JOINT RESOLUTION APPROVING 2022 SERVICE DELIVERY STRATEGY

WHEREAS, Lowndes County, Georgia (the "County") is a county of the State of Georgia; and

WHEREAS, the City of Valdosta, Georgia ("Valdosta"), the City of Hahira, Georgia ("Hahira"), the City of Remerton, Georgia ("Remerton"), the City of Dasher, Georgia ("Dasher"), and the City of Lake Park, Georgia ("Lake Park") (individually a "City" and collectively the "Cities") are municipalities located within the County; and

WHEREAS, OCGA § 36-70-21 of Article 2 of Chapter 70 of Title 36 of the Official Code of Georgia (the "Act") provides each county and municipality shall execute an agreement for the implementation of a local government service delivery strategy as set forth in the Act; and

WHEREAS, OCGA § 36-70-23 of the Act sets forth components each local government service delivery strategy shall include; and

WHEREAS, OCGA § 36-70-24 of the Act sets forth criteria which shall be met in the development of a service delivery strategy; and

WHEREAS, as applicable to the County and the Cities (individually a "Party" and collectively the "Parties"), OCGA § 36-70-25 of the Act provides approval of a local government service delivery strategy shall be accomplished by adoption of a resolution by the County, Valdosta, and no less than two of Hahira, Remerton, Dasher, and Lake Park; and

WHEREAS, the County, Valdosta, Remerton, and Lake Park executed an agreement for the implementation of a local government service delivery strategy in 2008 (the "2008 strategy"); and

WHEREAS, the Department of Community Affairs of the State of Georgia ("DCA") verified the 2008 strategy meets all applicable requirements of the Act; and

WHEREAS, OCGA § 36-70-28(b)(1) of the Act provides each county and affected municipality shall review, and revise if necessary, an approved strategy in conjunction with updates of the comprehensive plan as required by Article 1 of Chapter 70 of Title 36 of the Official Code of Georgia Annotated (the "comprehensive plan"); and

WHEREAS, the Parties reviewed the 2008 strategy in conjunction with updates of the comprehensive plan; and

WHEREAS, thereafter, the Parties employed and participated in a means of alternative dispute resolution pursuant to OCGA § 36-70-25.1(c) of the Act; and

WHEREAS, thereafter, the alternative dispute resolution process was unsuccessful, and WHEREAS, after litigation ensured (Superior Court of Lowndes County, Civil Action File No. 2017-CV-65), the Parties renewed negotiations of revisions to the 2008 strategy; and

WHEREAS, the Parties voluntarily participated in a second mediation of revisions to the 2008 strategy; and

WHEREAS, the Parties executing this Resolution have reached agreement on the provision of local government services provided or primarily funded by each Party and authority within the County; and

WHEREAS, the Parties executing this Resolution have completed the Service Delivery Strategy Forms 1-4 required by DCA; and

WHEREAS, OCGA § 36-70-26 of the Act provides each county shall file the agreement for the implementation of a strategy with DCA;

NOW, THEREFORE, each Party executing this Resolution hereby resolves:

1.

The 2022 Service Delivery Strategy Agreement concurrently presented is approved by the Party, shall be executed by and on behalf of the Party, and shall be filed by the County with DCA upon execution by the County, Valdosta, and no less than two of Hahira, Remerton, Dasher, and Lake Park.

2.

The DCA Forms 1-4 concurrently presented are approved by the Party, shall be executed on behalf of the Party, and shall be filed by the County with DCA upon execution by the County, Valdosta, and no less than two of Hahira, Remerton, Dasher, and Lake Park.

3.

The litigation currently pending before the Superior Court of Lowndes County (Civil Action File No. 2017-CV-65) shall be dismissed upon DCA's verification of the 2022 Service Delivery Strategy Agreement pursuant to OCGA § 36-70-26.

4.

The 2022 Service Delivery Strategy Agreement shall become effective upon verification by DCA pursuant to OCGA § 36-70-26 and shall expire automatically ten (10) years from the date of DCA's verification of same.

IT IS SO RESOLVED,

CITY OF VALDOSTA

Attest: Deresa S. Bolden
Clerk
Date: 10/21/2022

[Seal]

CITY OF HAHIRA

By:

Mayor

[Seal]

Attest:

Clerk

Date: 1-3-22

CITY OF REMERTON ,		
By: Coul #		
Mayor		
Attest:		
Clerk		
i and		

[Seal]

Date: 12-5-22

CITY OF DASHER

	By:	
	Mayor	
	Attest:	
[Seal]	Clerk	
[DCar]	Date:	

CITY OF LAKE PARK

By: Mayor

Attest:

Clerk

Date: November 2, 2022

[Seal]



LOWNDES COUNTY

Attest: Belinda C. down Clerk

Date: October 12, 7072

2022 SERVICE DELIVERY STRATEGY AGREEMENT

This Agreement, made and entered into by and among the City of Valdosta, Georgia ("Valdosta"), the City of Hahira, Georgia ("Hahira"), the City of Remerton, Georgia ("Remerton"), the City of Dasher, Georgia ("Dasher"), and the City of Lake Park, Georgia ("Lake Park") (individually a "City" and collectively the "Cities"), and Lowndes County, Georgia ("the County") (individually a "Party" and collectively the "Parties");

WITNESSETH:

WHEREAS, the County is a county of the State of Georgia; and

WHEREAS, the Cities are municipalities located within the County; and

WHEREAS, OCGA § 36-70-21 of Article 2 of Chapter 70 of Title 36 of the Official Code of Georgia (the "Act") provides each county and municipality shall execute an agreement for the implementation of a local government service delivery strategy as set forth in the Act; and

WHEREAS, OCGA § 36-70-23 of the Act sets forth components each local government service delivery strategy shall include; and

WHEREAS, OCGA § 36-70-24 of the Act sets forth criteria which shall be met in the development of a service delivery strategy; and

WHEREAS, as applicable to the Parties, OCGA § 36-70-25 of the Act provides approval of a local government service delivery strategy shall be accomplished by adoption of a resolution by the County, Valdosta, and no less than two of Hahira, Remerton, Dasher, and Lake Park; and

WHEREAS, the County, Valdosta, Remerton, and Lake Park executed an agreement for the implementation of a local government service delivery strategy in 2008 (the "2008 strategy"); and WHEREAS, the Department of Community Affairs of the State of Georgia ("DCA") verified the 2008 strategy meets all applicable requirements of the Act; and

WHEREAS, OCGA § 36-70-28(b)(1) of the Act provides each county and affected municipality shall review, and revise if necessary, an approved strategy in conjunction with updates of the comprehensive plan as required by Article 1 of Chapter 70 of Title 36 of the Official Code of Georgia Annotated (the "comprehensive plan"); and

WHEREAS, the Parties reviewed the 2008 strategy in conjunction with updates of the comprehensive plan; and

WHEREAS, thereafter, the Parties employed and participated in a means of alternative dispute resolution pursuant to OCGA § 36-70-25.1(c) of the Act; and

WHEREAS, thereafter, the alternative dispute resolution process was unsuccessful, and WHEREAS, after litigation ensured (Superior Court of Lowndes County, Civil Action File No. 2017-CV-65), the Parties voluntarily participated in a second mediation of revisions of the 2008 strategy; and

WHEREAS, the Parties executing this Agreement have reached agreement on the provision of local government services provided or primarily funded by each Party and authority within the County; and

WHEREAS, the Parties executing this Agreement have completed the Service Delivery Strategy Forms 1-4 required by DCA; and

WHEREAS, OCGA § 36-70-26 of the Act provides each county shall file the agreement for the implementation of a strategy with DCA;

NOW THEREFORE, each Party executing this Agreement hereby agrees:

SERVICE DELIVERY STRATEGY ACT PROVISIONS

- 1. For and during the term of this Agreement, local government services provided or primarily funded by the Parties and authorities within the County shall be provided and funded as provided herein and set forth on the attached Forms required by DCA, which Forms are made a part of this Agreement.
- 2. This strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner and remediates or avoids overlapping and unnecessary competition and duplication of service delivery.
- 3. Water or sewer fees charged to customers located outside the geographical boundaries of a service provider shall not be arbitrarily higher than fees charged to customers receiving such services which are located within the geographic boundaries of the service provider.
- 4. This strategy ensures that the cost of any service the County provides primarily for the benefit of the unincorporated area of the County and the County's share of funding of county-wide services the County and one or more municipalities jointly fund shall be borne by the unincorporated area residents, individuals, and property owners who receive such service.
 - 5. The land use plans of the Parties are compatible and nonconflicting.
- 6. The provision of extraterritorial water and sewer services by the Parties shall be consistent with all applicable land use plans and ordinances.

GENERAL PROVISIONS

1. This Agreement shall be filed by the County with DCA upon execution by the County, Valdosta, and no less than two of Hahira, Remerton, Dasher, and Lake Park. It shall become effective upon verification by DCA pursuant to OCGA § 36-70-26 and shall expire automatically ten (10) years from the date of DCA's verification of same.

2. If any provision of this Agreement or application thereof to any person or

circumstance shall to any extent be invalid, then such provision shall be modified if possible to

fulfill the intent of the Parties as reflected herein. The remainder of this Agreement, or the

application of such provision to circumstances other than those as to which it is held invalid,

shall not be affected thereby and each provision of this Agreement shall be valid and enforced to

the fullest extent permitted by law.

3. The validity, interpretation, and performance of this Agreement shall be governed by

and construed in accordance with the laws of the State of Georgia.

4. This Agreement constitutes the entire agreement and understanding of the Parties and

supersedes and revokes any prior agreement or understanding relating to the subject matter of

this Agreement, provided, however, those agreements of the Parties identified in the Forms

required by DCA executed concurrently herewith and made a part of this Agreement are not

superseded or revoked by this Agreement. No change, amendment, termination, or attempted

waiver of any of the provisions hereof shall be binding unless reduced to writing and signed by

all Parties hereto.

5. Nothing contained in this Agreement shall create a contractual relationship with or a

cause of action in favor of a third party against the Parties hereto.

6. Any notice or communication required or permitted hereunder shall be sufficiently

given if hand delivered, or sent by Registered or Certified Mail, Return Receipt Requested,

postage pre-paid, to:

As to Valdosta:

City Manager

City of Valdosta

216 East Central Avenue

Valdosta, GA 31601

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As to Hahira:

City Manager City of Hahira 102 S. Church Street Hahira, GA 31632

As to Remerton

City Manager City of Remerton 1757 Poplar Street Remerton, GA 31601

As to Dasher

Mayor City of Dasher 3686 Highway 41 South Dasher, GA 31601

As to Lake Park

Mayor City of Lake Park 120 Essa Street Lake Park, GA 31636

As to the County:

County Manager Lowndes County, Georgia 327 North Ashley Street Valdosta, GA 31601

or such other address as shall be furnished by such notice to the other Parties.

- 7. No waiver by a Party of any default by another Party in the performance of any provision of this Agreement shall operate as or be construed as a waiver of any future default, whether like or different in character.
- 8. Nothing in this Agreement shall waive any immunity benefiting the Parties which may now or hereinafter exist.

