g.,
enterprise	funds, user	fees, general	funds, s	pecial servic	e district reve	enues, h	otel/motel	taxes, fran	nchise taxes, in	npact
fees, bond	ded indebted	lness. etc.).								

Local Government or Authority	Funding Method
Johnson County	General Fund
City of Adrian	General Fund
City of Kite	General Fund
City of Wrightsville	Contract with Johnson County

No change is anticipated. The County provides for all countywide, state, and federal elections, as well as voter registration, through the Johnson County Board of Elections. The City of Wrightsville contracts with the Board of Elections to provide for municipal elections. The cities of Adrian and Kite provide for their own municipal elections.

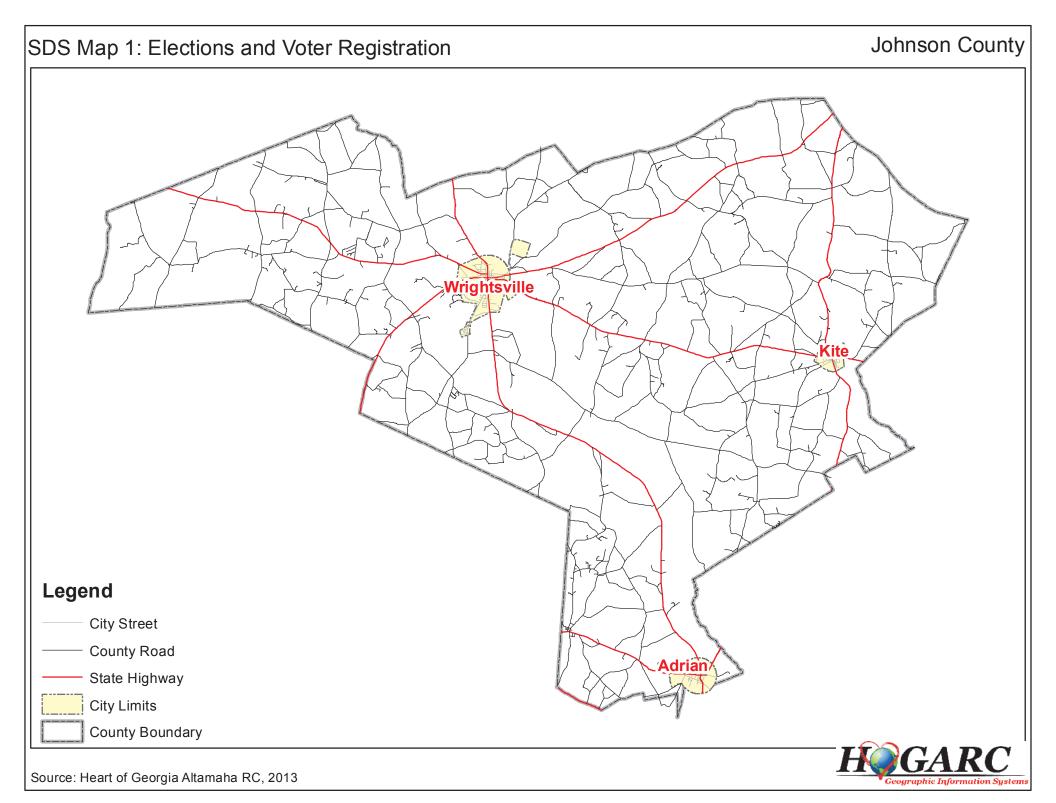
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates

6.	What other mecha	anisms (if any) will	be used to imple:	ment the strate	egy for this se	ervice (e.g.,	ordinances,	resolutions,	local
	acts of the General	Assembly, rate or	fee changes, et	c.), and when	will they take	effect?			

None			

- 7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13
- 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









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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:JOHNSON	Service: Emergency Management
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.): Johnson 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 ntify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	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 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

3. List each	government	or au	uthority t	hat will	help to	pay for	this serv	ice and i	indicate h	ow the s	ervice wi	ll be funded	l (e.g.,
•	funds, use	,	_	funds,	special	service	district	revenues	, hotel/mo	otel taxe	s, franchi	se taxes, i	mpact
tees, bond	ded indebte	aness,	etc.).										

