Liberty County Service Delivery Strategy

Produced by Coastal Georgia Regional Development Center June, 1999



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR LIBERTY

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

 Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.

2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.

- List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the *Certifications* form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

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

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

Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Liberty County, Allenhurst, Flemington, Gum Branch, Hinesville, Midway, Riceboro, Walthourville Liberty County Medical Center, Liberty County Board of Education, Liberty County Vocational Technical Institute, Economic Development Authority, Liberty County Joint Planning Commission, Coastal Georgia Community Action Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Airport Animal Control Building Inspections Code Enforcement Coop. Extension Services Coroner Courts (magistrate) Courts (municipal) DFACS Development Authority District Attorney E-911 Emergency Service Emergency Mgt. Agency Emergency Medical Service Engineering Fire Suppression Fire Prevention & Education Flood Hazard Mitigation Health Department Housing Authority Library M.A.C.E. Mosquito Spraying Planning/Zoning

Police Public Defender Recreation/Leisure Services Road Maint. (clean/mow) Road Maint. (grading/R.O.W) Road Maint. (improvements) Senior Citizen Services Sewer Sheriff Soil Erosion Mitigation Solid Waste Collection Street Lights Tax Assessor Tax Collection/Disbursement Vocational Training Voter Registration Wastewater Treatment Water



Instructions:

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

PAGE 2

County: Liberty		A:
1. Check the box that best describ	Service:	Airport
- Service will be provided con	bes the agreed upon delivery arrangement intywide (i.e., including all cities and un iment, authority or organization providin	
□ Service will be provided only	y in the unincorporated portion of the co hority or organization providing the serv	
One or more cities will provid	de this service only within their incorpor	rated boundaries, and the service will not be provided in t(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorpor box is checked, identify the governmen	rated boundaries, and the county will provide the service in t(s), authority or organization providing the service.)
	, attach a legible map delineating the her organization that will provide service	service area of each service provider, and identify the within each service area.)
2. In developing the strategy, were □ Yes ☑ No	overlapping service areas, unnecessary	competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	G.A. 36-70-24(1)), overriding benefits o	n for continuing the arrangement (i.e., overlapping but f the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ted under the strategy, attach an impler nsible party and the agreed upon deadlin	nentation schedule listing each step or action that will be the for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service a special service district revenues, hotel/n	nd indicate how the service will be funded (e.g., enterprise notel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
iberty County	General Fund	
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4. How will the strategy change th	e previous arrangements for providing a	and/or funding this service within the county?
The strategy will not alter deli of hangers.	very of this service. Funding is expe	ected to change in 2003 when county takes ownership

service:	Contracting Parties:	Effective and Ending Dates:
reement Name:	Contracting Factors	
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What other mechanisms (if any) will be u General Assembly, rate or fee changes, et	sed to implement the strategy for this service (e.g. tc.), and when will they take effect?	ordinances, resolutions, local acts of
Person completing form: Edward R. Ha	albig	angeli anv de fina is commune su na "anna 110" anna - Anna Anna Na 110" Eireanna anna - Anna -
Phone number: (912) 264-7363	Date completed: 5/25/99	and the second
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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Liberty	Service: Animal Control
1. Check the box that best descri	ibes the agreed upon delivery arrangement for this service:
Service will be provided co checked, identify the government.	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nment, authority or organization providing the service)
Service will be provided on identify the government, au	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will prov unincorporated areas. (If this	tide this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization providing the service.
unincorporated areas. (If thi	ide this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
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2. In developing the strategy, wer □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated	Inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
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	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	County General Fund;
	Allenhurst General Fund;
	HInesville General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

 List any formal service delivery service: 	agreements or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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What other mechanisms (if any) General Assembly, rate or fee c	will be used to implement the strategy for this servic hanges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
. Person completing form: Edw	ard P. Halbia	
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Phone number: (912) 264-736	Date completed: 5/25/9	99
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	ct person(s) and phone number(s) below:	
Joseph Brown, Liberty Count	y - (912) 876-2164	
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Instructions:

County: Liberty	Service: Building Inspection
1. Check the box that best describ	s the agreed upon delivery arrangement for this service:
Service will be provided counchecked, identify the government.	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box ent, authority or organization providing the service.)
Service will be provided only identify the government, auti	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were□ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication , or reasons that overlapping service areas of
If these conditions will be eliminat taken to eliminate them, the respon	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
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Local Government or Authority:	Funding Method:
Liberty County	General Fund
Hinesville	General Fund
Allenhurst	General Fund
Flemington	General Fund
Riceboro	Permit Fees
	previous arrangements for providing and/or funding this service within the county? will develop interlocal agreements for the provision and funding of this servce by July 1,
WalthourvillePermit Fees	

Agreement Name:	Contracting Parties:	Dife di ta ta
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. What other mechanisms (if any) will be ι General Assembly; rate or fee changes, e	used to implement the strategy for this service etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of th
Person completing form: Edward R. H.	albig	
Phone number: (912) 264-7363	Date completed: 5/25/99)
If not, provide designated contact person(
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Instructions:

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

County: Liberty

Service: Code Enforcement

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - ☑ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

 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:

Joint Planning Comm.	General Fund	
Hinesville	General Fund	
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? County and local governments will develop intergovernmental agreements for the provision and funding of this service by July 1, 2000.

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Person completing form: Edward R. Ha	Ibio	
Phone number: (912) 264-7363		· · · · · · · · · · · · · · · · ·
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Instructions:

County: Liberty	Service: Cooperative Extension Services
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the governme	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
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One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be eliminat taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	General Fund and State funding
4. How will the strategy change the The strategy will not alter delive	e previous arrangements for providing and/or funding this service within the county? very of this service.

Agreement Name:	Contracting Desting	
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Person completing form: Edward F	R. Halbig	
Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	son(s) and phone number(s) below:	
Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	acted by state agencies when evaluating whether p trategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	acted by state agencies when evaluating whether p trategy?	
Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	acted by state agencies when evaluating whether p trategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	acted by state agencies when evaluating whether p trategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be contained	acted by state agencies when evaluating whether p trategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	acted by state agencies when evaluating whether p trategy? Yes No son(s) and phone number(s) below: 012) 876-2164	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	acted by state-agencies when evaluating whether p trategy?	PAGE 2 (continued)
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Phone number: (912) 264-7363 Is this the person who should be contact consistent with the service delivery st If not, provide designated contact person	acted by state-agencies when evaluating whether p trategy?	PAGE 2 (continued)
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery st If not, provide designated contact per Joseph Brown, Liberty County - (9	acted by state agencies when evaluating whether p trategy? Yes No son(s) and phone number(s) below: 012) 876-2164	PAGE 2 (continued)

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Instructions:

County: Liberty	Service: Coroner
1. Check the box that best dea	ribes the agreed upon delivery arrangement for this service:
Service will be provided	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box rnment, authority or organization providing the service.)
Service will be provided identify the government.	nly in the unincorporated portion of the county by a single service provider. (If this box is checked, uthority or organization providing the service.)
One or more cities will p unincorporated areas. (If	wide this service only within their incorporated boundaries, and the service will not be provided in his box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will p	vide this service only within their incorporated boundaries, and the county will provide the service in his box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is che government, authority, o	ed, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
2. In developing the strategy,□ Yes ☑ No	ere overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will contin higher levels of service (See C competition cannot be elimina	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas d).
If these conditions will be elir taken to eliminate them, the re-	nated under the strategy, attach an implementation schedule listing each step or action that will be ponsible party and the agreed upon deadline for completing it.
 List each government or au funds, user fees, general fun indebtedness, etc.). 	ority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authori	Funding Method:
Liberty County	General Fund
4 How will the strategy choose	the provides among among to for an utility of the families of the second se
The strategy will not alter	the previous arrangements for providing and/or funding this service within the county? elivery of this service.