SPECIAL PROVISIONS

- 1. In regards to parks and recreation services:
- a. Countywide parks and recreation services will be provided by the Valdosta-Lowndes County Parks and Recreation Authority. In accordance with the local Act creating said Authority, it will be funded by the County from countywide revenues based on a dedicated countywide millage of not less than 1.25 mills levied by the County shown as a separate line on property tax bills.
- b. The offices of said Authority will be housed in a facility other than the offices of Valdosta or the County. The offices of said Authority may be housed in a building jointly owned by Valdosta and the County.
- c. Subject to agreement of said Authority, any Party may use SPLOST and/or other funds to acquire and/or construct and to deed, lease, and/or otherwise provide to said Authority additional parks and recreations facilities for use by said Authority.
- d. Each City may in its discretion provide additional municipal parks and recreation services within its boundaries funded by general funds and/or SPLOST.
- e. The County may in its discretion provide additional countywide parks and recreation services funded by general funds and/or SPLOST.
 - f. The County may in its discretion provide additional funding to said Authority.
 - 2. In regards to water and sewer service areas:
- a. The Parties' current water and sewer service areas are delineated on the water and sewer service area maps attached to the DCA Forms for water and sewer services approved herewith.

- b. Any Party may make a new exterritorial extension outside of its service area of water and sewer services upon approval of the affected Party. An extension may be proposed to serve multiple properties and users.
- c. Such approval shall not be unreasonably withheld, considering the interest of the property owner or proposed user, sound engineering practices, applicable regulatory requirements, efficient and effective use of public resources, and the charter or enabling act of the Parties.
- d. The requesting Party's request shall include a written request of the property owner or owners, or proposed property owner or owners, desiring service by the requesting Party, a map of the subject property to which the requesting Party desires to provide service, and a statement why the affected Party should approve the request considering the foregoing criteria.
- e. The requested extension shall be deemed approved by the affected Party unless the affected Party adopts a resolution withholding approval at the affected Party's next regularly scheduled meeting occurring more than seven (7) days after receipt of the requesting Party's request. Notwithstanding the foregoing, in the case of requests for extraterritorial extensions intended to serve commercial or industrial users and uses, the requested extension shall be deemed approved by the affected Party unless the affected Party adopts a resolution withholding approval within five (5) business days after receipt of the requesting Party's request.
- f. In the event of extenuating circumstances, the requesting Party may ask the affected Party to respond sooner, in which event the affected Party will respond as soon as practicable.
- g. If the affected Party withholds approval, its resolution shall state the specific reason or reasons for withholding approval considering the foregoing criteria.

- h. The requesting Party shall not require the owner or any proposed or future owner of the subject property to agree to annexation or deannexation of the subject property as a condition to the provision of water and/or sewer service to the subject property.
- i. Unless the affected Party gives approval, the subject property shall remain in the affected Party's service area.
- j. If the request is approved, the County shall prepare and submit to Georgia Department of Community Affairs updated service area maps delineating the water and sewer service areas of the Parties to include the subject property in the service area of the requesting Party.
- 3. The current county road system is depicted on the map of the county road system attached to the DCA Forms for county road system construction and county road system maintenance approved herewith. The County will be responsible for construction and maintenance of county roads located within the unincorporated area and within city limits. Maintenance of paved roads of the county road system will continue to be funded by county-wide revenues.

The County agrees to pay for the cost of maintenance and operation of unpaved roads and associated storm water collection and control in the county road system from revenues other than General Fund revenues or property tax revenues from incorporated taxpayers. The County agrees to provide an annual accounting to the Cities of the cost of maintenance per mile of unpaved roads in the county road system.

The County agrees to resurface those county roads located within the Cities as of September 9, 2021, as deemed necessary based on current engineering standards.

Each City will be responsible for construction and maintenance of its city street system.

- 4. In regards to economic development, the County will fund the Industrial Authority of Valdosta and Lowndes County, Georgia d/b/a Valdosta-Lowndes County Development Authority (the "Industrial Authority") from county-wide revenues pursuant to the Intergovernmental Contract between the Industrial Authority and the County dated as of December 1, 2019, and the Intergovernmental Contract for Industrial Authority Funding between the Industrial Authority and the County also dated as of December 1, 2019, or such other contract or contracts into which the Industrial Authority and the County may enter providing for County funding of the Industrial Authority.
- 5. In regards to tourism promotion, each of Hahira, Valdosta, and the County will provide that certain portion of the proceeds of the hotel/motel tax levied by Hahira, Valdosta, and the County, respectively, which Georgia statute and local Acts of the Georgia General Assembly authorizing Hahira, Valdosta, and the County, to levy hotel/motel taxes shall be expended by Hahira, Valdosta, and the County, respectively, for promoting tourism, conventions, and trade shows to the Valdosta-Lowndes County Conference Center and Tourism Authority for purposes of promoting tourism, conventions, and trade shows.
- 6. Valdosta and Lowndes County will provide equal funding to the Valdosta-Lowndes County Airport Authority in accordance with the local Act creating such Authority. The County's share of such funding shall be paid from its special services fund.
- 7. In regards to conference center funding, each of Hahira and Valdosta may expend that certain portion of the proceeds of the hotel/motel tax levied by Hahira and Valdosta, respectively, which Georgia statute and local Acts of the Georgia General Assembly authorizing Hahira and Valdosta to the levy hotel/motel taxes permit Hahira and Valdosta to expend for

tourism product development (as defined by Georgia statute authorizing the levy of hotel/motel taxes) to the Valdosta-Lowndes County Conference Center and Tourism Authority for purposes of capital costs and/or operating expenses of meeting, convention, exhibit, and public assembly facilities owned and operated by said Authority. Any funding which the County in its discretion provides said Authority for said purposes shall be paid from the County's special services fund.

- 8. Valdosta will continue to fund the Lowndes/Valdosta Arts Commission (LVAC). Each other City may, in its discretion, provide additional funding to LVAC. The County also may, in its discretion, provide additional funding to LVAC. Any funding which the County in its discretion provides to fund LVAC shall be paid from the County's special services fund.
- 9. In regards to the County's funding of services provided primarily for the benefit of the unincorporated area and services jointly funded by the County and a City:
- a. The County shall maintain a fire services fund to account for special district ad valorem property taxes, insurance premium taxes, user fees, grants, donations, and other fees, assessments, and taxes the County uses to fund fire protection and emergency rescue services provided by the County.
- b. The County shall maintain a special services fund to account for revenues (including user fees) from the unincorporated area, such as insurance premium taxes, financial institution taxes, alcoholic beverage license fees, alcoholic beverage excise taxes, cable television franchise fees, occupation taxes, zoning fees, and unrestricted hotel-motel taxes the County uses to pay for the cost of services other than fire protection and emergency rescue services provided by the County primarily for the benefit of the unincorporated area, including code enforcement, mosquito control, planning, and zoning, and the County's share of the cost of

any services jointly funded by the County and a City, including the airport, geographic information system, metropolitan planning, property rehabilitation, and regional planning.

c. Solid waste collection, solid waste disposal, and recycling will be provided in the unincorporated area of the County by private providers to which the County grants franchises. The County will fund administration of these services with franchise fees paid by such private providers or otherwise from its special services fund.

IN WITNESS WHEREOF, we have affixed our hands and seals in our official capacity and as duly authorized officers who are authorized to execute this Agreement.

CITY OF VALOOSTA

By:

Attest: Olesa S. Bolden
Clerk

Date: 10/21/2022

[Seal]



CITY OF HAHIRA

By: Mayor

Attest:

Clerk

[Seal]

Date: 11- 5- 22

	CITY OF REMERION
	By: Ceh Ash
	Mayor
	Attest:
[0.01]	Clerk
[Seal]	Date: 12-5-22

CITY OF DASHER

	By: Mayor	
	Attest:	
[Seal]	Clerk	
	Date:	

CITY OF LAKE PARK

Mayor

Mayor

ttest: Time Byllins

Clerk

ate: November 2, 2

[Seal]



[Seal]

LOWNDES COUNTY

By: Syllida Chairman

Attest: Belinda Charm

Clerk

Date: October 12, 2022







SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: LOWNDES COUNTY

I. GENERAL INSTRUCTIONS:

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

OPTION A **OPTION B** Revising or Adding to the SDS **Extending the Existing SDS** 4. List all services provided or primarily funded by each 4. In Section IV type, "NONE," general purpose local government and authority within 5. Complete one copy of the Certifications for Extension of the county which are revised or added to the SDS in Existing SDS form (FORM 5) and have it signed by the Section IV, below. (It is acceptable to break a service into separate authorized representatives of the participating local components if this will facilitate description of the service delivery governments. [Please note that DCA cannot validate the strategy strategy.) unless it is signed by the local governments required by law (see 5. For **each** service or service component listed in Section Instructions, FORM 5).] IV, complete a separate, updated Summary of Service 6. Proceed to step 7, below. Delivery Arrangements form (FORM 2). 6. Complete one copy of the *Certifications* form (FORM 4) For answers to most frequently asked questions on and have it signed by the authorized representatives of Georgia's Service Delivery Act, links and helpful participating local governments. [Please note that DCA cannot publications, visit DCA's website at validate the strategy unless it is signed by the local governments http://www.dca.ga.gov/development/PlanningQ required by law (see Instructions, FORM 4).1 ualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

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

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

PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

City of Dasher

City of Hahira

City of Lake Park

City of Remerton

City of Valdosta

Lowndes County

Valdosta-Lowndes County Airport Authority

Valdosta-Lowndes County Industrial Authority d/b/a Valdosta-Lowndes Development Authority

Valdosta-Lowndes County Conference Center and Tourism Authority

Valdosta-Lowndes County Land Bank Authority

Hospital Authority of Valdosta and Lowndes County, Georgia

Hahira Housing Authority

Valdosta Housing Authority

Quitman Housing Authority

Central Valdosta Development Authority

Remerton Downtown Development Authority

Downtown Development Authority of the City of Hahira

Valdosta-Lowndes County Parks and Recreation Authority

Valdosta Downtown Development Authority

Lowndes/Valdosta Arts Commission (LVAC)

Clerk of Court

Superior Court

State Court

Magistrate Court

Juvenile Court

Solicitor General

District Attorney

Lowndes County Coroner

Lowndes Drug Action Council (LODAC)

Lowndes County Board of Elections and Registration

University of Georgia

Fort Valley State University

State of Georgia Department of Family and Children Services

Southern Georgia Regional Commission

Public Defender

South Georgia Regional Library Board of Trustees

Behavioral Health Services

Lowndes County Board of Tax Assessors

Lowndes County Board of Health

Lowndes County Solid Waste Provider Franchisees

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

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

Cemeteries
Courts - Municipal
Criminal Prosecution - City Courts
Death Examinations
Elections - City
Family and Children Services
Indigent Defense - City Courts
Mental Health
Public Health
Public Housing