Local Government or Authority	Funding Method
Johnson County	General Fund & State
City of Kite	General Fund
City of Wrightsville	General Fund

No change in is anticipated. The County pays all costs for fuel, repairs, and maintenance. The County and the cities of Kite and Wrightsville jointly provided funding for a new EMA vehicle. The County pays full cost for the countywide Code Red program.

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

None

- 7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13
- 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







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should be reported to the Department of Community Affairs.	outy. If the contact percent of the contact (letter at the percent of the page) of all good, the							
COUNTY:JOHNSON	Service: Emergency Medical Services							
Check the box that best describes the agreed upor	n delivery arrangement for this service:							
⊠ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Johnson County								
	☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):							
·	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:							
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the							
	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 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 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							

Local Government or Authority	Funding M	ethod
ohnson County	General Fund & User Fees	
low will the strategy change the prev	ious arrangements for providing and/or funding	g this service within the county!
o change is anticipated.		
ist any formal service delivery agree	ments or intergovernmental contracts that will	be used to implement the strategy
ist any formal service delivery agree	ments or intergovernmental contracts that will Contracting Parties	
ist any formal service delivery agree	_	
ist any formal service delivery agreenis service:	_	
ist any formal service delivery agreenis service:	_	be used to implement the strategy Effective and Ending Date
nis service:	_	

7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13

None

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:

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:JOHNSON	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 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 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.): Johnson htsville						
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.						

3. List each	government	or authority	that will help	to pay for	this service	and indicate	e how the s	ervice will be	funded (e.g.
enterprise	funds, user	fees, general	funds, spe	cial service	district reve	nues, hotel	/motel taxes	s, franchise t	axes, impact
fees, bone	ded indebted	dness, etc.).							

Local Government or Authority	Funding Method
Johnson County	General Fund & Grants
City of Adrian	General Fund & Grants
City of Kite	General Fund & Grants
City of Wrightsville	General Fund & Grants

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

No change is anticipated. Each government will continue to provide fire protection service to their respective jurisdiction, and for each municipality, its surrounding five-mile radius. However, an official intergovernmental agreement is needed among all of the local governments to formalize what is currently an informal mutual aid agreement to assist each other in times of emergencies as needed.

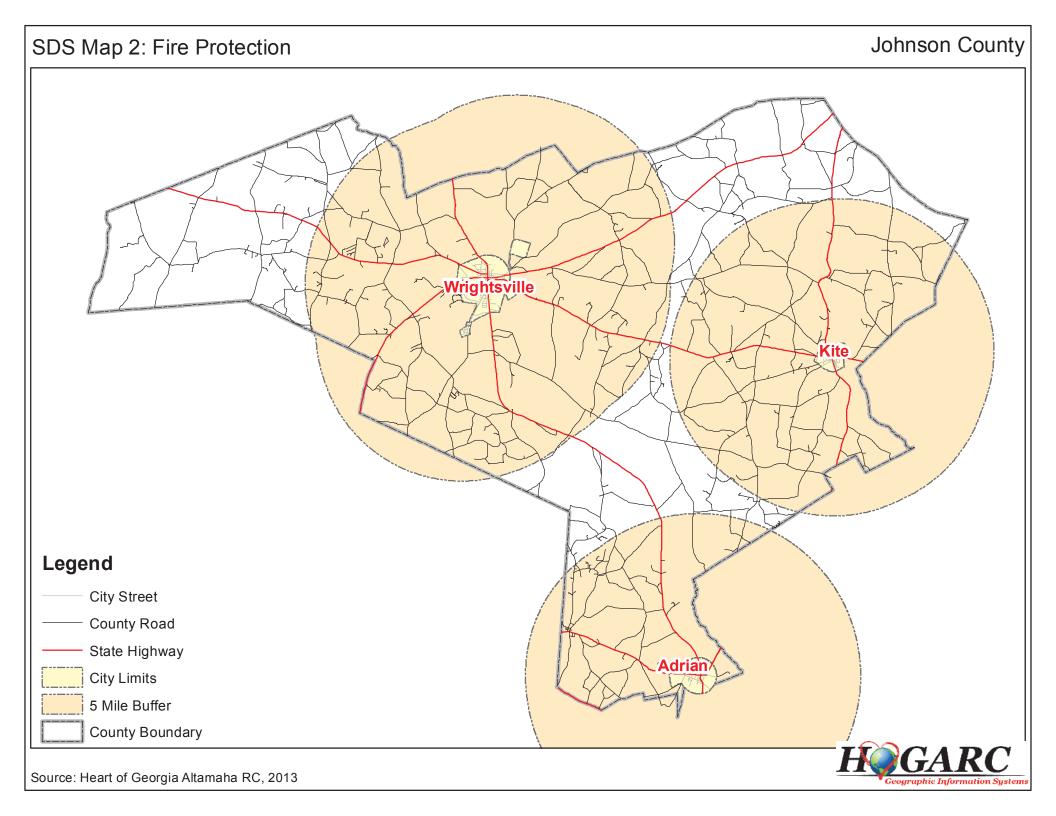
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