Agreement Name:	Contracting Parties:	
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Person completing form: Edward P	R. Halbig	
Phone number: (912) 264-7363	Date completed: 5/25/99	
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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County; Liberty	Service	Courts (magistrate)
1. Check the box that best describ	es the agreed upon delivery arrangeme	nt for this service:
Service will be provided cou		incorporated areas) by a single service provider (If this have
□ Service will be provided only		unty by a single service provider (If this how is shooled
One or more cities will provi	de this service only within their incorpo	prated boundaries, and the service will not be provided in nt(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorpo	prated boundaries, and the county will provide the service in at(s), authority or organization providing the service.)
Other. (If this box is checked		service area of each service provider, and identify the
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessar	competition and/or duplication of this service identified?
If these conditions will continue u higher levels of service (See O.C. competition cannot be eliminated)	G.A. 36-70-24(1)), overriding benefits	n for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas o
If these conditions will be eliminate taken to eliminate them, the respon-	ted under the strategy, attach an imple nsible party and the agreed upon deadli	mentation schedule listing each step or action that will be ne for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ty that will help to pay for this service a special service district revenues, hotel/	and indicate how the service will be funded (e.g., enterprise notel taxes, franchise.taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
iberty County	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

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Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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General Assembly, rate or fee changes	be used to implement the strategy for this service (s, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of the
7. Person completing form: _Edward R.		
7. Person completing form: <u>Edward R.</u> Phone number: <u>(912)</u> 264-7363		

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Instructions:

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

County: Liberty

Service: Courts (municipal)

- 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.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

Local Government or Authority: Funding Method:

Hinesville	General Fund	
		· · · · · · · · · · · · · · · · · · ·

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

Agreement Name:	end of mergovernmental contracts that will o	be used to implement the strategy for this
	Contracting Parties:	Effactive and Ending Day
		Effective and Ending Dates:
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Person completing form: Edward R. H	lalbig	
Phone number: (912) 264-7363	Date completed: 5/25/99	9
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County: Liberty	Service: DFACS
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou	itywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, 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, ority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
f these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
f these conditions will be elimina aken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
local Government or Authority;	Funding Method:
berty County	General Fund, State Funding
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How will the strategy change th	
The strategy will not alter deliv	previous arrangements for providing and/or funding this service within the county? . ery of this service.

Agreement Name: Contracting Parties: Effective and Ending Dates	service:	nts or intergovernmental contracts that will b	e used to implement the strategy for this
Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/25/99 Is the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Date completed: I not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164	Agreement Name:	Contracting Desting	
Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/25/99 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? D Yes D No If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)		Contracting Parties:	Effective and Ending Dates:
Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/25/99 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? D Yes D No If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)	The second s	the second second second second	a second from the second
Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/25/99 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? D Yes D No If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)			
Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/25/99 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? D Yes D No If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)			
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If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)	Phone number: (912) 264-7363	Date completed: 5/25/99	
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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Liberty		Service:	Development Authority
1. Check the box that best describ	es the agreed upon deliver		
	ntywide (i.e., including all	cities and un	incorporated areas) by a single service provider (If this box i
	y in the unincorporated por	tion of the co	ounty by a single service provider (If this hox is checked
One or more cities will provi unincorporated areas. (If this	de this service only within box is checked, identify th	their incorpo	prated boundaries, and the service will not be provided in nt(s), authority or organization providing the service.)
One or more cities will provi	de this service only within	their incorpo	prated boundaries, and the county will provide the service in nt(s), authority or organization providing the service.)
	, attach a legible map del	ineating the	service area of each service provider, and identify the
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas	, unnecessary	competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.) competition cannot be eliminated)	G.A. 36-70-24(1)), overrid	n explanatio ing benefits o	n for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas o
If these conditions will be elimina taken to eliminate them, the respo	ted under the strategy, attansible party and the agreed	ch an imple upon deadlir	mentation schedule listing each step or action that will be ne for completing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for special service district reve	this service a enues, hotel/r	and indicate how the service will be funded (e.g., enterprise notel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Liberty County EDA	General Fund		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

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	y) will be used to implement the strategy for this service	
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7. Person completing form: Edv	need to and a strangest of a date of	
7. Person completing form: <u>Edw</u> Phone number: <u>(912) 264-73</u>	vard R. Halbig	
	e contacted by state agencies when evaluating whether	99

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

County: Liberty	Service	District Attorney
1. Check the box that best describ	es the agreed upon delivery arrangeme	nt for this service:
Service will be provided cou		incorporated areas) by a single service provider. (If this has in
Service will be provided only		ounty by a single service provider (If this box is checked
One or more cities will provi unincorporated areas. (If this	de this service only within their incorp- box is checked, identify the governme	prated boundaries, and the service will not be provided in nt(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorpo	prated boundaries, and the county will provide the service in at(s), authority or organization providing the service.)
□ Other. (If this box is checked		service area of each service provider, and identify the
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessar	competition and/or duplication of this service identified?
If these conditions will continue u higher levels of service (See O.C. competition cannot be eliminated)	J.A. 36-70-24(1)), overriding benefits	n for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ted under the strategy, attach an imple nsible party and the agreed upon deadli	mentation schedule listing each step or action that will be ne for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ty that will help to pay for this service special service district revenues, hotel/	and indicate how the service will be funded (e.g., enterprise notel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Liberty County	General Fund,	2
	Funding by other counties in Circ	Jit.

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

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Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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General Assembly, rate or fee change	be used to implement the strategy for this service es, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of th
	the second second strategies the	and the second second second second
Person completing form: Edward R	I. Halbig	e des Office and an office in the Os
If not, provide designated contact pers	son(s) and phone number(s) below:	roposed local government projects are
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Is this the person who should be conta consistent with the service delivery st If not, provide designated contact pers	acted by state agencies when evaluating whether p rategy? Yes Yos son(s) and phone number(s) below: 12) 876-2164	PAGE 2 (continued)



PAGE 2

Instructions:

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

County: Liberty Service. E-911 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.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Q Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 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: Liberty County General Fund, Tariff Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

service:	reements or intergovernmental contracts that will b	be used to implement the	e strategy for this
Agreement Name:	Contracting Parties:	Effectiv	e and Ending Dates:
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General Assembly, rate or fee char	ill be used to implement the strategy for this service ages, etc.), and when will they take effect?		
Phone number: (912) 264-7363 Is this the person who should be co	Date completed: 5/25/99	A second s	nent projects are
Phone number: (912) 264-7363 Is this the person who should be co consistent with the service delivery	Date completed: 5/25/99 Intacted by state agencies when evaluating whether strategy? I Yes I No erson(s) and phone number(s) below:	A second s	nent projects are
Phone number: (912) 264-7363 . Is this the person who should be co consistent with the service delivery If not, provide designated contact p	Date completed: 5/25/99 Intacted by state agencies when evaluating whether strategy? I Yes I No erson(s) and phone number(s) below:	proposed local governn	nent projects are GE 2 (continued)
Phone number: (912) 264-7363 Is this the person who should be co consistent with the service delivery If not, provide designated contact p	Date completed: 5/25/99 Intacted by state agencies when evaluating whether strategy? I Yes I No erson(s) and phone number(s) below:	proposed local governn	
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Is this the person who should be co consistent with the service delivery If not, provide designated contact p	Date completed: 5/25/99 Intacted by state agencies when evaluating whether strategy? I Yes I No erson(s) and phone number(s) below:	proposed local governn	

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Instructions:

County: Liberty	Se	rvice:	Emergency Management Agency
1. Check the box that best describ	es the agreed upon delivery arrang	gement	for this service:
Service will be provided cou		and unin	corporated areas) by a single service provider. (If this how is
Service will be provided only identify the government, auth	y in the unincorporated portion of hority or organization providing the	the cou he servi	nty by a single service provider. (If this box is checked, ce.)
One or more cities will provi unincorporated areas. (If this	de this service only within their in box is checked, identify the gove	ncorpora ernment	ated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their in box is checked, identify the gove	ncorpora ernment	ated boundaries, and the county will provide the service in (s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineatin her organization that will provide s	ng the service	ervice area of each service provider, and identify the within each service area.)
2. In developing the strategy, were □ Yes INO	e overlapping service areas, unnec	cessary o	competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.) competition cannot be eliminated)	G.A. 36-70-24(1)), overriding ben	anation nefits of	for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the response			entation schedule listing each step or action that will be for completing it.
			d indicate how the service will be funded (e.g., enterprise otel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Liberty County	General Fund; Hinesville Gen	neral F	und
4. How will the strategy change th The strategy will not alter deli		iding an	d/or funding this service within the county?