Tax Collection - City Taxes Extension Services

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

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

9-1-1 Call Answering, Dispatching Public Safety Agencies

Airport

Animal Services

Arts Center

Building Inspections

City Street System Construction

City Street System Maintenance

Clerk of Court - State, Magistrate, Juvenile Courts

Code Enforcement - Cities

Code Enforcement - Unincorporated Area

Conference Center

County Road System Construction

County Road System Maintenance - Paved Roads

County Road System Maintenance - Unpaved Roads

Courts - Juvenile Court

Courts - Magistrate Court

Courts - State Court

Courts - Superior Court

Criminal Prosecution - Superior Court

Criminal Prosecution - State Court

Downtown Development

Drug Abuse Treatment and Education

Economic Development

Elections - Federal, State, County

Emergency Management

Emergency Medical Services

Fire Protection, Emergency Rescue - Cities

Fire Protection, Emergency Rescue - Unincorporated Area

Geographic Information System

Hospital

Indigent Defense - Juvenile Court

Indigent Defense - State Court

Indigent Defense - Superior Court

Law Enforcement - Cities

Libraries - Countywide

Libraries - Municipal

Litter Control - Cities

Litter Control - County

Mosquito Control - Cities

Mosquito Control - Unincorporated Area

Parks and Recreation - Countywide

Parks and Recreation - Municipal

Planning - Cities

Planning - Unincorporated Area

Prisoner Housing - Municipal Prisoners

Probation Services - City Courts

Probation Services - State Court

Probation Services - Superior Court

Property Rehabilitation

Property Valuation for Ad Valorem Taxation

Recycling - Cities

Recycling - Unincorporated Area

Regional Planning

Sewer

Solid Waste Collection - Cities

Solid Waste Collection - Unincorporated Area

Solid Waste Disposal - Cities

Solid Waste Disposal - Unincorporated Area

Stormwater Management - Cities

Stormwater Management - County Roads - Paved

Stormwater Management - County Roads - Unpaved

Street Lighting

Tourism Promotion

Water

Zoning

Renamed, Separated, Removed Services

The following services in the parties' prior SDS are renamed, separated, or removed.

industrial development: This service is renamed to better describe the service provided. The old name was industrial development. The new name is Economic Development.

animal control: This service is renamed to better describe the service provided. The old name was animal control. The new name is Animal Services.

code enforcement: This service is separated to facilitate description. The old name was code enforcement. The new names are Code Enforcement-Cities and Code Enforcement-Unincorporated Area.

courts-state and county: This service is separated to facilitate description. The old name was courts-state and county. The new names are Courts-Municipal, Courts-Juvenile Courts, Courts-Magistrate Court, Courts-State Court, and Courts-Superior Court.

clerk of courts-state and county: This service is renamed to better describe the service provided. The old name was clerk of courts-state and county. The new name is Clerk of Court-State, Magistrate, Juvenile Courts.

911 call answering, emergency vehicle dispatch: This service is renamed to better describe the service provided. The old name was 911 call answering, emergency vehicle dispatch. The new name is 9-1-1 call answering, Dispatching Public Safety Agencies.

fire protection, emergency rescue: This service is separated to facilitate description. The old name was fire protection, emergency rescue. The new names are Fire Protection, Emergency Rescue-Cities and Fire Protection, Emergency Rescue-Unincorporated Area.

prisoner housing-state and county court prisoners: This service is removed. It is provided by the sheriff and therefore not a local government service for SDS purposes.

prisoner housing-municipal court prisoners: This service is renamed to better describe the service provided. The old name was prisoner housing-municipal court prisoners. The new name is Prisoner housing-Municipal Prisoners.

libraries: This service is renamed to better describe the service provided. The old name was libraries. The new name is Libraries-Countywide.

litter control: This service is renamed to better describe the service provided. The old name was litter control. The new name is Litter Control-County.

mosquito control: This service is separated to facilitate description. The old name was mosquito control. The new names are Mosquito Control-Cities, and Mosquito Control-Unincorporated Area.

planning: This service is separated to facilitate description. The old name was planning. The new names are Planning-Cities and Planning-Unincorporated Area.

law enforcement-countywide: This service is removed. It is provided by the sheriff and therefore not a local government service for SDS purposes.

parks and recreation: This service is separated to facilitate description. The old name was parks and recreation. The new names are Parks and Recreation-Countywide and Parks and Recreation-Municipal.

probation services-state and county courts. This service is separated to facilitate description. The old name was probation services. The new names are Probation Services-State Court and Probation Services-Superior Court.

road construction: This service is separated to facilitate description and renamed to better describe the service provided. The old name was road construction. The new names are City Street System Construction and County Road System Construction.

road maintenance: This service is separated to facilitate description and renamed to better describe the service provided. The old name was road maintenance. The new names are City Street System Maintenance, County Road System Maintenance-Paved Roads, and County Road System Maintenance -Unpaved Roads.

drug abuse education: This service is renamed to better describe the service provided. The old name was drug abuse education. The new name is Drug Abuse Treatment and Education.

solid waste collection: This service is separated to facilitate description. The old name was solid waste collection. The new names are Solid Waste Collection-Cities and Solid Waste Collection-Unincorporated Area.

recycling: This service is separated to facilitate description. The old name was recycling. The new names are Recycling-Cities and Recycling-Unincorporated Area.

solid waste disposal: This service is separated to facilitate description. The old name was solid waste disposal. The new names are Solid Waste Disposal-Cities and Solid Waste Disposal-Unincorporated Area.

property tax valuation: This service is renamed to better describe the service provided. The old name was property tax valuation. The new name is Property Valuation for Ad Valorem Taxation.

tax collection-county taxes: This service is removed. It is provided by the tax commissioner and therefore not a local government service for SDS purposes.

criminal prosecution-state courts: This service is separated to facilitate description. The old name was criminal prosecution-state courts. The new names are Criminal Prosecution-City Courts, Criminal Prosecution-State Court, and Criminal Prosecution-Superior Court.

indigent defense-state and county courts: This service is separated to facilitate description. The old name was indigent defense-state and county courts. The new names are Indigent Defense-City Courts, Indigent Defense-Juvenile Court, Indigent Defense-State Court, and Indigent Defense-Superior Court. probation services-state and county courts: This service is renamed to better describe the service provided. The old name was probation services-state and county courts. The new name is Probation Services-State Courts.

Separate Form 2s

- 1. 9-1-1 Call Answering, Dispatching Public Safety Agencies
- 2. Airport
- 3. Animal Services
- 4. Arts Center
- 5. Building Inspections
- 6. Cemeteries
- 7. City Street System Construction
- 8. City Street System Maintenance
- 9. Clerk of Court State, Magistrate, Juvenile Courts
- 10. Code Enforcement Cities
- 11. Code Enforcement Unincorporated Area
- 12. Conference Center
- 13. County Road System Construction
- 14. County Road System Maintenance Paved Roads
- 15. County Road System Maintenance Unpaved Roads
- 16. Courts Municipal Court
- 17. Courts Juvenile Court
- 18. Courts Magistrate Court
- 19. Courts State Court
- 20. Courts Superior Court
- 21. Criminal Prosecution City Courts
- 22. Criminal Prosecution State Court
- 23. Criminal Prosecution Superior Court
- 24. Death Examinations
- 25. Downtown Development

- 26. Drug Abuse Treatment and Education
- 27. Economic Development
- 28. Elections City
- 29. Elections Federal, State, and County
- 30. Emergency Management
- 31. Emergency Medical Services
- 32. Extension Services
- 33. Family and Children Services
- 34. Fire Protection, Emergency Rescue Cities
- 35. Fire Protection, Emergency Rescue Unincorporated Area
- 36. Geographic Information System
- 37. Hospital
- 38. Indigent Defense City Courts
- 39. Indigent Defense Juvenile Court
- 40. Indigent Defense State Court
- 41. Indigent Defense Superior Court
- 42. Law Enforcement Cities
- 43. Libraries Countywide
- 44. Libraries Municipal
- 45. Litter Control Cities
- 46. Litter Control County
- 47. Mental Health
- 48. Mosquito Control Cities
- 49. Mosquito Control Unincorporated Area
- 50. Parks and Recreation Countywide
- 51. Parks and Recreation Municipal

- 52. Planning Cities
- 53. Planning Unincorporated Area
- 54. Prisoner Housing Municipal Prisoners
- 55. Probation Services City Courts
- 56. Probation Services State Court
- 57. Probation Services Superior Court
- 58. Property Rehabilitation
- 59. Property Valuation for Ad Valorem Taxation
- 60. Public Health
- 61. Public Housing
- 62. Recycling Cities
- 63. Recycling Unincorporated Area
- 64. Regional Planning
- 65. Sewer
- 66. Solid Waste Collection Cities
- 67. Solid Waste Collection Unincorporated Area
- 68. Solid Waste Disposal Cities
- 69. Solid Waste Disposal Unincorporated Area
- 70. Stormwater Management Cities
- 71. Stormwater Management County Roads Paved
- 72. Stormwater Management County Roads Unpaved
- 73. Street Lighting
- 74. Tax Collection City Taxes
- 75. Tourism Promotion
- 76. Water
- 77. Zoning







SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

instructions:				
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: LOWNDES	Service: 9-1-1 Call Answering, Dispatching Public Safety Agencies			
Check the box that best describes the agreed upo	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): Lowndes County			
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):			
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
☐One or more cities will provide this service only service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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•	_		_		ц.	ш	- Alice 10		4	ш		•

 List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc 	rity that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m.).	now the service will be funded (e.g., notel taxes, franchise taxes, impact					
Local Government or Author	rity Funding M	Funding Method					
Lowndes County	9-1-1 charges, general funds						
	r describe the service provided. Section 5 is revised						
	This service is renamed to better describe the service provided. Section 5 is revised to list the referenced agreement. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:						
Agreement Name	Contracting Parties	Effective and Ending Dates					
Service Agreement	Service Agreement 9-1-1 Center, Emergency Response Agencies 01/22/2015 -						
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: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes ∑No If not, provide designated contact person(s) and phone number(s) below: 							







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.						
COUNTY: LOWNDES	Service: Airport					
Check the box that best describes the agreed upor	n delivery arrangement for this service:					
Service will be provided countywide (i.e., including this box is checked, identify the government, authonity	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Valdosta-Lowndes County					
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):					
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:					
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the					
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
Yes (if "Yes," you must attach additional docume	entation as described, below)					
⊠No						
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).					
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					

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

Local Government or Authority	Funding N	Method		
Valdosta	hotel/motel taxes			
Lowndes County	special services fund revenues			
Airport Authority	user fees			
How will the strategy change the prev	vious arrangements for providing and/or fundi	ing this service within the county?		
ection 3 is revised to indicate how thi	s service will be funded. Valdosta and Lownd	des County will provide equal funding		
r this service.		and the second of the second of		
ist any formal service delivery agree	ements or intergovernmental contracts that wi	I he used to implement the strategy for		
his service:	mente of intergovernmental defittation that wi	in be deed to implement the strategy is		
his service:		is be used to implement the strategy is		
his service: Agreement Name	Contracting Parties			
his service:		Effective and Ending Date		
nis service:				
nis service:				
nis service:				
his service:				
his service:				
:his service:				
this service: Agreement Name What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this sen	Effective and Ending Date		
Agreement Name What other mechanisms (if any) will be		Effective and Ending Date		
his service: Agreement Name What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this sen	Effective and Ending Date		
Chis service: Agreement Name What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this sen	Effective and Ending Date.		
Agreement Name What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this sen	Effective and Ending Date.		
What other mechanisms (if any) will bacts of the General Assembly, rate or	Contracting Parties Doe used to implement the strategy for this send fee changes, etc.), and when will they take e	Effective and Ending Date		
this service: Agreement Name What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this send fee changes, etc.), and when will they take e	Effective and Ending Date.		
What other mechanisms (if any) will bacts of the General Assembly, rate or	Contracting Parties Doe used to implement the strategy for this send fee changes, etc.), and when will they take e	Effective and Ending Date		
What other mechanisms (if any) will bacts of the General Assembly, rate or	Contracting Parties December used to implement the strategy for this send fee changes, etc.), and when will they take e	Effective and Ending Date		