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., ordin	nances, resolutions, loc	cal
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		

None

- 7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13
- 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:

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:JOHNSON	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 all cities and unincorporated areas) by a single service provider this box is checked, identify the government, authority or organization providing the service.): Johnson 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 ntify the government(s), authority or organization providing the service:								
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the								
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):								
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service								
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)								
⊠ No									
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).								
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.								
	Page 1 of 2								

Page 1 of 2

	eral funds, sp	elp to pay for this service and indicate how the pecial service district revenues, hotel/motel tax										
Local Government or Author	rity	Funding Method										
Johnson County	Gene	eral Fund										
4. How will the strategy change the	e previous ar	rangements for providing and/or funding this s	service within the county?									
5. List any formal service delivery this service:	agreements	or intergovernmental contracts that will be use	ed to implement the strategy for									
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: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13

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? \boxtimes Yes \square No







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	
COUNTY:JOHNSON	Service: Jail
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.): Johnson 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 ntify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	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 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 aut	thority tl	hat will	help 1	to pay fo	this	service	and i	ndicate	how	the se	rvice	will be	funded	(e.g.,
	enterprise	funds, user	fees,	general	funds,	speci	ial servic	e dist	trict rev	enues	, hotel/n	notel	taxes,	franc	chise t	axes, ir	npact
	fees, bond	ded indebted	lness,	etc.).													

Local Government or Authority	Funding Method
Johnson County	General Fund & Fees
City of Adrian	General Fund
City of Wrightsville	General Fund

How will the strategy change	the previous a	arrangements fo	or providing a	and/or funding	this service	within the	county?
--	----------------	-----------------	----------------	----------------	--------------	------------	---------

No change is anticipated in terms of service provision. However, the County desires to have a more formal intergovernmental agreement in place with the cities of Adrian and Wrightsville for purposes of clarification. Currently both municipalities pay a fee of \$30 per day to Johnson County to house city inmates.

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

				implement the es, etc.), and v			g., ordinances,	resolutions,	local
acts of	the deneral A	socitiony, rate	or ice chang	cs, ctc.), and v	which will the	y take ellect:			

7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13

None

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

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should be reported to the Department of Community Affairs.									
COUNTY:JOHNSON	Service: Judicial/Courts								
Check the box that best describes the agreed upor	n delivery arrangement for this service:								
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (this box is checked, identify the government, authority or organization providing the service.):									
☐ 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 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 Wrightsville								
	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 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	governm	ent or	r autho	ority th	nat will	help t	o pay fo	r this	service	and i	ndicate	how t	the ser	vice v	will be	e funded	(e.g.,
	enterprise	funds, i	user fe	es, ge	neral	funds,	speci	al servic	e dist	rict rev	enues,	, hotel/r	notel	taxes,	franc	hise t	taxes, in	npact
	fees, bond	ded inde	btedne	ss, et	c.).													