List any formal service delivery agreeme service:	nts or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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What other mechanisms (if		
General Assembly, rate or fee changes, e	ised to implement the strategy for this service (tc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of th
Person completing form: Edward R. Ha	albig	
Phone number: (912) 264-7363	Date completed: 5/25/99	
If not, provide designated contact person(Joseph Brown, Liberty County - (912)	s) and phone number(s) below:	roposed local government projects are
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PAGE 2

Instructions:

County: Liberty	Service: Emergency Medical Service
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
□ Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
□ Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
□ One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or . ted under the strategy, attach an implementation schedule listing each step or action that will be
taken to eliminate them, the respon	nsible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	Percentage of County millage; User Fees
Regional Medical Ctr	
Hinesville	General Fund
4. How will the strategy change the The strategy will not alter delivered and the strategy will not alter deliver	e previous arrangements for providing and/or funding this service within the county? very of this service.
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	ements or intergovernmental contracts that will b	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	
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Parson association & Edward D		
7. Person completing form: Edward R Phone number: (912) 264-7363	Date completed: 5/25/99	
Joseph Brown, Liberty County - (9	12) 676-2164	
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County: Liberty	Service: Engineering
1. Check the box that best of	describes the agreed upon delivery arrangement for this service:
Service will be provide	ed countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box i government, authority or organization providing the service.)
□ Service will be provide	ed only in the unincorporated portion of the county by a single service provider. (If this box is checked, nt, authority or organization providing the service.)
One or more cities will unincorporated areas.	l provide this service only within their incorporated boundaries, and the service will not be provided in (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will unincorporated areas.	I provide this service only within their incorporated boundaries, and the county will provide the service in (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is ch	necked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
 In developing the strategy □ Yes ☑ No 	y, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will cont higher levels of service (See competition cannot be elimi	inue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but overlapping but overlapping benefits of the duplication, or reasons that overlapping service areas or nated).
If these conditions will be el taken to eliminate them, the	liminated under the strategy, attach an implementation schedule listing each step or action that will be responsible party and the agreed upon deadline for completing it.
3. List each government or a	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Autho	rity: Funding Method:
iberty County	General Fund
linesville	General Fund, Water/Sewer Fees
4. How will the strategy char The strategy will not alte	nge the previous arrangements for providing and/or funding this service within the county?

greement Name: ·	0	
	Contracting Parties:	Effective and Ending Dates:
A STATE OF THE STA	the second se	and the one of the second second
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General Assembly rate or fac al	will be used to implement the strategy for this servic hanges, etc.), and when will they take effect?	ce (e.g., ordinances resolutions looplants of
rate of fee cr	hanges, etc.), and when will they take effect?	e provincios, resolutions, local acts of t

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

Date completed: 5/25/99

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 You

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If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164

PAGE 2 (continued)





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

County: Liberty

Service: Fire Suppression

- 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.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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 of Authority.	Funding Method:
Liberty County	General Fund; City Contracts
Allenhurst	General Fund; County General Fund
Gum Branch VFD	County Gen. Fund, Donations, Fund Raiser
Hinesville	General Fund; County General Fund
Midway	General Fund; County General Fund

Local Government or Authority: Funding Method:

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

3. Continued

Riceboro - - - - General Fund; County General Fund. Walthourville - General Fund, County General Fund PAGE 2

Agreement Name:	Contraction D:	
	Contracting Parties:	Effective and Ending Dates:
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	and the second s	the second second second
What other mechanisms (if any) will General Assembly, rate or fee chang	l be used to implement the strategy for this service (e.g ges, etc.), and when will they take effect?	., ordinances, resolutions, local acts of th
Person completing form: Edward	R. Halbio	
Phone number: (912) 264-7363		The second second second
	Date completed: 5/25/99	the second s
Joseph Brown, Liberty County - (and the stand of the second stands of the	
		PAGE 2 (continued)




Instructions:

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

County: Liberty	Service: Fire Prevention and Education
1. Check the box that best descri	ibes the agreed upon delivery arrangement for this service:
Service will be provided co	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nment, authority or organization providing the service.)
Service will be provided on	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will provulnincorporated areas. (If this	vide this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization provides the
unincorporated areas. (If thi	is box is checked, identify the government(s), authority or organization provide the service in
government, authority, or ot	d, attach a legible map delineating the service area of each service provider, and identify the the there organization that will provide service within each service area)
 In developing the strategy, wer □ Yes ☑ No 	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue thigher levels of service (See O.C. competition cannot be eliminated)	Inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
	nted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
List each government or author	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Hinesville	General Fund
• *	
4	
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
The strategy will not alter deliv	very of this service.

PAGE 2

	ements or intergovernmental contracts that will b	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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What other mechanisms (if any) will General Assembly, rate or fee change	be used to implement the strategy for this service es, etc.); and when will they take effect?	e (e.g., ordinances, resolutions, local acts of th
	forde the official and the second second second	
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Person completing form: Edward R		
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are
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Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers Joseph Brown, Liberty County - (9	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy? Yes Yo con(s) and phone number(s) below: 12) 876-2164	proposed local government projects are PAGE 2 (continued)
Phone number: (912) 264-7363 Is this the person who should be conta consistent with the service delivery stu If not, provide designated contact pers Joseph Brown, Liberty County - (9	Date completed: 5/25/99 acted by state agencies when evaluating whether rategy?	proposed local government projects are PAGE 2 (continued)

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PAGE 2

Instructions:

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

County: Liberty		Service: Flood Hazard Mitigation
1. Check the box that best desc	ribes the agreed upon deli	ivery arrangement for this service:
Service will be provided c	ountywide (i.e., including	g all cities and unincorporated areas) by a single service provider. (If this box mization providing the service.)
	nly in the unincorporated	portion of the county by a single service provider. (If this hav is sheeled
One or more cities will pro	ovide this service only wit	thin their incorporated boundaries, and the service will not be provided in fy the government(s), authority or organization providing the service.)
One or more cities will pro	ovide this service only wit	thin their incorporated boundaries, and the county will provide the service in fy the government(s), authority or organization providing the service.)
Other. (If this box is check	ed, attach a legible map	delineating the service area of each service provider, and identify the ill provide service within each service area.)
2. In developing the strategy, w □ Yes ☑ No	ere overlapping service ar	reas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue higher levels of service (See O. competition cannot be eliminate	C.G.A. 36-70-24(1)), over	ch an explanation for continuing the arrangement (i.e., overlapping but priding benefits of the duplication, or reasons that overlapping service areas o
If these conditions will be elimitaten to eliminate them, the resp	nated under the strategy, a ponsible party and the agr	attach an implementation schedule listing each step or action that will be reed upon deadline for completing it.
funds, user fees, general fund indebtedness, etc.).	s, special service district	for this service and indicate how the service will be funded (e.g., enterprise revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	: Funding Method:	
Liberty County	General Fund	
Hinesville	General Fund	
4. How will the strategy change	the previous arrangement	ts for providing and/or funding this service within the county?

The strategy will not alter delivery of this service.

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 List any formal service delivery a service: 	greements or intergovernmental contracts that will be used	d to implement the strategy for this
Agreement Name:		
	Contracting Parties:	Effective and Ending Dates:
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	ill be used to implement the strategy for this service (e.g., nges, etc.), and when will they take effect?	
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Person completing form: Edward	R. Halbig	
Phone number: (912) 264-7363	Date completed: 5/25/99	the second s
. Is this the person who should be co consistent with the service delivery	ntacted by state page in the state	ed local government projects are
If not, provide designated contact p	strategy? DVgc DVg	o





PAGE 2

Instructions:

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

County: Liberty

Service: Health Department

- 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.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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:

Liberty County	General Fund and State Monies	1.
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	ts or intergovernmental contracts that will be use	I man and analogy for and
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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		and a second
. What other mechanisms (if any) will be use General Assembly, rate or fee changes, etc	ed to implement the strategy for this service (e.g. .), and when will they take effect?	, ordinances, resolutions, local acts of th
	httoar steart protining His frame in a stationers senification of the restance senification description restance senification descriptions and History and Station of	
Person completing form: Edward R. Hall	big	
Phone number: (912) 264-7363	Date completed: 5/25/99	
	by state agencies when evaluating whether propo y?	psed local government projects are PAGE 2 (continued)
Is this the person who should be contacted I consistent with the service delivery strategy If not, provide designated contact person(s)	by state agencies when evaluating whether propo y?	
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Is this the person who should be contacted I consistent with the service delivery strategy If not, provide designated contact person(s)	by state agencies when evaluating whether propo y?	