7. Person completing form: Paige Dukes

Phone number: **(229) 671-2400** Date completed: October 11, 2022

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

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







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: LOWNDES	Service: Animal Services			
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., includi this box is checked, identify the government, author	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lowndes County			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:			
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
☐Õther (If this box is checked, attach a legible maidentify the government, authority, or other organiza	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

fees, bonded indebtedness, etc	eral funds, special service district revenues, hotel .).	n/motel taxes, franchise taxes, impact
Local Government or Author	rity Funding	Method
Lowndes County	general funds	
. How will the strategy change th	e previous arrangements for providing and/or fun	ding this service within the county?
The name of the service is revis	ed. Section 6 is revised to list the referenced ordir	nances.
. List any formal service delivery this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
Lowndes County Animal Service	s Ordinance; applicable City animal services ordi	nances
·	Dukes	nances
Person completing form: Paige Phone number: (229) 671-2400 Is this the person who should b	Dukes	
Person completing form: Paige Phone number: (229) 671-2400 Is this the person who should b projects are consistent with the	Dukes Date completed: October 11, 2022 e contacted by state agencies when evaluating w	
Person completing form: Paige Phone number: (229) 671-2400 Is this the person who should b projects are consistent with the	Dukes Date completed: October 11, 2022 e contacted by state agencies when evaluating waservice delivery strategy? ⊠Yes □No	







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: LOWNDES	Service: Arts Center				
Check the box that best describes the agreed upor Service will be provided countywide (i.e., includithis box is checked, identify the government, authority the government.	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Lowndes/Valdosta Arts				
Commission (LVAC)	ed portion of the county by a single service provider. (If this box is				
☐One or more cities will provide this service only wind unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:				
One or more cities will provide this service only was service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).				
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc	eral fun	will help to pay for this service and indicate ho ds, special service district revenues, hotel/mo	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Author	rity	Funding Me	thod
Valdosta		hotel/motel taxes, general funds	
4. How will the strategy change th	e previo	ous arrangements for providing and/or funding	g this service within the county?
Valdosta will continue to fund L\ Any funding which the County in fund.	'AC. Oth	ner local governments may, in their discretion retion provides to fund LVAC shall be paid fro	, provide additional funding to LVAC. om the County's special services
5. List any formal service delivery this service:	agreem	nents or intergovernmental contracts that will l	be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
			-
6. What other mechanisms (if any acts of the General Assembly, r) will be ate or fe	used to implement the strategy for this service changes, etc.), and when will they take effe	ce (e.g., ordinances, resolutions, loca ect?
		S	
7. Person completing form: Paige Phone number: (229) 671-2400		ate completed: October 11, 2022	
B. Is this the person who should be projects are consistent with the	e contac service	cted by state agencies when evaluating wheth delivery strategy? ⊠Yes ⊡No	ner proposed local government
If not, provide designated contact	ct perso	n(s) and phone number(s) below:	







Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: LOWNDES	Service: Building Inspections			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
☑One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.): Dasher, Hahira, Lake Park, Remerton, V	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Valdosta, Lowndes County			
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>at overlapping</u> but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

Page 1 of 2

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

Local Government or Authority	Funding Method		
Dasher	regulatory fees		
Hahira	regulatory fees		
Lake Park	regulatory fees, general funds		
Remerton	regulatory fees		
Valdosta	regulatory fees		
Lowndes County	regulatory fees		

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

Section 5 is revised to list the referenced agreements that will be used to implement the strategy for this service unless and until terminated in accordance with their provisions. Section 6 is revised to list the referenced ordinances.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Intergov'tal Agency Agreement	Valdosta, Lowndes County	07/01/2000 -
Intergov'tal Agency Agreement	Valdosta, Dasher	//2004 -

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?		

Lowndes County Unified Land Development Code; Valdosta Land Development Regulations

7. Person completing form: Paige Dukes

Phone number: **(229) 671-2400** Date completed: October 11, 2022

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

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







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li- Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Cemeteries
this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☑One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Lake Park, Valdosta	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding Method	
Lake Park	general funds	
Valdosta	general funds, trust funds, user fees	
How will the strategy change the prev	rious arrangements for providing and/or funding this	service within the county?
	rious arrangements for providing and/or funding this s	service within the county?
No change	vious arrangements for providing and/or funding this s	·

Agreement Name	Contracting Parties	Effective and Ending Dates

acts of the General Assembly, rate or fee chan	o implement the strategy for this service (e.g., ordinances, resolutions, local ages, etc.), and when will they take effect?

1.	. +	'erson	comp	leting	form:	Paige	Dukes

Phone number: (229) 671-2400 Date

Date completed: October 11, 2022

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

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







Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: LOWNDES	Service: City Street System Construction			
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 unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
⊠One or more cities will provide this service only v in unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	☑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: Dasher, Hahira, Lake Park, Remerton, Valdosta			
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 maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional documentation as described, below)				
⊠No				
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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

Local Government or Authority	Funding Method
Dasher	SPLOST, TSPLOST, state and federal funds, general funds
Hahira	SPLOST, TSPLOST, state and federal funds, general funds
Lake Park	SPLOST, TSPLOST, state and federal funds, general funds
Remerton	SPLOST, TSPLOST, state and federal funds, general funds
Valdosta SPLOST, TSPLOST, state and federal funds, general funds	

Valdosta	SPLOST, TSPLOST, state and federal funds, general funds				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?					
This service is separated to facil to indicate how the service will b	litate description and renamed to better describe the se be funded.	ervice provided. Section 3 is revised			
this service:	agreements or intergovernmental contracts that will be	e used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
6. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this service rate or fee changes, etc.), and when will they take effect	e (e.g., ordinances, resolutions, local ct?			
7. Person completing form: Paige Phone number: (229) 671-2400					
8. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating whethe service delivery strategy? ⊠Yes ⊡No	er proposed local government			
If not, provide designated contact	ct person(s) and phone number(s) below:				







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY: LOWNDES	Service: City Street System Maintenance		
this box is checked, identify the government, authority service will be provided only in the unincorporate checked, identify the government, authority or organized	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): ed portion of the county by a single service provider. (If this box is nization providing the service.):		
 ☑One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Dasher, Hahira, Lake Park, Remerton, Valdosta ☑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 maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional documentation as described, below)			
⊠No			
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method	
Dasher	TSPLOST, state and federal funds, general funds	
Hahira	TSPLOST, state and federal funds, general funds	
Lake Park	TSPLOST, state and federal funds, general funds	
Remerton	TSPLOST, state and federal funds, general funds	
Valdosta	TSPLOST, state and federal funds, general funds	

	Tot 2001, state and reactal failes, gene	ziai ianao			
Valdosta	TSPLOST, state and federal funds, gene	TSPLOST, state and federal funds, general funds			
4. How will the strategy change the	e previous arrangements for providing and/or fun	nding this service within the county?			
This service is separated to facili to indicate how the service will be	itate description and renamed to better describe t e funded.	the service provided. Section 3 is revised			
· · · · · · · · · · · · · · · · · · ·					
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
	•				
3. What other mechanisms (if any) acts of the General Assembly, ra) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local e effect?			
7. Person completing form: Paige Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022				
3. Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government			
If not, provide designated contact	ct person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: LOWNDES	Service: Clerk of Court - State, Magistrate, Juvenile Courts			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Clerk of Court for State			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
☐One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
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Local Government or Author	rity Funding	g Method
owndes County	general funds	medied
		-
How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
nis service is renamed to better	r describe the service provided. Section 1 is revis	sed to list the providers of the service.
list any formal service delivery	agreements or intergovernmental contracts that	will be used to implement the strategy
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
Agreement Name Vhat other mechanisms (if any	Contracting Parties Output Discrete the strategy for this service or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, I
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any cts of the General Assembly, referson completing form: Paige hone number: (229) 671-2400 as this the person who should be) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, I







Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Code Enforcement - Cities
1. Check the box that best describes the agreed upor	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the control of the countywide (i.e., including t	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☑One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

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

Local Government or Authority	Funding Method	DWAE DE
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Remerton	general funds	
Valdosta	general funds	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
This service is separated to facil	itate description.			
List any formal service delivery this service:	agreements or intergovernmental contracts	that will be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Intergovernmental Agreement	Valdosta, Hahira	11/01/2006 - automatically		
		renews		
6. What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for thate or fee changes, etc.), and when will they	nis service (e.g., ordinances, resolutions, local take effect?		
City Ordinances				
7. Person completing form: Paige Phone number: (229) 671-2400				
8. Is this the person who should b projects are consistent with the	e contacted by state agencies when evaluati service delivery strategy? ⊠Yes ⊡No	ng whether proposed local government		
If not, provide designated conta	ct person(s) and phone number(s) below:			







Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Code Enforcement - Unincorporated Area
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
⊠Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.): Lowndes County
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
	ientation as described, below)
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	ne	FOR	B		
J	no.	FUR	IVI Z.	continue	10

Local Government or Author	rity Funding I	Method
Lowndes County	special services fund revenues	
How will the strategy change the	e previous arrangements for providing and/or fund	ling this service within the county?
his service is separated to facilita	ate descriprtion. Section 3 is revised to indicate ho	ow the service will be funded.
List any formal continued delivery		20.1
List any formal service delivery a his service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy
	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, rational county Ordinances Person completing form: Paige I	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rational county Ordinances Person completing form: Paige I Phone number: (229) 671-2400 as this the person who should be	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo







Instructions:

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

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

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

Addosta hotel/motel taxes, general funds How will the strategy change the previous arrangements for providing and/or funding this service within the county? Section 3 is revised to list each local government and authority that will help pay for the service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name Contracting Parties Effective and Ending I. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Local Government or Author		Funding	g Method		
National Management Managements for providing and/or funding this service within the county? Section 3 is revised to list each local government and authority that will help pay for the service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name Contracting Parties Effective and Ending I		thority user	fees			
How will the strategy change the previous arrangements for providing and/or funding this service within the county? Section 3 is revised to list each local government and authority that will help pay for the service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service:	Hahira	hote	notel/motel taxes, general funds			
Section 3 is revised to list each local government and authority that will help pay for the service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Agreement Name** **Contracting Parties** **Effective and Ending Delivery agreements or intergovernmental contracts that will be used to implement the strates that will be used to implement the strates of this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Valdosta	hote	l/motel taxes, general funds			
Section 3 is revised to list each local government and authority that will help pay for the service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Agreement Name** **Contracting Parties** **Effective and Ending Delivery agreements or intergovernmental contracts that will be used to implement the strates that will be used to implement the strates of this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
Section 3 is revised to list each local government and authority that will help pay for the service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Agreement Name** **Contracting Parties** **Effective and Ending Delivery agreements or intergovernmental contracts that will be used to implement the strates that will be used to implement the strates of this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
Section 3 is revised to list each local government and authority that will help pay for the service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Reflective and Ending Delivery agreement Name** **Contracting Parties** **Effective agreement Name** **Contracting Parties** **Contracting Parties** **Effective agreement Name** **Contracting Parties** **Effective agreement Name** **Contracting Parties** **Contracting Parties** **Effective agreement Name** **Contracting Parties** **Contracting Parties** **Effective agreement Name** **Contracting Parties** **Contracting Parties** **Effective						
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Agreement Name** **Contracting Parties** **Effective and Ending Delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	. How will the strategy change th	he previous a	rrangements for providing and/or fur	nding this service within the county?		
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Agreement Name** **Contracting Parties** **Effective and Ending Delivery agreements or intergovernmental contracts that will be used to implement the strates of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Agreement Name** **Contracting Parties** **Effective and Ending Delivery agreements or intergovernmental contracts that will be used to implement the strates of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: **Agreement Name** **Contracting Parties** **Effective and Ending Delivery agreements or intergovernmental contracts that will be used to implement the strates of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Continuo 3 in marina del finte a act	La calla		•		
Agreement Name Contracting Parties Effective and Ending I What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	section 3 is revised to list each	local governm	nent and authority that will help pay	for the service.		
Agreement Name Contracting Parties Effective and Ending I What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
Agreement Name Contracting Parties Effective and Ending I What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
Agreement Name Contracting Parties Effective and Ending I What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
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Agreement Name Contracting Parties Effective and Ending I What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	List any formal service delivery	, agreemente	or intergovernmental contracts that	will be used to implement the strategy of		
Agreement Name Contracting Parties Effective and Ending II What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	. List arry formal service delivery	agreements	or intergovernmental contracts that	will be used to implement the strategy t		
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	this service:					
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
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acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Agreement Name		Contracting Parties	Effective and Ending Date		
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acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Agreement Name		Contracting Parties	Effective and Ending Date		
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Agreement Name		Contracting Parties	Effective and Ending Date		
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Agreement Name		Contracting Parties	Effective and Ending Date		
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Agreement Name		Contracting Parties	Effective and Ending Date		
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Agreement Name		Contracting Parties	Effective and Ending Date		
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Agreement Name		Contracting Parties	Effective and Ending Date		
		/) will be used				
ocal Act creating Valdosta-Lowndes County Conference Center and Tourism Authority	What other mechanisms (if any	y) will be used	I to implement the strategy for this s	service (e.g., ordinances, resolutions, lo		
ocal Act creating Valdosta-Lowndes County Conference Center and Tourism Authority	What other mechanisms (if any	y) will be used	I to implement the strategy for this s	service (e.g., ordinances, resolutions, lo		
ocal Act creating Valdosta-Lowndes County Conference Center and Tourism Authority	What other mechanisms (if any	y) will be used	I to implement the strategy for this s	service (e.g., ordinances, resolutions, lo		
Local Act creating Valdosta-Lowndes County Conference Center and Tourism Authority	What other mechanisms (if any	y) will be used	I to implement the strategy for this s	service (e.g., ordinances, resolutions, lo		
	What other mechanisms (if any	y) will be used	I to implement the strategy for this s	service (e.g., ordinances, resolutions, lo		
	What other mechanisms (if any acts of the General Assembly, r	rate or fee cha	I to implement the strategy for this s anges, etc.), and when will they take	service (e.g., ordinances, resolutions, lo		

7. Person completing form: Paige Dukes

Phone number: (229) 671-2400 Date completed: October 11, 2022

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

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





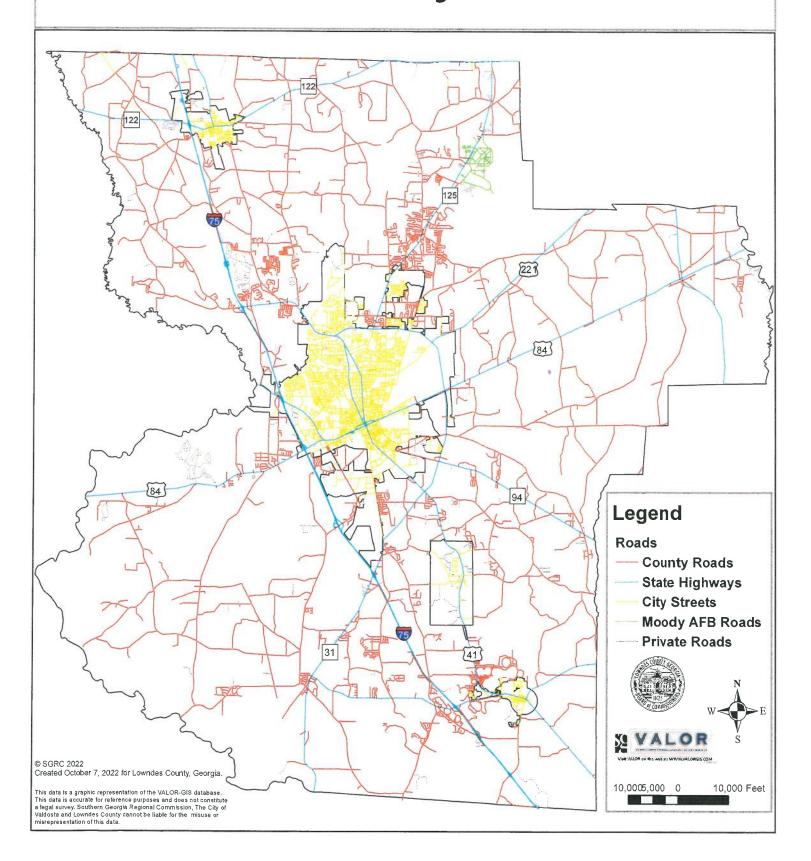


Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: County Road System Construction
this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Lowndes County ed portion of the county by a single service provider. (If this box is
☐One or more cities will provide this service only v	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is check service.): Other (If this box is checked, attach a legible material attach attach a legible material attach	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ap delineating the service area of each service provider, and
2. In developing this strategy, were overlapping service identified?Yes (if "Yes," you must attach additional documents)	ation that will provide service within each service area.): ce areas, unnecessary competition and/or duplication of this service entation as described, below)
No If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	
	Page 1 of 2

SDS FORM 2, continued						
THE FLIK WILL CONTINUES						

Local Government or Authority	Funding	Method
owndes County	SPLOST, TSPLOST, state and federal fur	nds, general funds
How will the strategy change the pr	evious arrangements for providing and/or fund	ling this service within the county?
nis service is separated to faclitate ad system is depicted on the attacl	description and renamed to better describe the ned map.	e service provided. The current county
ist any formal service delivery agre is service:	eements or intergovernmental contracts that w	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Vhat other mechanisms (if any) willots of the General Assembly, rate of	be used to implement the strategy for this sen	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will cts of the General Assembly, rate of	be used to implement the strategy for this sent fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will ots of the General Assembly, rate of	be used to implement the strategy for this sen	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, r	or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, lo
Person completing form: Paige Dukhone number: (229) 671-2400	res Date completed: October 11, 2022 ntacted by state agencies when evaluating when the complete of the compl	effect?

Lowndes County Road System









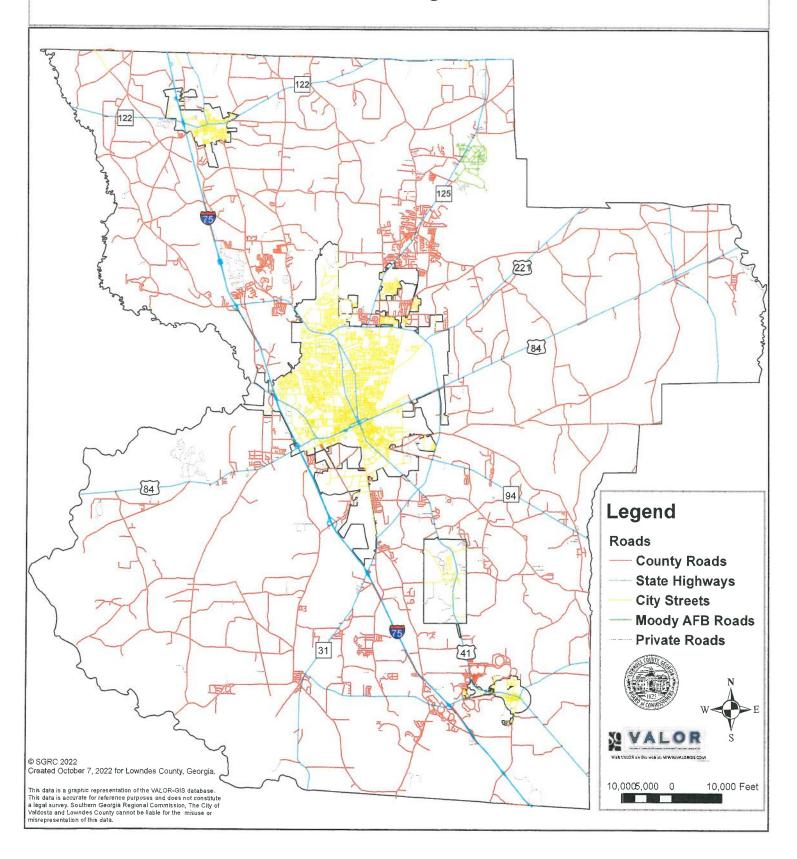
Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: LOWNDES	Service: County Road System Maintenance - Paved Roads			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includithis box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Lowndes County			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>ar</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the contract of the contract	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.	ity that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m).	now the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Author	rity Funding M	ethod
Lowndes County	TSPLOST, state and federal funds, general	
This service is separated to facilit	e previous arrangements for providing and/or funding ate description and renamed to better describe the	
this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this servi ate or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, local fect?
projects are consistent with the s	Dukes Date completed: October 11, 2022 contacted by state agencies when evaluating where ervice delivery strategy? ⊠Yes □No t person(s) and phone number(s) below:	ther proposed local government

Lowndes County Road System









SERVICE DELIVERY STRATEGY

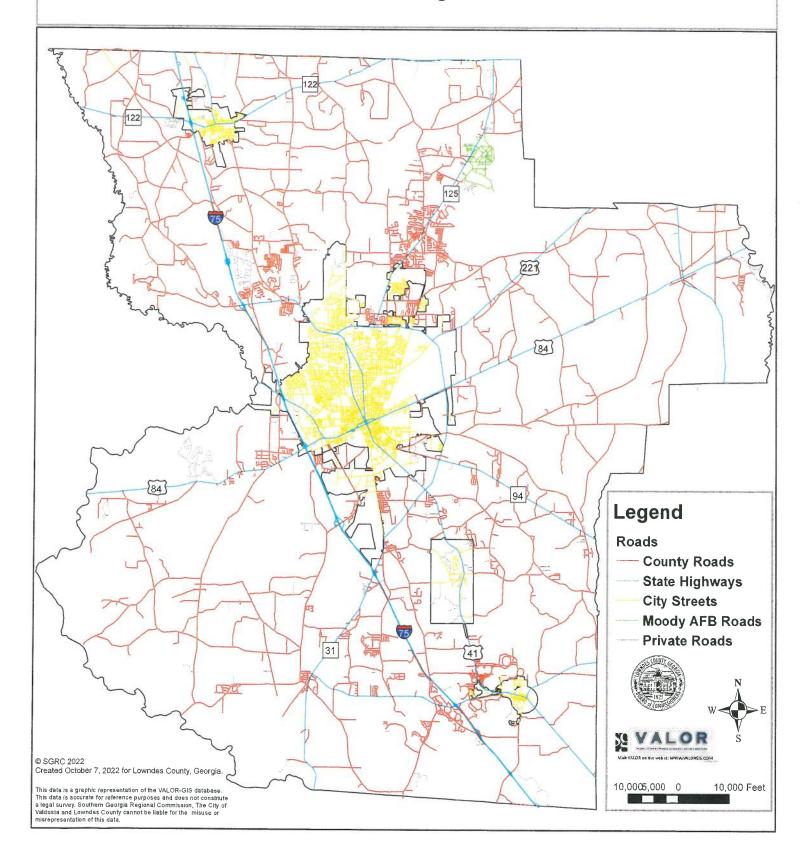
FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.					
COUNTY: LOWNDES	Service: County Road System Maintenance - Unpaved Roads				
 Check the box that best describes the agreed upor ✓ Service will be provided countywide (i.e., including the countywide) 	ng all cities and unincorporated areas) by a single service provider. (If				
this box is checked, identify the government, author	rity or organization providing the service.):Lowndes County ed portion of the county by a single service provider. (If this box is				
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:				
One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).				
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
	Page 1 of 2				