Local Government or Authority	Funding Me	thod
Johnson County	General Fund	
City of Adrian	General Fund	
City of Wrightsville	General Fund	
4. How will the strategy change the pr	evious arrangements for providing and/or funding	this service within the county?
No change is anticipated. Municipal	courts are considered a higher level of service.	
List any formal service delivery agre this service:	eements or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	I be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	
acts of the General Assembly, rate of		
acts of the General Assembly, rate of None		
None 7. Person completing form: Guy Sing Phone number: 478-864-3388	letary, Johnson County Administrator Date completed: 7/11/13 Intacted by state agencies when evaluating wheth	ct?







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:JOHNSON	Service:Law Enforcement	
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 unincorporate checked, identify the government, authority or organ	d 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.): Johnson	
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.	

3. List each government or author	rity that will help to pay for this	s service and indicate how the s	ervice will be funded (e.g.,
enterprise funds, user fees, ger	neral funds, special service dis	strict revenues, hotel/motel taxes	s, franchise taxes, impact
fees, bonded indebtedness, et	c.).		

Local Government or Authority	Funding Method
Johnson County	General Fund
City of Adrian	General Fund
City of Wrightsville	General Fund

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

No change is anticipated. Municipal police departments in the cities of Adrian and Wrightsville are considered a higher level of service. The County will continue to provide law enforcement to both the unincorporated area and the City of Kite, which contributes \$2,000 on a quarterly basis to the County for this service. Johnson County will provide dispatch services for police and fire protection (to an extent) to the cities of Adrian and Wrightsville. A new intergovernmental agreement is needed among the local governments to clarify responsibilities and duties.

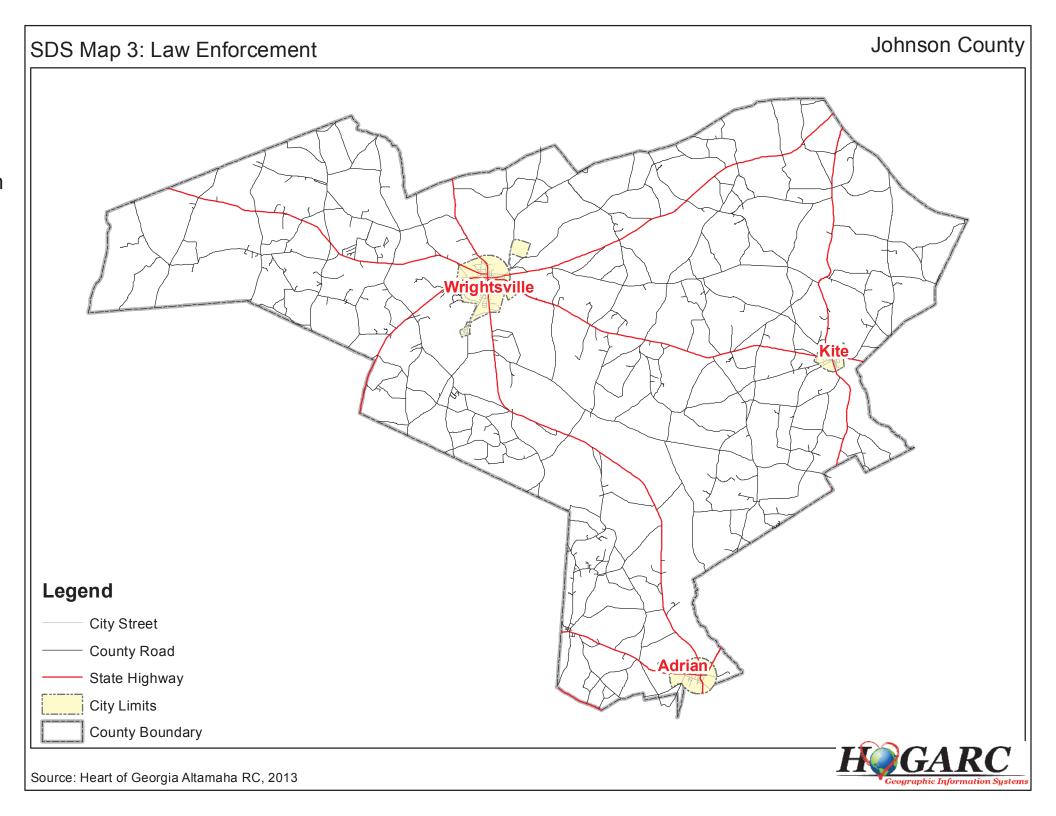
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
Dispatch Services	Johnson County/City of Wrightsville	4/9/99 - Open End
Kite Law Contract	Johnson County/City of Kite	Jan. 2004 - Open End