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PAGE 2

Instructions:

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

County: Liberty

Service: Housing Authority

- 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.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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:

Hinesville	General Fund, Fed. Government Funding,	1
Housing Authority	Rents	· · ·

List any formal service del service:	ivery agreements or intergovernmental contracts that will be used to implement the strategy for this

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

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

Date completed: 5/25/99

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 Yo

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164



Instructions:

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

County: Liberty	Service: Library
1. Check the box that best descri	bes the agreed upon delivery arrangement for this service:
Service will be provided co checked, identify the gover	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nment, authority or organization providing the service)
identify the government, au	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will prov unincorporated areas. (If this	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service
unincorporated areas. (If thi	the this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service)
government, authority, or ot	d, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area)
 In developing the strategy, wer □ Yes ☑ No 	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
If these conditions will be elimina taken to eliminate them, the respo	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
3. List each government or author	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	General Fund; Hinesville General Fund;
16 H	Midway General Fund; Riceboro
	General Fund; Board of Education
	General Fund
A Hammillaharana atau at	
The strategy will not alter deli	e previous arrangements for providing and/or funding this service within the county? very of this service.

Agreement Name:	Contracting Parties:	Effective and Ending Dates
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What other mechanisms (if any)	will be used to implement down	and the second
General Assembly, rate or fee ch	will be used to implement the strategy for this servic anges, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

Date completed: 5/25/99

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 Yoo

If not, provide designated contact person(s) and phone number(s) below: JcSeph Brown, Liberty County - (912) 876-2164



PAGE 2

Instructions:

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

County: Liberty	Service: M.A.C.E.
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
□ Service will be provided onl	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide the second secon	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.) competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	General Fund; Hinesville General Fund;
	Long County General Fund

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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	alling that the sources of the sources	and the second se
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

_ Date completed: 5/25/99

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?
Q Yes
No

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164





PAGE 2

Instructions:

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

County: Liberty	Service: Mosquito Spraying
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, nority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, a indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	General Fund
Hinesville	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? County and local governments will develop intergovernmental agreements for the provision and funding of this service by July 1, 2000.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Dates.
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	and the state of the second state of the secon	
6. What other mechanisms (if any)	will be used to implement the strategy for this servic	
7. Person completing form: Edwa	ard R. Halbig	
7. Person completing form: <u>Edwa</u> Phone number: <u>(912) 264-736</u>		9
Phone number: (912) 264-736	3 Date completed: 5/25/9	
	3 Date completed: 5/25/9 contacted by state agencies when evaluating whether	
Phone number: (912) 264-736 8. Is this the person who should be consistent with the service delive	3 Date completed: 5/25/9 contacted by state agencies when evaluating whether	

PAGE 2 (continued)

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PAGE 2

Instructions:

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

County: Liberty	Service: Planning/Zoning	
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:	The second second second second
□ Service will be provided cou	intywide (i.e., including all cities and unincorporated areas) intent, authority or organization providing the service.)	by a single service provider. (If this box is
□ Service will be provided only	y in the unincorporated portion of the county by a single ser- thority or organization providing the service.)	vice provider. (If this box is checked,
One or more cities will provi unincorporated areas. (If this	ide this service only within their incorporated boundaries, an s box is checked, identify the government(s), authority or or	d the service will not be provided in ganization providing the service.)
One or more cities will provide the second secon	ide this service only within their incorporated boundaries, and s box is checked, identify the government(s), authority or org	d the county will provide the service i
Other. (If this box is checked	d, attach a legible map delineating the service area of each her organization that will provide service within each service	h service provider and identify the
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or	duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	inder the strategy, attach an explanation for continuing the G.A. 36-70-24(1)), overriding benefits of the duplication, or).	e arrangement (i.e., overlapping but reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the response	ated under the strategy, attach an implementation schedule nsible party and the agreed upon deadline for completing it.	listing each step or action that will be
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and indicate how the special service district revenues, hotel/motel taxes, franchise	service will be funded (e.g., enterprise e taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Liberty County	General Fund; Allenhurst General Fund;	
	Flemington General Fund	
Hinesville	General Fund, Users Fees	
 How will the strategy change the County and local government by July 1, 2000. 	e previous arrangements for providing and/or funding this so ts will develop intergovernmental agreements for the pr	ervice within the county? rovision and funding of this service



List any formal service delivery service:	agreements or intergovernmental contracts that will be u	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
5. What other mechanisms (if any) General Assembly, rate or fee ch	will be used to implement the strategy for this service (e. nanges, etc.), and when will they take effect?	g., ordinances, resolutions, local acts of the
Person completing form: Edwa	ard R. Halbig	
Phone number: (912) 264-7363	3 Date completed: 5/25/99 contacted by state agencies when evaluating whether pro-	posed local government projects are
Phone number: (912) 264-7363 Is this the person who should be consistent with the service deliver	Date completed: 5/25/99 contacted by state agencies when evaluating whether pro ery strategy? Yes No t person(s) and phone number(s) below:	posed local government projects are
Phone number: (912) 264-7363 I. Is this the person who should be consistent with the service deliver If not, provide designated contact	Date completed: 5/25/99 contacted by state agencies when evaluating whether pro ery strategy? Yes No t person(s) and phone number(s) below:	posed local government projects are PAGE 2 (continued)
Phone number: (912) 264-7363 . Is this the person who should be consistent with the service delive If not, provide designated contact	Date completed: 5/25/99 contacted by state agencies when evaluating whether pro ery strategy? Yes No t person(s) and phone number(s) below:	
Phone number: (912) 264-7363 I. Is this the person who should be consistent with the service deliver If not, provide designated contact	Date completed: 5/25/99 contacted by state agencies when evaluating whether pro ery strategy? Yes No t person(s) and phone number(s) below:	
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Phone number: (912) 264-7363 I. Is this the person who should be consistent with the service deliver If not, provide designated contact	Date completed: 5/25/99 contacted by state agencies when evaluating whether pro- ery strategy? Yes No t person(s) and phone number(s) below: / - (912) 876-2164	PAGE 2 (continued)
Phone number: (912) 264-7363 I. Is this the person who should be consistent with the service deliver If not, provide designated contact	Date completed: 5/25/99 contacted by state agencies when evaluating whether pro- ery strategy? Yes No t person(s) and phone number(s) below: / - (912) 876-2164	PAGE 2 (continued)
Phone number: (912) 264-7363 . Is this the person who should be consistent with the service delive If not, provide designated contact	Date completed: 5/25/99 contacted by state agencies when evaluating whether pro- erry strategy? Yes No t person(s) and phone number(s) below: / - (912) 876-2164	PAGE 2 (continued)

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PAGE 2

Instructions:

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

County: Liberty		Service: Police
1. Check the box that best de	scribes the agreed upon de	livery arrangement for this service:
Service will be provided	countywide (i.e. includin	g all cities and unincorporated areas) by a single service provider. (If this box is anization providing the service.)
□ Service will be provided	only in the unincorporated authority or organization	Portion of the county by a single comice mention (16 d) in the state
One or more cities will r	rovide this service only wi	thin their incorporated boundaries, and the service will not be provided in ify the government(s), authority or organization providing the service.)
One or more cities will p	rovide this service only wi	thin their incorporated boundaries, and the county will provide the service in ify the government(s), authority or organization providing the service.)
Other. (If this box is che	ked, attach a legible mar	delineating the service area of each service provider, and identify the ill provide service within each service area.)
		reas, unnecessary competition and/or duplication of this service identified?
If these conditions will contin higher levels of service (See C competition cannot be elimina	J.C.G.A. 36-70-24(1)), ove	ch an explanation for continuing the arrangement (i.e., overlapping but erriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elir taken to eliminate them, the re	ninated under the strategy, sponsible party and the ag	attach an implementation schedule listing each step or action that will be reed upon deadline for completing it.
 List each government or au funds, user fees, general fun indebtedness, etc.). 	hority that will help to pay ads, special service district	for this service and indicate how the service will be funded (e.g., enterprise revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authori	y: Funding Method:	
Hinesville	General Fund	
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Agreement Name:	Contracting Parties:	
	contracting raties.	Effective and Ending Dates:
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. What other mechanisms (if any) will be u	sed to implement the strategy for this service (e.g., tc.), and when will they take effect?	
General Assembly, rate or fee changes, et	tc.) and when will the state of a service (e.g.,	ordinances, resolutions, local acts of th
	and when will they take effect?	
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Person completing form. Edward D. Li		
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Phone number: (912) 264-7363	Date completed: 5/25/99	
Phone number: (912) 264-7363	Date completed: 5/25/99	
Phone number: (912) 264-7363 Is this the person who should be contacted	Date completed: 5/25/99	ed local gauge
Person completing form: <u>Edward R. Ha</u> Phone number: <u>(912) 264-7363</u> Is this the person who should be contacted consistent with the service delivery strateg	Date completed: 5/25/99 by state agencies when evaluating whether propos	ed local government projects are
Phone number: (912) 264-7363 Is this the person who should be contacted	Date completed: 5/25/99 by state agencies when evaluating whether propos y? □ Yes ☑ No	ed local government projects are