SDS FORM 2, contin	

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel.).	e how the service will be funded (e.g., /motel taxes, franchise taxes, impact
Local Government or Autho	rity Funding	Method
Lowndes County	Through 06/30/2023: TSPLOST, state ar	
Lowndes County	Effective 07/01/2023: TSPLOST, state an	d federal funds
4. How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?
road system is depicted on the a Effective July 1, 2023, the Count revenues from incorporated taxp	y will fund this service from revenues other than g	eneral fund revenues or property tax
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any acts of the General Assembly, ra	will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, local effect?
7. Person completing form: Paige Phone number: (229)671-2400	Dukes Date completed: October 11, 2022	
	e contacted by state agencies when evaluating where evaluating evaluating evaluating evaluating evaluating evaluating evaluations evaluating evaluations evaluation	nether proposed local government
If not, provide designated contact	et person(s) and phone number(s) below:	

Lowndes County Road System









FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Courts - Municipal
this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☑One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
If these conditions will continue under this strategy, at	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	David of O

Page 1 of 2

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

Local Government or Authority	Funding Method			
Dasher	general funds			
Hahira	general funds			
Lake Park	general funds			
Remerton	general funds			
Valdosta	general funds			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact pe				







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Courts - Juvenile Court
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Juvenile Court
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only vaservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	y that will help to pay for this service and indicateral funds, special service district revenues, hote	te how the service will be funded (e.g., el/motel taxes, franchise taxes, impact		
Local Government or Author	ity Funding	Funding Method		
Lowndes County	general funds	,		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? This service is separated to facilitate description.				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
y.				
7. Person completing form: Paige I Phone number: (229) 671-2400	Dukes Date completed: February 9, 2023			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes ☐No				
If not, provide designated contact person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Courts - Magistrate Court
Check the box that best describes the agreed upor	n delivery arrangement for this service:
⊠ Service will be provided countywide (i.e., including this box is checked, identify the government, authorities and the countywide (i.e., including this box is checked, identify the government, authorities are considered.)	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Magistrate Court
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	SDS FORM 2, continued				
3. List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	ty that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m	ow the service will be funded (e.g., otel taxes, franchise taxes, impact			
Local Government or Author	rity Funding Me	ethod			
Lowndes County	general funds				
4. How will the strategy change the	e previous arrangements for providing and/or fundin	g this service within the county?			
This service is separated to facilit	ate description.				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name	Contracting Parties	Effective and Ending Dates			

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: February 9, 2023
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes ☐No
If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Courts - State Court
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): State Court
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at overlapping</u> but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elementary).	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Author	rity Fundin	g Method
_owndes County	general funds	
How will the strategy change the	e previous arrangements for providing and/or fu	anding this service within the county?
his service is separated to facilit	ate description.	
List any formal service delivery	agreements or intergovernmental contracts that	t will be used to implement the strategy f
this service:	gg	t min 20 dood to imploment the dudlegy t
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service:		
this service: Agreement Name What other mechanisms (if any)		Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this s	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this s	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ste or fee changes, etc.), and when will they tak	Effective and Ending Date
What other mechanisms (if any) acts of the General Assembly, ra Person completing form: Paige I Phone number: (229) 671-2400 Is this the person who should be	will be used to implement the strategy for this ste or fee changes, etc.), and when will they tak	Effective and Ending Date Service (e.g., ordinances, resolutions, local e effect?







FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Courts - Superior Court
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Superior Court
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority general funds 4. How will the strategy change the previous arrangements for providing and/or funding this service within the cou This service is separated to facilitate description. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolut acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	d (e.g., mpact
Lowndes County general funds 4. How will the strategy change the previous arrangements for providing and/or funding this service within the cou This service is separated to facilitate description. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the st this service: Agreement Name	
This service is separated to facilitate description. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the st this service: Agreement Name	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the st this service: Agreement Name Contracting Parties Effective and Ending	nty?
this service: Agreement Name Contracting Parties Effective and Ending 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolute)	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolut	rategy for
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolut acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	ng Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolut acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	
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	ions, local
7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: February 9, 2023	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local govern- projects are consistent with the service delivery strategy? ⊠Yes □No	ment
If not, provide designated contact person(s) and phone number(s) below:	







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Criminal Prosecution - City Courts
this box is checked, identify the government, authorized this box is checked, identify the provided only in the unincorporate checked, identify the government, authority or orga ⊠One or more cities will provide this service only we have the control of the con	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): ed portion of the county by a single service provider. (If this box is
One or more cities will provide this service only veservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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List each government or	authority that will	help to pay for th	nis service and in	ndicate how th	e service will be fu	ınded (e.a
enterprise funds, user fee	es, general funds,	special service of	district revenues,	hotel/motel ta	axes, franchise tax	es, impact
fees, bonded indebtedne					•	, ,

Local Government or Authority	Funding Method	
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Remerton	general funds	
Valdosta	general funds	
1. How will the strategy change the prev	rious arrangements for providing and/or funding this	service within the county?
No change		
this service:	ments or intergovernmental contracts that will be use	
Agreement Name	Contracting Parties	Effective and Ending Dates
	4	
. What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	រ្វ., ordinances, resolutions, local
	Date completed: October 11, 2022 acted by state agencies when evaluating whether pro	oposed local government
projects are consistent with the service		







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Criminal Prosecution - State Court
1. Check the box that best describes the agreed upor	
this box is checked, identify the government, autho	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Solicitor General
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, continued

List each government or authority enterprise funds, user fees, genera fees, bonded indebtedness, etc.).	that will help to pay for this service and indica I funds, special service district revenues, hote	te how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Authority	Funding	g Method
Lowndes County	general funds	
4. How will the strategy change the p	revious arrangements for providing and/or fur	nding this service within the county?
this service:	e description.	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) wi acts of the General Assembly, rate	Il be used to implement the strategy for this s or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local e effect?
7. Person completing form: Paige Du Phone number: (229) 671-2400	kes Date completed: October 11, 2022	
Is this the person who should be consistent with the service.	ontacted by state agencies when evaluating wirce delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact p	erson(s) and phone number(s) below:	







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sarry. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Criminal Prosecution - Superior Court
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):District Attorney
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only versions in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

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Local Government or Authori	ty Funding	Method
Lowndes County	general funds	Metriod
•		
		· · · · · · · · · · · · · · · · · · ·
How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
This service is separated to fascili	ate description.	
List any formal service delivery a	greements or intergovernmental contracts that v	will be used to implement the strategy fo
-ier airy remains service deliver, a		
this service:	gradina de mongavarimantal deminado una v	will be used to implement the strategy to
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service:		
this service: Agreement Name What other mechanisms (if any)		Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any)	vill be used to implement the strategy for this see or fee changes, etc.), and when will they take	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
What other mechanisms (if any) acts of the General Assembly, rate Person completing form: Paige Dehone number: (229) 671-2400	vill be used to implement the strategy for this see or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?







FORM 2: Summary of Service Delivery Arrangements

Inatrustiana

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Death Examinations
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Lowndes County Coroner
	ed portion of the county by a single service provider. (If this box is
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Down 4 of 2

SDS FORM 2, continu	er	TIT	In	cont	M 7	18	1 3 0	-

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	ity that will help to pay for this service and ind eral funds, special service district revenues, h .).	icate how the service will be funded (e.g., otel/motel taxes, franchise taxes, impact
Local Government or Author	rity Fund	ling Method
Lowndes County	general funds	mg metrica
	35-10-10-10-10-10-10-10-10-10-10-10-10-10-	
4. How will the strategy change th	e previous arrangements for providing and/or	funding this service within the county?
No change 5. List any formal service delivery this service:	agreements or intergovernmental contracts th	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Faities	Effective and Ending Dates
What other mechanisms (if any acts of the General Assembly, range)) will be used to implement the strategy for this ate or fee changes, etc.), and when will they to	s service (e.g., ordinances, resolutions, local ake effect?
7. Person completing form: Paige Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022	
8. Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	g whether proposed local government
If not, provide designated contact	et person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	odry. If the some person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Downtown Development
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is inization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiza will be provided for Valdosta by the Valdosta Do Development Authority, for Hahira by the Down Remerton by the Remerton Downtown Develops	ap delineating the service area of each service provider, and ation that will provide service within each service area.): This service owntown Development Authority and the Central Valdosta town Development Authority of the City of Hahira, and for ment Authroity. This service will also be provided by Valdosta, thin their incorporated boundaries. Maps delineating the service
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☑ Yes (if "Yes," you must attach additional document or an experience of the content of t	entation as described, below)
□No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the condition of the control of the condition of the conditions of the condition of th	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg	gy, 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.

SDS FORM 2, continued

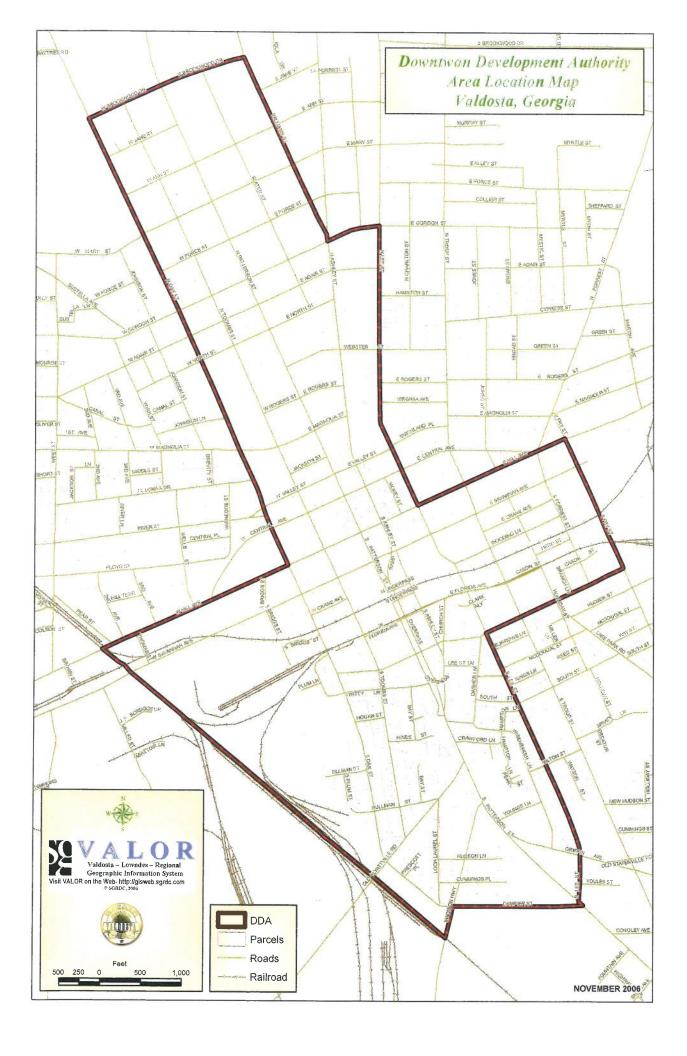
3	E. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
	fees, bonded indebtedness, etc.).