None		anisms (if any) will be used I Assembly, rate or fee cha	. 0,	\ U ,	inances, resolutions, local
	None				

7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13

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

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COUNTY:JOHNSON	Service: Public Health
Check the box that best describes the agreed upor	n delivery arrangement for this service:
1. Officer the box that best describes the agreed upor	ruchivery affairigement for this service.
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Johnson 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	
	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 1 of 2

3. List each go	vernment or a	uthority that w	II help to pay for	this service ar	nd indicate how	the service will	be funded (e.g.,
enterprise fu	nds, user fees,	, general fund	s, special service	e district revenu	ies, hotel/motel	taxes, franchise	e taxes, impact
fees, bonded	l indebtedness	, etc.).					

Local Government or Autho	rity Funding Met	nod
Johnson County	General Fund & State	
4. How will the strategy change th	e previous arrangements for providing and/or funding t	his service within the county?
No change is anticipated.		
The change is anticipated.		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effect	
None		
7. Person completing form: Guy S Phone number: 478-864-3388	Singletary, Johnson County Administrator Date completed: 7/11/13	
	·	
Is this the person who should b projects are consistent with the	e contacted by state agencies when evaluating whethe service delivery strategy? ☐ Yes ☐ No	r proposed local government
If not, provide designated conta	ct 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:JOHNSON	Service: Recreation	
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:	
☑ 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.): Johnson County, City of Adrian, City of Kite		
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional documentation as described, below)		
⊠ No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the 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	

3	. List each	governm	ent or	r autho	ority th	nat will	help t	o pay fo	r this	service	and i	ndicate	how t	the ser	vice v	will be	e funded	(e.g.,
	enterprise	funds, i	user fe	es, ge	neral	funds,	speci	al servic	e dist	rict rev	enues,	, hotel/r	notel	taxes,	franc	hise t	taxes, in	npact
	fees, bond	ded inde	btedne	ss, et	c.).													

Local Government or Authority	Funding Method				
Johnson County	General Fund, SPLOST, and Grants				
City of Adrian	General Fund, SPLOST, and Grants				
City of Kite	City Recreation Account and Grants				
City of Wrightsville	General Fund				

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

No change is anticipated. The County will continue to provide a joint county recreation program for the unincorporated area and the City of Wrightsville, with the City contributing \$20,000 per year to assist with funding. The cities of Adrian and Kite will maintain a limited recreation program through their own separate recreation departments, utilizing city ballfields and volunteer coaches. These are considered a higher level of service. A formal intergovernmental agreement is needed for purposes of clarifying and formalizing duties and responsibilities.