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PAGE 2

County: Liberty	Serv	vice:	Public Defender
1. Check the box that best descri	bes the agreed upon delivery arrange		
Service will be provided con	untywide (i.e., including all cities an iment, authority or organization pro-	d uni	Peorporated press) hus singly in the start
Service will be provided onl	y in the unincorporated portion of the thority or organization providing the		unty by a single service and it at the transferred
One or more cities will prov unincorporated areas. (If this	ide this service only within their inc s box is checked, identify the govern	orpor	rated boundaries, and the service will not be provided in t(s), authority or organization providing the service.)
One or more cities will prov	ide this service only within their inc.	ornor	ated boundaries, and the county will provide the service in t(s), authority or organization providing the service.)
Other. (If this box is checked	d, attach a legible map delineating her organization that will provide se	the s	service area of each coming monitor with the
			competition and/or duplication of this service identified?
If these conditions will continue a higher levels of service (See O.C. competition cannot be eliminated	G.A. 30-10-24(1), overriding benef	ation fits of	for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respo	ited under the strategy, attach an im nsible party and the agreed upon dea	uplem adline	nentation schedule listing each step or action that will be to completing it.
3. List each government or author	ity that will help to pay for this servi	ice ar	nd indicate how the service will be funded (e.g., enterprise otel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
iberty County	General Fund		
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Agreement Name:	Contracting Parties:	Effortive and T. H.
		Effective and Ending Dates:
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What other mechanisms (if any) will be General Assembly, rate or fee changes,	e used to implement the strategy for this service (e.g., , etc.), and when will they take effect?	ordinances, resolutions, local acts of t
Person completing form: Edward R.	Halbig	
Phone number: (912) 264-7363	Date completed: 5/25/99	
- (91)	2) 876-2164	PAGE 2 (continued)
Joseph Brown, Liberty County - (91)	2) 876-2164	PAGE 2 (continued)
Joseph Brown, Liberty County - (91)	2) 876-2164	PAGE 2 (continued)
Joseph Brown, Liberty County - (91)	2) 876-2164	PAGE 2 (continued)
Joseph Brown, Liberty County - (91)	2) 876-2164	PAGE 2 (continued)
Joseph Brown, Liberty County - (91)	2) 876-2164	PAGE 2 (continued)
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Joseph Brown, Liberty County - (91)	2) 876-2164	

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

County:	Liberty
Country.	Contraction contraction of the set

Service: Recreation & Leisure Services

- 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.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □ Yes 🗹 No

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

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

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:

Liberty County	General Fund	3
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Agreement Name:	Contracting Parties:	Effective and Endine D
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What other mechanisms (if any) will be used to ir General Assembly, rate or fee changes, etc.), and	nplement the strategy for this service (e.g., o when will they take effect?	ordinances, resolutions, local acts of
Person completing form: _Edward R. Halbig		
Phone number: (912) 264-7363	Date completed: 5/25/99	and see alor (i) there is a part of
Joseph Brown, Liberty County - (912) 876-21	64	PAGE 2 (continued)
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County: Liberty

Service: Road Maint. (Clean/Mow)

- 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.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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:

Liberty County	Utility Fund	
Hinesville .	General Fund, Users Fees	
Allenhurst	General Fund	
Flemington	Taxes	
Midway	Combination	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

(3. Continued)

Riceboro... General Fund, LOST, IPT

PAGE 2

		Contracting Parties:	Effective and Ending Dates:
Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/25/99 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? U Yes U No foot, provide designated contact person(s) and phone number(s) below: loseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)	CARL CONTRACTOR	and the second sec	
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Phone number: (912) 264-7363 Date completed: 5/25/99 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? D Yes 10 No. If not, provide designated contact person(s) and phone number(s) below: loseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)	What other mechanisms (if any) will be General Assembly, rate or fee changes,	e used to implement the strategy for this service, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
Phone number: (912) 264-7363 Date completed: 5/25/99 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? D Yes 10 No. If not, provide designated contact person(s) and phone number(s) below: loseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)	Porson normalizing 6 Edward D. I		
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 Vo. if not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164 PAGE 2 (continued)			
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County: Liberty

Service: Road Maint. (grading/R.O.W.)

- 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.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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:

Liberty County	General Fund	
Hinesville	General Fund	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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When all the state of the	ill be used to implement the strategy for this service	
Person completing form: Edward Phone number: (912) 264-7363	I R. Halbig Date completed: <u>5/25/99</u>	
Phone number: (912) 264-7363 Is this the person who should be co consistent with the service delivery	Date completed: 5/25/99 Intacted by state agencies when evaluating whether p strategy? I Yes Y No erson(s) and phone number(s) below:	roposed local government projects are



PAGE 2

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County: Liberty	Service: Road Maint. (improvements)
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
 In developing the strategy, were □ Yes ☑ No 	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
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 List each government or authori funds, user fees, general funds, a indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	SPLOST
 How will the strategy change the The strategy will not alter delivered. 	e previous arrangements for providing and/or funding this service within the county? very of this service.

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What other mechanisms (if any) will be a General Assembly, rate or fee changes, e	used to implement the strategy for this service (e. etc.), and when will they take effect?	g., ordinances, resolutio	ns, local acts of t
Person completing form: Edward R. H			
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Is this the person who should be contacte	d by state agencies when evaluating whether pro egy? □ Yes ☑ No (s) and phone number(s) below:		



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PAGE 2

County: Liberty	Service: Senior Citizen Services
1. Check the box that best des	ribes the agreed upon delivery arrangement for this service:
Service will be provided	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is rnment, authority or organization providing the service.)
Service will be provided	nly in the unincorporated portion of the county by a single service provider. (If this box is checked, uthority or organization providing the service.)
One or more cities will p unincorporated areas. (If	wide this service only within their incorporated boundaries, and the service will not be provided in his box is checked, identify the government(s), authority or organization providing the service of t
unincorporated areas. (If	vide this service only within their incorporated boundaries, and the county will provide the service in his box is checked, identify the government(s), authority or organization providing the service b
government, authority, or	ed, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
2. In developing the strategy, v □ Yes ⊠ No	ere overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continu- higher levels of service (See O competition cannot be eliminat	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or d).
If these conditions will be elimitaten to eliminate them, the res	nated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
3. List each government or aut	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	Funding Method:
Coastal Georgia	Liberty County General Fund
Community Action	
Authority	

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

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

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

Date completed: 5/25/99

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? \Box Yes \blacksquare No

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164

PAGE 2

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County: Liberty	Service: Sewer
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the government.	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Hinesville	Water/Sewer Fund
Flemington	Utility Fees
Midway	Utility Fees
Riceboro	Utility Fees
The strategy will not alter deliv	e previous arrangements for providing and/or funding this service within the county? very of this service. Riceboro plans to offer the service by 2005 and will then fund it with don't taide at limits extend outside at limits

8/24 SAR per: Haleng
List any formal service delivery service:	agreements or intergovernmental contracts that will be used to implement the strategy for this

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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		and the second

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

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

Date completed: 5/25/99

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164

PAGE 2 (continued)







Instructions:

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

County: Liberty	Service: Sheriff
I. Check the box that best describ	s the agreed upon delivery arrangement for this service:
Service will be provided cou	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, 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, ority or organization providing the service.)
One or more cities will provi	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue u higher levels of service (See O.C. competition cannot be eliminated)	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the response	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
_iberty County	General Fund; Walthourville General Fund
	· · · · · · · · · · · · · · · · · · ·
4. How will the strategy change the The strategy will not alter deliv	previous arrangements for providing and/or funding this service within the county? ery of this service.