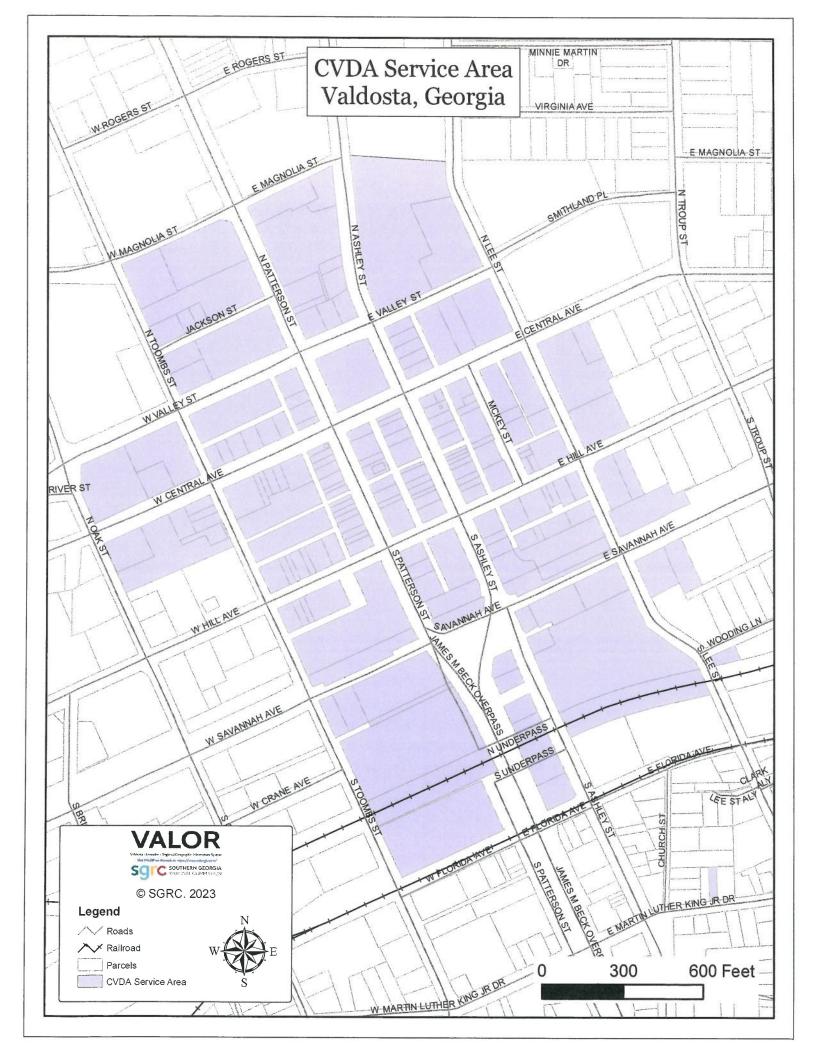
Local Government or Authority	Funding Method	
Valdosta Downtown Dev. Authority	general funds	
Central Valdosta Dev. Authority	special service district taxes	
Downtown Dev. Authority of Hahira	general funds	
Remerton Downtown Dev. Authority	special service district taxes	
Valdosta, Hahira, Remerton	general funds	

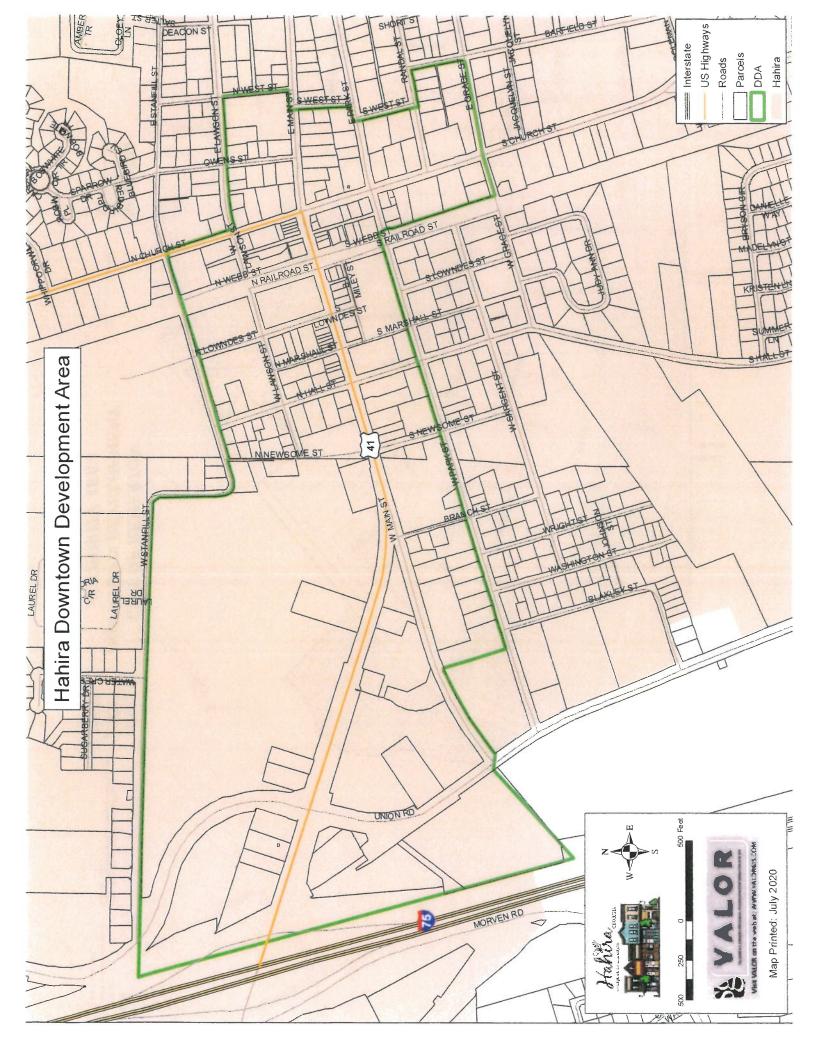
Remerton Downtown Dev. Authorit	ty special service district taxes	
Valdosta, Hahira, Remerton	general funds	
4. How will the strategy change the p	previous arrangements for providing and/c	r funding this service within the county?
Sections 1 and 3 are revised to deland Authority of the City of Hahira.	ete the Community Improvement District a	and to add the Downtown Development
this service:	reements or intergovernmental contracts	that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
L		
What other mechanisms (if any) w acts of the General Assembly, rate	vill be used to implement the strategy for the or fee changes, etc.), and when will they	nis service (e.g., ordinances, resolutions, local take effect?
7. Person completing form: Paige Du Phone number: (229) 671-2400	ukes Date completed: February 9, 2023	
Is this the person who should be c projects are consistent with the ser	contacted by state agencies when evaluatirvice delivery strategy? ⊠Yes ⊡No	ng whether proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	

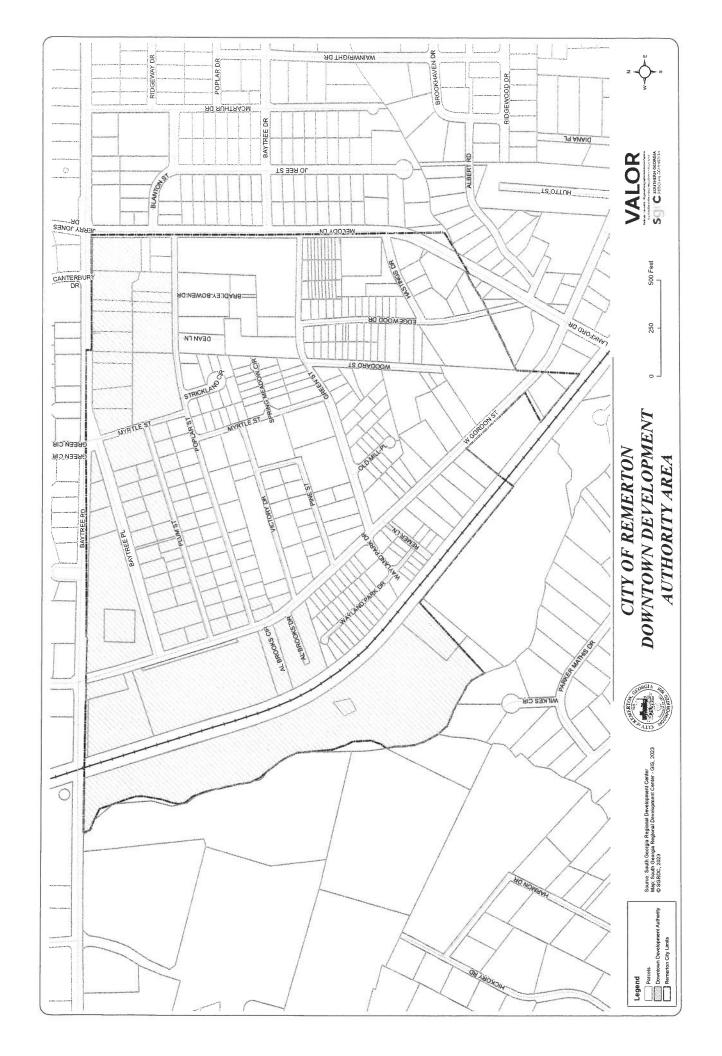
Explanation Regarding Downtown Development Service Areas

The service areas of some of the providers of downtown development overlap. This does not result in unnecessary competition or duplication of services. The services provided are complementary.

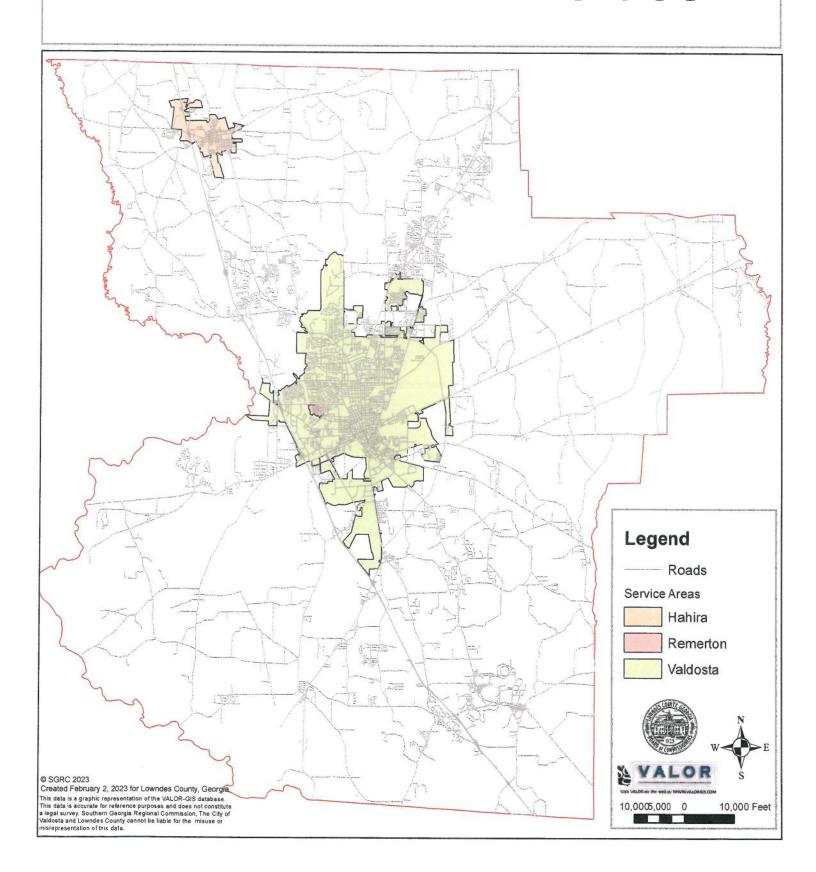








Downtown Development Service Areas - Cities









FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Drug Abuse Treatment and Education
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authorouncil (LODAC)	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lowndes Drug Action
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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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	
Valdosta	court fines for drug treatment and education	
Hahira	court fines for drug treatment and education	
Remerton	court fines for drug treatment and education	
Lake Park	court fines for drug treatment and education	
Lowndes County	court fines for drug treatment and education	