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: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13

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

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should be reported to the Department of Community Affairs.						
COUNTY:JOHNSON	Service:Roads and Street Maintenance					
Check the box that best describes the agreed upor	n delivery arrangement for this service:					
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. 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.):						
· · · · · · · · · · · · · · · · · · ·	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 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.): Johnson County, City of Adrian, City of Kite, City of Wrightsville						
	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.					
	D 4					

Page 1 of 2

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

Local Government or Authority	Funding Method
Johnson County	General Fund and T-SPLOST
City of Adrian	General Fund and T-SPLOST
City of Kite	General Fund and T-SPLOST
City of Wrightsville	General Fund and T-SPLOST

How will the strategy change	the previous a	arrangements fo	or providing a	and/or funding	this service	within the	county?
--	----------------	-----------------	----------------	----------------	--------------	------------	---------

No change is anticipated. Each government will continue to provide for the maintenance of roads and streets within its own respective jurisdiction. The County will continue to assist the municipalities in the maintenance of dirt streets as needed, while the municipalities will maintain insurance and liability for work performed within the incorporated areas.

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 	mechar	nisms (if any	/) will be □	used to im	plement the	strategy	for this	service	(e.g.,	ordinances,	resolutions,	local
	acts of the	General	Assembly,	rate or fee	e changes	, etc.), and v	when will	they tal	ke effect	?			

None			

- 7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13
- 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

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should be reported to the Department of Community Affairs.						
COUNTY:JOHNSON	Service:Senior Citizens Center					
Check the box that best describes the agreed upon	n delivery arrangement for this service:					
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Johnson 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 ntify the government(s), authority or organization providing the service:					
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the					
	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.					
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	hat will help to pay for this service and indicate how t funds, special service district revenues, hotel/motel to	· •				
Local Government or Authority	Funding Metho	d				
Johnson County	General Fund	<u> </u>				
4. How will the strategy change the pr	revious arrangements for providing and/or funding this	s service within the county?				
No change is anticipated.						
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:						
Agroomont Namo	Contracting Parties	Effective and Ending Dates				

6	6. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strate or fee changes, etc.), and wh	• •	J., ordinances,	resolutions, lo	cal

			None		
--	--	--	------	--	--

7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13

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:

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:JOHNSON	Service:Sewage Collection/Disposal										
 Check the box that best describes the agreed upor Service will be provided countywide (i.e., includi 	n delivery arrangement for this service: ng 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 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											
	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 auth	ority tha	at will he	p to pay	for thi	s service	and i	ndicate I	now the	e service	will l	oe funded	(e.g.,
	e funds, user	, 0		unds, sp	ecial se	rvice di	strict rev	enues,	hotel/m	otel ta	xes, fran	nchise	taxes, in	npact
iees, bon	ded indebted	iness, e	etC.).											

Local Government or Author	rity Funding Method	
City of Wrightsville	Enterprise Fund, Grants, and SPLOST	
4. How will the strategy change th	e previous arrangements for providing and/or funding this	service within the county?
.		
No change is anticipated.		
	agreements or intergovernmental contracts that will be us	ed to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
•	•	<u> </u>
) will be used to implement the strategy for this service (e. ate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
7. Person completing form: Guy \$ Phone number: 478-864-3388	Singletary, Johnson County Administrator Date completed: 7/11/13	
	e contacted by state agencies when evaluating whether preservice delivery strategy? \boxtimes Yes \square No	roposed local government
If not, provide designated conta	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 Compunity. Affairs

should be reported to the Department of Community Affairs.	ssary. If the contact personnor this service (listed at the bottom of the page) changes, this
COUNTY:JOHNSON	Service:Solid Waste Management (Collection and Disposal)
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 the government).	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 organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Kite, City of Wrightsville
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping 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	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3	3. List each gove	ernment or a	uthority t	hat will	help to p	ay for t	his service	and in	dicate how	the serv	ice will be	funded	(e.g.,
	enterprise fund	ds, user fees	, general	funds,	special s	service	district reve	enues,	hotel/motel	taxes,	franchise t	axes, im	pact
	fees, bonded in	ndebtedness	etc.).										