PAGE 2

service:	ments or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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. What other mechanisms (if any) will be General Assembly, rate or fee changes,	e used to implement the strategy for this service, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of th
Person completing form: Edward R.	Halbio	
Phone number: (912) 264-7363		
	Date completed: 5/25/99	
Joseph Brown, Liberty County - (91)	2) 876-2164	
Joseph Brown, Liberty County - (91	2) 876-2164	PAGE 2 (continued)
Joseph Brown, Liberty County - (91	2) 876-2164	PAGE 2 (continued)
Joseph Brown, Liberty County - (91	2) 876-2164	PAGE 2 (continued)
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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Liberty

Service: Soil Erosion Mitigation

- 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.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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:

Liberty County	General Fund	1
Hinesville	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

PAGE 2

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	Contracting Parties:	Effective and E	nding Dates:
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What other mechanisms (if any) will be u General Assembly, rate or fee changes, e	used to implement the strategy for this service tc.), and when will they take effect?	(e.g., ordinances, resolutions,	local acts of th
Person completing form: Edward R. Ha	albig		
Is this the person who should be contacted consistent with the service delivery strate If not, provide designated contact person(s) and phone number(s) below:		jects are
If not, provide designated contact person(d by state agencies when evaluating whether p gy?		
Is this the person who should be contacted consistent with the service delivery strate If not, provide designated contact person(d by state agencies when evaluating whether p gy?	proposed local government pro	
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Is this the person who should be contacted consistent with the service delivery strate, If not, provide designated contact person(Joseph Brown, Liberty County - (912)	d by state agencies when evaluating whether p gy? □ Yes I No s) and phone number(s) below: 876-2164	PAGE 2 (co	ontinued)
Is this the person who should be contacted consistent with the service delivery strate, if not, provide designated contact person(Joseph Brown, Liberty County - (912)	d by state agencies when evaluating whether p gy? □ Yes 2 No s) and phone number(s) below: 876-2164	PAGE 2 (co	ontinued)





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County: Liberty

Service: Solid Waste 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.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □ Yes 🗹 No

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

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

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:

ited on the		 	
Liberty County	Solid Waste Fund		 · · · ·
Hinesville	General Fund		
llenhurst	General Fund, Users Fees		
Flemington	General Fund		
aum Branch	General Fund, Users Fees		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

(3. Continued)
 Midway - - - Municipal Revenues
 Riceboro - - Users Fees, LOST
 Walthourville General Fund

PAGE 2

What other mechanisms (if any) will be used to ir General Assembly, rate or fee changes, etc.), and Person completing form: Edward R, Halbig	Contracting Parties: mplement the strategy for this service (e., when will they take effect?	Effective and Ending Dates:
Person completing form: Edward R, Halbig	mplement the strategy for this service (e., when will they take effect?	g., ordinances, resolutions, local acts of the
Person completing form: Edward R, Halbig	mplement the strategy for this service (e., when will they take effect?	g., ordinances, resolutions, local acts of the
Person completing form: Edward R, Halbig	mplement the strategy for this service (e., when will they take effect?	g., ordinances, resolutions, local acts of the
Person completing form: Edward R, Halbig	mplement the strategy for this service (e., when will they take effect?	g., ordinances, resolutions, local acts of the
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Phone number: (912) 264-7363	Date completed: 5/25/99	the second se
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Liberty	Service: Street Lights
1. Check the box that best descr	ibes the agreed upon delivery arrangement for this service:
checked, identify the gover	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box
identify the government, au	ily in the unincorporated portion of the county by a single service provider. (If this box is checked,
One or more cities will pro- unincorporated areas. (If the	vide this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization provided in
unincorporated areas. (If th	is box is checked, identify the government(s), authority or organization provide the service in
government, authority, or o	ther organization that will provide service within each service area)
2. In developing the strategy, we □ Yes ☑ No	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue thigher levels of service (See O.C competition cannot be eliminated	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas o).
f these conditions will be eliminated	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
5. List each government or author	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
local Government or Authority:	Funding Method:
llenhurst	General Fund
emington	General Fund
idway	General Fund
ceboro	General Fund
althourville	General Fund
. How will the strategy change the	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

Agreement Name:			
Agreement Ivanie.	Contracting Parties:	Effecti	ve and Ending Dates:
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and the second			P. S. Sandar
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General Assembly, rate or fee chang	be used to implement the strategy for this services, etc.), and when will they take effect?		nutions, local acts of tr
		a standard all the se	
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Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy?		nent projects are
Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy?	r proposed local governr	nent projects are GE 2 (continued)
Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy?	r proposed local governr	
Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy?	r proposed local governr	
Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy?	r proposed local governr	
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Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy?	r proposed local governr	
Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy? Yes YNo son(s) and phone number(s) below: 212) 876-2164	r proposed local governm PA	
Phone number: (912) 264-7363 Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per	Date completed: 5/25/9 acted by state agencies when evaluating whether trategy? Yes YNo son(s) and phone number(s) below: 212) 876-2164	r proposed local governm PA	
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PAGE 2

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

County: Liberty

Service: Tax Assessor

- 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.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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:

Liberty County	General Fund	19 • 26
1		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service.

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

Contracting Parties:	Effective and Ending Dates:
	Contracting Parties:

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

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

_ Date completed: 5/25/99

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 You

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164

PAGE 2 (continued)



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Liberty	Service	Tax Collection / Disbursement
1. Check the box that best describ	es the agreed upon delivery arrangeme	ent for this service:
Service will be provided cou	ntywide (i.e., including all cities and u ment, authority or organization provid	nincorporated areas) by a single convice provider (16 this to the
Service will be provided only		county by a single service provider. (If this how is checked
¹ → One or more cities will provi unincorporated areas. (If this	de this service only within their incorp box is checked, identify the governme	orated boundaries, and the service will not be provided in ent(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorr	orated boundaries, and the county will provide the service in ent(s), authority or organization providing the service.)
Other. (If this box is checked		e service area of each service provider, and identify the
 In developing the strategy, were □ Yes ☑ No 	overlapping service areas, unnecessar	ry competition and/or duplication of this service identified?
If these conditions will continue u higher lovels of service (See O.C. competition cannot be eliminated)	G.A. 36-70-24(1)), overriding benefits	on for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminal taken to eliminate them, the respon	ted under the strategy, attach an implusible party and the agreed upon deadl	ementation schedule listing each step or action that will be ine for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ty that will help to pay for this service special service district revenues, hotel	and indicate how the service will be funded (e.g., enterprise motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Liberty County	General Fund	
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		the second s
1. A. A.		
 How will the strategy change the The strategy will not alter deli 		and/or funding this service within the county?

List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for t service:	his
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Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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	and the start of the start of the start of the	
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

Date completed: 5/25/99

.

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164

PAGE 2 (continued)

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Liberty	Service: Vocational Training
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, aut	y in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Liberty County	County General Fund;
Vo Tech	Board of Ed. General Fund;
	Hinesville Devel. Auth. General Fund
4. How will the strategy change th The strategy will not alter deli	e previous arrangements for providing and/or funding this service within the county? very of this service.

Agreement Name:	Contracting Parties:	
	Contracting Fattles:	Effective and Ending Dates:
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		and a second
		e (e.g., ordinances, resolutions, local acts of the
	etc.), and when will they take effect?	
7. Person completing form: Edward R. H		
7. Person completing form: <u>Edward R. H</u> Phone number: <u>(912) 264-7363</u>		9
Phone number: (912) 264-7363 8. Is this the person who should be contacte	albig Date completed: <u>5/25/99</u> d by state agencies when evaluating whether	
	albig Date completed: 5/25/99 d by state agencies when evaluating whether gy?	

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PAGE 2 (continued)



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County: Liberty	Servi	ice: Voter Registration
1. Check the box that best descri	bes the agreed upon delivery arranger	ment for this service:
Service will be provided co	untywide (i.e., including all cities and ament, authority or organization prov	
□ Service will be provided on	ly in the unincorporated portion of the thority or organization providing the	
One or more cities will prov	ide this service only within their inco	orporated boundaries, and the service will not be provided in ment(s), authority or organization providing the service.)
U One or more cities will prov	ide this service only within their income	propriated boundaries, and the county will provide the service in ment(s), authority or organization providing the service.)
U Other. (If this box is checked	d, attach a legible map delineating t her organization that will provide ser-	
2. In developing the strategy, wer □ Yes ☑ No	e overlapping service areas, unnecess	sary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)		tion for continuing the arrangement (i.e., overlapping but ts of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respo	ted under the strategy, attach an imp nsible party and the agreed upon deac	plementation schedule listing each step or action that will be dline for completing it.
3. List each government or author	ity that will help to pay for this servic	e and indicate how the service will be funded (e.g., enterprise el/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
iberty County	General Fund	
	-	
		· · · · · · · · · · · · · · · · · · ·
E.	* * *	
. How will the strategy change th	previous arrangements for providing	and/or funding this service within the servet 2

The strategy will not alter delivery of this service.

PAGE 2

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Contract of the second s
	and the second	
	manufactor and a service of the	

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

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

_ Date completed: 5/25/99

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?
Q Yes Yoo

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164

PAGE 2 (continued)



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Liberty

Service: Wastewater Treatment

- 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.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

 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:

Hinesville	Water/Sewer Fund
Midway	Utility Fees
Riceboro	Grants,Loans

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The strategy will not alter delivery of this service. Riceboro plans to offer the service after 2000 and will then fund it through utility fees.

PAGE 2

service: Agreement Name:		
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

7. Person completing form: Edward R. Halbig

Phone number: (912) 264-7363

Date completed: 5/25/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are

If not, provide designated contact person(s) and phone number(s) below: Joseph Brown, Liberty County - (912) 876-2164

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

PAGE 2 (continued)



PAGE 2

Instructions:

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

County: Liberty	Service: Water
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
□ Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes II No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of service (See O.C. competition cannot be eliminated)	
	ed under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:
Allenhurst	Utility Fees - no lice extend beyond aty
Flemington	Utility Fees limits Spin 8/24 mer Halbig
Hinesville	Water Fund and General Fund
Midway	Utility Fees
Riceboro	Utility Fees
4. How will the strategy change the The strategy will not alter deliv(3. Continued) Walthourville Utility Fees	e previous arrangements for providing and/or funding this service within the county? very of this service.

Agreement Name:	Contracting Parties:	
	Contracting Faitles.	Effective and Ending Dates:
What other masks in the state	e la toc	
General Assembly, rate or fee chang	be used to implement the strategy for this service (e.g. ges, etc.), and when will they take effect?	, ordinances, resolutions, local acts of the
		and a state of the second
. Person completing form: Edward	R. Halbig	and the state of the second
the second s		
Phone number: (912) 264-7363	rson(s) and phone number(s) below:	sed local government projects are
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	sed local government projects are PAGE 2 (continued)
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 Is this the person who should be conconsistent with the service delivery is on the service delivery is for the provide designated contact personal service delivery is the service delivery is th	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 Is this the person who should be conconsistent with the service delivery of the formation of the service delivery of the	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether propositive strategy? Yes Z'No rson(s) and phone number(s) below:	
Phone number: (912) 264-7363 . Is this the person who should be con consistent with the service delivery If not, provide designated contact pe	tacted by state agencies when evaluating whether proper strategy? Yes No rson(s) and phone number(s) below: 912) 876-2164	
Phone number: (912) 264-7363 Is this the person who should be conconsistent with the service delivery of the formation of the service delivery of the	tacted by state agencies when evaluating whether proper strategy? Yes No rson(s) and phone number(s) below: 912) 876-2164	PAGE 2 (continued)

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SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

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

County: Liberty

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

No incompatabilities were identified between the county and cities (Joint Land Use Plan passed, June 1999).

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

amendments to existing comprehensive plans

adoption of a joint comprehensive plan

□ other measures (amend zoning ordinances, add environmental regulations, etc.

If "other measures" was checked, describe these measures:

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process. See "Service Delivery Strategy - Dispute Resolution Process" intergovernmental agreements in Appendix A.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Community Facility objectives 4 and 5 of the Short Term Work Programs for Liberty County and cities include plans for water and sewer expansion (attached as Appendix B).

5. Person completing form: Edward R. Halbig, Coastal Georgia RDC \times 219

Phone number: (912) 264-7363 Date completed: 5/25/99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? \Box Yes \blacksquare No

If not, provide designated contact person(s) and phone number(s) below: Joeseph Brown, Liberty County - (912) 876-2164

SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4



Instructions:

This page 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 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR	LIBERTY	Comme
SERVICE DELIVERI SIRAIEGI FUR		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 (2));
- 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)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
James E Smith	JAMES E. SMITH	CHAIRMAN	LIBERTY COUN	TY 7/22/9
Sandia Martin	SANDRA S. MARTIN	MAYOR	FLEMINGTON	7/22/99
Jeden J. Mc Lie William C. Cop	JOHN D. MCIVER	MAYOR	RICEBORO	7/22/99
William C. Cop	WILLIAM C. COX	MAYOR	ALLENHURST	7/22/99
alle Br	ALLEN BROWN	MAYOR	HINESVILLE	7/23/99
Butt Hollingon	BRITT HOLLINGS	WORTH MAYOR	MIDWAY	7/23/99
Gamie Rei	CARRIE KENT	MAYOR	WALTHOURVIL	GE 7/23/9
Land Role	DANIEL L. PARKS	MAYOR	GUM BRANCH	7/23/99

Appendix A Dispute Resolution Agreements

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To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the <u>Allenburst</u> City Council does hereby formally adopt the annexation dispute resolution agreement entered into with Liberty County as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

1 July 1998 Date Divian Iskuman

Mayor L. Ly

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the <u>*Hemington*</u> City Council does hereby formally adopt the annexation dispute resolution agreement entered into with Liberty County as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

6-29-92

Date

Martin

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the Gum Branch City Council does hereby formally adopt the annexation dispute resolution agreement entered into with Liberty County as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

Date

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Mayor

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the <u>*HINESVILLE*</u> City Council does hereby formally adopt the annexation dispute resolution agreement entered into with Liberty County as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

me 26, 1998

Mayor

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the service they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the Midway City Council does hereby formally adopt the annexation dispute resolution agreement entered into with Liberty County as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

June 30, 1998 Wate

B Hollingsworth

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the $\underline{Walthpurville}$ City Council does hereby formally adopt the annexation dispute resolution agreement entered into with Liberty County as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

anie Yen

Mayor

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the <u>Riceboro</u> City Council does hereby formally adopt the annexation dispute resolution agreement entered into with Liberty County as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

June 29, 1998 Date

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Appendix B Liberty County Community Facilities Short Term Work Program

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June 1999

To ensure that public facilitie maintain Description Strategy: • Establish innovative law	SHOR and enh 1999	SHORT TERM WORK PROGRAM UPDATE 1999-2003 COMMUNITY FACILITIES GOAL ave the capacity, and are in place when needed, to nd enhance the quality of life of Liberty County's Years Years 1999 2000 2001 2002 2003 Res X X X Res	WORK PRO 1999-2003 NITY FACILI , and are in pla quality of life c Years 2001 20 X X X	RT TERM WORK PROGRAM UPL 1999-2003 1999-2003 COMMUNITY FACILITIES GOAL re capacity, and are in place when need hance the quality of life of Liberty Con Years 2000 2001 2002 2003 X X X X	AM UPL S GOAL berty Cou 2003 X	SHORT TERM WORK PROGRAM UPDATE 1999-2003 COMMUNITY FACILITIES GOAL To ensure that public facilities have the capacity, and are in place when needed, to support and attract growth and maintain and enhance the quality of life of Liberty County's residents. Years Description 1999 2000 2001 2002 Responsibility and funding Source Inovative law X X X X Resp.: County Commission, \$
Strategy: Establish innovative law enforcement programs that decrease domestic violence, drug traffic, and		X	Х	×	×	Resp.: County Commissi Sheriff's Dept. Funding: General Funds,
 Expand "Neighborhood Watch." 	X	Х	Х	X	X	grants Resp.: Sheriff's Dept. Funding: General Funds,
 Increase outreach between Sheriff's Dept. and communities in the County. 	×	×	×	×	×	grants Resp.: Sheriff's Dept., County Commission, City Councils
Developer		×	Х	X	X	Funding: General Funds, grants Resp.: Planning Dept. Fire
 Provide adequate water and hydrant systems for fire protection to lower 						Districts, County Commission
ISO rating.	1		A TTA			Funding: General Funds, SPLOST
 Review fire districts to determine efficiency. 	-the	X	×	X	Х	Resp.: Planning Dept. and County Commission Funding: General Funds