Local Government or Authority	Funding Method								
Johnson County	General Fund and Insurance Premium Fees								
City of Adrian	General Fund								
City of Kite	Water Fund								
City of Wrightsville	General Fund								

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

No change is anticipated. The County will continue to maintain seven (7) convenience center sites in the unincorporated area, and will maintain an environmental codes enforcement program to oversee the convenience centers and prevent cases of illegal dumping. The cities of Adrian, Kite, and Wrightsville will continue to contract with a private provider for municipal solid waste collection and disposal within their respective jurisdictions. This is considered a higher level of service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

6. Wha	at other	mechan	isms (if a	any) w	ill be ι	ısed to iı	mplemer	nt the	strate	gy for	this s	ervice	(e.g.,	ordinances,	resolutions,	local
acts	of the C	General A	Assembl	y, rate	or fee	change	s, etc.),	and v	when w	vill the	y take	e effect	?			

Johnson County Solid Waste, Scrap Tire, and Trash Ordinance (August 2002)

- 7. Person completing form: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13
- 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? \boxtimes Yes \square No







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:JOHNSON	Service: Water Supply and Distribution									
1. 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.):									
☑ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Adrian, City of Kite, City of Wrightsville										
☐ 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.):										
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):									
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service									
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)									
⊠ No										
overlapping but higher levels of service (See O.C.G.A	If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).									
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.									
	Page 1 of 2									

3	. List each	government	or au	thority t	hat will	help to	pay for	this se	rvice a	and i	ndicate I	how t	the ser	vice w	ill be	funded	(e.g.,
	enterprise	funds, user	fees,	general	funds,	specia	al service	distric	t rever	nues,	hotel/m	otel	taxes,	franch	nise ta	xes, ir	npact
	fees, bond	ded indebted	dness,	etc.).													

Local Government or Authority	Funding Method		
City of Adrian	Enterprise Fund, User Fees, Grants, and SPLOST		
City of Kite Water Fund, User Fees, and Grants			
City of Wrightsville	Enterprise Fund, User Fees, Grants, and SPLOST		

No change is anticipated. jurisdiction.	Each of the municipalities will continue to provide the service within their own respective	

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

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

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: **Guy Singletary, Johnson County Administrator**Phone number: **478-864-3388**Date completed: 7/11/13
- 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 3: Summary of Land Use Agreements

Instructions:

ervice delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:JOHNSON COUNTY				
1. What incompatibilities or conflicts between the land use plans of local governments w developing the service delivery strategy? No incompatibilities or conflicts were identified between the land use plans of the local g of the service delivery strategy. Johnson County and the cities of Kite and Wrightsville fi Comprehensive Plan in 1994, followed by a Full Plan Update in 2004, a Partial Update in preparing a joint new Full Plan Update in 2013. The City of Adrian plans with Emanuel of purposes, but the City did participate and is addressed in this service delivery strategy.	governments during the development first developed a Joint in 2009, and are in the process of			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:				
Amendments to existing comprehensive plans	NOTE: If the necessary plan amendments,			
	If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments			
 ☐ Amendments to existing comprehensive plans ☐ Adoption of a joint comprehensive plan 	If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when			
 □ Amendments to existing comprehensive plans □ Adoption of a joint comprehensive plan □ Other measures (amend zoning ordinances, add environmental regulations, etc.) 	If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments			
 □ Amendments to existing comprehensive plans □ Adoption of a joint comprehensive plan □ Other measures (amend zoning ordinances, add environmental regulations, etc.) 	If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments			

proposal would have to be consistent with land use plans, as defined in the Joint Comprehensive Plan. The City and County would reach agreement of the proposal before the City would proceed.

4. Person completing form: Guy Singletary, Johnson County Administrator

Phone number: 478-864-3388 Date completed: 7/11/13

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







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: JOHNSON COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (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
JOHNSON COUNTY	Chairman	James L. McAfee, Jr.	Mark	8-20
CITY OF ADRIAN	'Mayor	Steve Lewis	Ster Tews	9-20
CITY OF KITE	Mayor	Melìssa L. Kirby	Melini Kas	9-10-13
CITY OF WRIGHTSVILLE	Мауог	Lee Williamson	Fail Milleoner	8/23/2
			ö.	
			*3	