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LIBERTY COUNTY

Short Term Work Programs

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To ensure that public facilities have the capacity, and are in place when needed, to maintain and enhance the quality of life of Liberty County's Years	ies have th ain and enh	ance the	hance the quality of life of Liberty Column Views Years	in place v life of Li	when need berty Cou	facilities have the capacity, and are in place when needed, to support and attract growth and maintain and enhance the quality of life of Liberty County's residents. Years	p
Description	1999	2000	2001	2002	2003	Responsibility and Funding Source	Estimated
Objective 1: Improve automobile circulation within the county and identify the feasibility	ation with	in the co	unty and	identify	the feasi	oility of non-automotive transportation modes.	rtation modes.
• Develop countywide transportation				Party and a state of the state			the difference of the second
plan.		X	X			Resp.: Planning Dept.,	\$20000
 Continue efforts to develop and promote Historic Liberty Trail. 		X	×		X IX	Resp.: Planning Dept., County Commission, Funding: General Funds	\$20000
	14	× ×	× ×	×	×	Resp.: Planning Dept., County Commission, Funding: General Funds Resp.: Planning Dept., Chamber of Commerce	\$20000 \$10000/annual
		X X	× ×	×	×	Resp.: Planning Dept., County Commission, Funding: General Funds Resp.: Planning Dept., Chamber of Commerce Funding: General Funds, grants	\$20000 \$10000/annua
 Continue improvements to Highway 196 and Highway 38. 	×	× × ×	X X X	X X	× ×	Resp.: Planning Dept., County Commission, Funding: General Funds Resp.: Planning Dept., Chamber of Commerce Funding: General Funds, grants Resp.: County Commission, Engineering Dept.	\$20000 \$10000/annua \$10000/annua
 Continue improvements to Highway 196 and Highway 38. 		X X X	X X X	X X	× ×	Resp.: Planning Dept., County Commission, Funding: General Funds Resp.: Planning Dept., Chamber of Commerce Funding: General Funds, grants Resp.: County Commission, Engineering Dept. Funding: State funds, SPLOST	\$20000/amnua \$10000/amnua Estimate not available
 Continue improvements to Highway 196 and Highway 38. Constant bypass from 196 to Frank Cochran. 		X X X X	X X X X	X X X	× × ×	Resp.: Planning Dept., County Commission, Funding: General Funds Resp.: Planning Dept., Chamber of Commerce Funding: General Funds, grants Resp.: County Commission, Engineering Dept. Funding: State funds, SPLOST Resp.: County Commission, County Engineering Dept.	\$20000/annua \$10000/annua Estimate not available Estimate not available

June, 1999

Short Term Work Programs

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	SHOH	L. TTERM	IBERTY COU I WORK PRO 1999-2003	LIBERTY COUNTY SHORT TERM WORK PROGRAM UPDATE 1999-2003	Y 4M UPL	ATE	
To ensure that public facilitie maintai	s have th	COMMU e capacity ance the	NITY FA	COMMUNITY FACILITIES GOAL is capacity, and are in place when need hance the quality of life of Liberty Cou	S GOAL when need	<i>COMMUNITY FACILITIES GOAL</i> To ensure that public facilities have the capacity, and are in place when needed, to support and attract growth and maintain and enhance the quality of life of Liberty County's residents.	pu
			Years	urs			
Description	1999	2000	2001	2002	2003	Responsibility and Funding Source	Estimated Cost
Upgrade fire-fighting equipment at	×	x	x	x	×	Resp.: Fire Districts Funding: General Funds.	\$10000/annual
each station to lower ISO rating.	X	×	X	X	X	grants Resp.: Fire District	\$7500/annual
 Encourage training and development of fire fighters. 		-	In the second			Funding: General Funds, grants	
	×	X	X	X	X	Resp.: Fire Districts and	\$7500/annual
 Continually recruit and train new fire fighters volunteers. 						County Commission Funding: General Funds, grants	
Objective 3: Improve the recreational opp	ortunitie	s for the	county's	ortunities for the county's residents.	s.		
Strategy: Update recreation plan. 		X	X			Resp.: Planning Dept.,	\$30000
						Funding: General Funds,	
Develop capital improvement plan	ha or	Х	х	X		grants Resp.: Planning Dept.,	\$5000
Ior recreational facilities.		-Martin			No. 1	Funding: General Funds,	
						grants	

June, 1999

Objective 4: Develop a comprehensive water supply management plan to meet present and future water demand and conserve water

To ensure that public facilities maintain	SHOR C S have the	L TTERN COMMU copacity ance the	(BERTY COU (WORK PRO 1999-2003 NITY FACILI v, and are in pla quality of life o	LIBERTY COUNTY SHORT TERM WORK PROGRAM UPDATE 1999-2003 COMMUNITY FACILITIES GOAL ave the capacity, and are in place when needed, to nd enhance the quality of life of Liberty County's	Y AM UPL S GOAL vhen need berty Cou	LIBERTY COUNTY SHORT TERM WORK PROGRAM UPDATE 1999-2003 To ensure that public facilities have the capacity, and are in place when needed, to support and attract growth and maintain and enhance the quality of life of Liberty County's residents.	pu
			Years	ILS			
Description	1999	2000	2001	2002	2003	Responsibility and Funding Source	Estimated Cost
resources for future generations.		なななたの	A State of the second				
Strategy: Prepare comprehensive water supply plan. 		×	×			Resp.: Planning Dept. and County Commission Funding: General Funds, state finds	\$25000
Objective 5: Provide sanitary sewer services and solid waste disposal to residents in step with future development.	es and s	olid was	te dispos	al to resi	dents in	step with future development.	
 Strategy: Extend sanitary sewer to areas of 		X	X	x	X	Resp.: Planning and	Estimate not
new growth or annexed areas.						Engineering Dept.	available
						Funding: General Funds, SPLOST, grants	
 Review and update Solid Waste Management Plan. 		x	X	Sun.	Sille	Resp.: Planning and Engineering Dept.	\$15000
			15			Funding: General Funds,	
Work with current suppliers of water	in the second	Х	x	Х	х	grants Resp.: Planning and	Estimate not
and sewer to supply services to existing areas outside of municipal boundaries.						Engineering Dept. Funding: General Funds, SPLOST and grants	available

June 1999

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Liberty County Joint Comprehensive Plan

Short Term Work Programs

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				pt		Estimated Cost	\$7500/annual \$5000/annual	
	4TE			To ensure that public facilities have the capacity, and are in place when needed, to support and attract growth and maintain and enhance the quality of life of Liberty County's residents.		Responsibility and Funding Source	Resp.: County Commission Funding: General Funds, grants Resp.: Planning Dept., School Board, County Commission, Chamber of Commerce Funding: General Funds,	grants
	LIBERTY COUNTY SHORT TERM WORK PROGRAM UPDATE		S GOAL	vhen need perty Cour		2003	× ×	itv.
ATTA TOT	LIBERTY COUNTY M WORK PROGRA	:003	CILITIE	n place w life of Lil	rs	2002	× ×	the Cour
D P D T U	WORK I	1999-2003	ITY FA	and are i uality of	Years	2001	× ×	nities in
11	TERM		COMMUNITY FACILITIES GOAL	capacity, nce the q		2000 2001	x x	opportu
	SHOR		Ũ	have the and enha		1999		hiral arts
				To ensure that public facilities maintain		Description	 Strategy: Promote community involvement in development of local education activities. Encourage businesses to support local school programs and develop mentoring and apprentice programs. 	Objective 7: Improve the libraries and cultural arts opportunities in the County-

June, 1999

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\$10000/annual

Resp.: Library Board and County Commission

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enhancement of library services such

as increase number of books,

expanded hours, etc.

Continue to explore avenues of

Strategy:

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Objective 8: Provide Liberty County residents with adequate hospital care through the County Health Department, Hospital,

Emergency Medical Services, and nursing homes.

To ensure that public faciliti mainta	SHOK es have the	L RT TERN COMMU e capacity ance the	LIBERTY COUNTY SHORT TERM WORK PROGRAM UPDATE 1999-2003 COMMUNITY FACILITIES GOAL ave the capacity, and are in place when needed, to ad enhance the quality of life of Liberty County's	LIBERTY COUNTY M WORK PROGRA 1999-2003 UNITY FACILITIES ity, and are in place wi e quality of life of Lib	Y 4M UPL S GOAL vhen need berty Cou	LIBERTY COUNTY SHORT TERM WORK PROGRAM UPDATE 1999-2003 To ensure that public facilities have the capacity, and are in place when needed, to support and attract growth and maintain and enhance the quality of life of Liberty County's residents.	pu
			Years	ILS			
Description	1999	2000	2001	2002	2003	Responsibility and Funding Source	Estimated Cost
 Strategy: Coordinate with local, regional and state health authorities to identify and to achieve improved public health services. 		×	x	×	×	Resp.: Planning Dept., County Commission, Health Board	\$10000/annual
Objective 9: Develop a countywide Capital Inprovement Plan	tal Impro	vement F	olan				
 Strategy: Begin the process of countywide planning for capital investments. 		×	×	×	×	Resp.: Planning Dept., County Commission Funding: General Funds	\$10000/annual
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June 1999

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