Lake Park	court fines for drug treatment and educ	court fines for drug treatment and education		
Lowndes County	court fines for drug treatment and educ	cation		
This service is renamed to bette	r describe the service provided. Section 1 is revocal government that will help pay for the service	vised to identify the provider of the service.		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	at will be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
i. What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this ate or fee changes, etc.), and when will they ta	service (e.g., ordinances, resolutions, loca ke effect?		
7. Person completing form: Paige Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022			
B. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government		
If not, provide designated conta-	ct person(s) and phone number(s) below:			
-				







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Economic Development
1. Check the box that best describes the agreed upor	
this box is checked, identify the government, authority d/b/a Valdosta-Lowndes De	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Valdosta-Lowndes County velopment Authority
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Author	ority Funding I	Method
owndes County	general funds	
How will the strategy change th	ne previous arrangements for providing and/or fundi	ing this service within the county?
his service is renamed to bette section 5 is revised to list the re	r describe the service provided. Section 1 is revised ferenced contracts	d to identify the provider of the servic
rodion o la revisea la list the re	refereed contracts.	
List any formal service delivery	agreements or intergovernmental contracts that wi	Il be used to implement the strategy
inis service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name Itergovernmental Contract	Contracting Parties Industrial Authority, Lowndes County	Effective and Ending Date 12/01/2019 - 02/01/2034
Agreement Name ntergovernmental Contract		
Agreement Name ntergovernmental Contract	Industrial Authority, Lowndes County	12/01/2019 - 02/01/2034
Agreement Name ntergovernmental Contract	Industrial Authority, Lowndes County	12/01/2019 - 02/01/2034
Agreement Name ntergovernmental Contract	Industrial Authority, Lowndes County	12/01/2019 - 02/01/2034
Agreement Name ntergovernmental Contract	Industrial Authority, Lowndes County	12/01/2019 - 02/01/2034
Agreement Name Intergovernmental Contract Contract for Authority Funding What other mechanisms (if any	Industrial Authority, Lowndes County	12/01/2019 - 02/01/2034 12/01/2019 - 02/01/2034 vice (e.g., ordinances, resolutions, lo
ntergovernmental Contract Contract for Authority Funding What other mechanisms (if any acts of the General Assembly, r	Industrial Authority, Lowndes County Industrial Authority, Lowndes County () will be used to implement the strategy for this service.	12/01/2019 - 02/01/2034 12/01/2019 - 02/01/2034 vice (e.g., ordinances, resolutions, lo
Agreement Name Intergovernmental Contract Contract for Authority Funding What other mechanisms (if any acts of the General Assembly, reconstitutional Amendment creat	Industrial Authority, Lowndes County Industrial Authority, Lowndes County y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take existing Valdosta-Lowndes County Industrial Authority	12/01/2019 - 02/01/2034 12/01/2019 - 02/01/2034 vice (e.g., ordinances, resolutions, lo
Agreement Name Intergovernmental Contract Contract for Authority Funding What other mechanisms (if any acts of the General Assembly, r	Industrial Authority, Lowndes County Industrial Authority, Lowndes County y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take existing Valdosta-Lowndes County Industrial Authority Dukes	12/01/2019 - 02/01/2034 12/01/2019 - 02/01/2034 vice (e.g., ordinances, resolutions, lo
Agreement Name Intergovernmental Contract Contract for Authority Funding What other mechanisms (if any acts of the General Assembly, respectively) Onstitutional Amendment creat Person completing form: Paige Phone number: (229) 671-2400 Is this the person who should be	Industrial Authority, Lowndes County Industrial Authority, Lowndes County y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take existing Valdosta-Lowndes County Industrial Authority Dukes	12/01/2019 - 02/01/2034 12/01/2019 - 02/01/2034 vice (e.g., ordinances, resolutions, loffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li- Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY: LOWNDES	Service: Elections - City		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
☑One or more cities will provide this service only 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: Dasher, Hahira, Lake Park, Remerton, Valdosta			
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

Page 1 of 2

SDS FORM 2, continued

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

Funding Method

Local Government or Authority

Dasher	general funds		
Hahira	general funds		
Lake Park	general funds		
Remerton	general funds		
Valdosta	general funds		
4. How will the strategy change the	ne previous arrangements for providing and/or fu	nding this service within the county?	
No change			
this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this sate or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, local e effect?	
7. Person completing form: Paige Phone number: (229) 671-2400			
8. Is this the person who should b projects are consistent with the	e contacted by state agencies when evaluating v service delivery strategy? ☐Yes ☐No	whether proposed local government	
If not, provide designated conta	ct person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Elections - Federal, State, County
1. Check the box that best describes the agreed upor	
this box is checked, identify the government, author Elections and Registration	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lowndes County Board of
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

-	-	Street, or other Designation of the last		The second second second	
5	DS.	FOR	M 2.	continu	led

 List each government or author enterprise funds, user fees, gen- fees, bonded indebtedness, etc. 	ity that will help to pay for this service and indicate le eral funds, special service district revenues, hotel/m).	how the service will be funded (e.g., notel taxes, franchise taxes, impact
Local Government or Author	rity Funding M	lethod
Lowndes County	general funds	
4. How will the strategy change the	e previous arrangements for providing and/or fundir	ng this service within the county?
	e provider. Section 6 is revised to list the referenced	
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this servete or fee changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, local ffect?
Local Act creating Lowndes Cour	nty Board of Elections and Registration	
7. Person completing form: Paige Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022	
Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	ot person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Emergency Management
this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lowndes County ed portion of the county by a single service provider. (If this box is
One or more cities will provide this service only v	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is chec service.): Other (If this box is checked, attach a legible material)	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ap-delineating-the-service area of each service provider , and ation that will provide service within each service area.):
 2. In developing this strategy, were overlapping service identified? ☐ Yes (if "Yes," you must attach additional documents) ☒ No 	ce areas, unnecessary competition and/or duplication of this service entation as described, below)
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Page 1 of 2

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Local Government or Authority	Funding	Method
owndes County	general funds, state and federal funds	
How will the strategy change the pre	evious arrangements for providing and/or fund	ding this service within the county?
ection 3 is revised to indicate how th	ne service will be funded.	
ist any formal service delivery agre	ements or intergovernmental contracts that v	vill he used to implement the strategy
nis service:		viii se acca to implement the chategy
Agreement Name	Contracting Parties	Effective and Ending Date
		Enouge and Ending Date
What other mechanisms (if any) will	be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, lo
cts of the General Assembly, rate of	r fee changes, etc.), and when will they take	effect?
	es Date completed: October 11, 2022	
erson completing form: Paige Duke		
hone number: (229) 671-2400	tacted by state agencies when evaluating w	hether proposed local government







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Emergency Medical Services
Check the box that best describes the agreed upon	n delivery arrangement for this convice:
T. Official the box that best describes the agreed upon	it delivery arrangement for this service.
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Hospital Authority of
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SI	DS	FOR	M 2.	cont	inued

 List each government or authority enterprise funds, user fees, gene fees, bonded indebtedness, etc.). 	y that will help to pay for this service and indicate how tral funds, special service district revenues, hotel/motel	he service will be funded (e.g., taxes, franchise taxes, impact
Local Government or Authori	ity Funding Metho	d
Lowndes County	general funds, SPLOST	
4. How will the strategy change the		
Section 1 is revised to identify the	previous arrangements for providing and/or funding this provider of the service. Section 6 is revised to list the regreements or intergovernmental contracts that will be used.	eferenced Resolutions.
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this service (e or fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
Resolution, City of Valdosta, Dece Resolution, Lowndes County, Dec		
7. Person completing form: Paige D Phone number: (229) 671-2400	Date completed: October 11, 2022	
projects are consistent with the se	contacted by state agencies when evaluating whether ervice delivery strategy? ⊠Yes □No	proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Extension Services
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): University of Georgia
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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Local Government or Authori	ty Funding	Method
owndes County	general funds	
low will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
change		
ist any formal service delivery a	greements or intergovernmental contracts that w	vill be used to implement the strategy
is service:		-
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Agreement Name	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
Agreement Name /hat other mechanisms (if any) v	vill be used to implement the strategy for this see or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions
Agreement Name /hat other mechanisms (if any)	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
Agreement Name /hat other mechanisms (if any)	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
Agreement Name Vhat other mechanisms (if any)	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
Agreement Name Vhat other mechanisms (if any)	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
Agreement Name /hat other mechanisms (if any) vers of the General Assembly, rate erson completing form: Paige D	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions
Agreement Name /hat other mechanisms (if any) version of the General Assembly, rate erson completing form: Paige Danne number: (229) 671-2400 this the person who should be	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, leffect?







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: LOWNDES	Service: Family and Children Services	
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, author Department of Family and Children Services	n delivery arrangement for this service: ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): State of Georgia ,	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:	
☐One or more cities will provide this service only veservice in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	yy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	ity that will help to pay for this service and indicate eral funds, special service district revenues, hote).	te how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Authority Funding Method		Method
Lowndes County	general funds	, metriou
4. How will the strategy change th	e previous arrangements for providing and/or fun	nding this service within the county?
this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any acts of the General Assembly, ra) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local e effect?
7. Person completing form: Paige Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022	
8. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: LOWNDES	Service: Fire Protection, Emergency Rescue - Cities	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
⊠One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
One or more cities will provide this service only veservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
Page 1 of 2		

3. List each government or authority that will 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.).

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4. How will the strategy cha	ange the previous arrangements for providing an	d/or funding this service within the county?
This service is separated	to facilitate description.	
this service:	elivery agreements or intergovernmental contrac	cts that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement	Dasher, Lowndes County	04/07/2003 - continues from
		year to year until cancelled by
		either party
3. What other mechanisms acts of the General Asser	(if any) will be used to implement the strategy fombly, rate or fee changes, etc.), and when will the	or this service (e.g., ordinances, resolutions, local ney take effect?
7. Person completing form: Phone number: (229) 67 1	Date completed: October 11, 2022	
3. Is this the person who sh projects are consistent wi	iould be contacted by state agencies when evaluith the service delivery strategy? ⊠Yes ⊡No	uating whether proposed local government
If not, provide designated contact person(s) and phone number(s) below:		







Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: LOWNDES	Service: Fire Protection, Emergency Rescue - Unincorporated Area	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includ this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):	
⊠Service will be provided only in the unincorporate checked, identify the government, authority or organized	red portion of the county by a single service provider. (If this box is anization providing the service.): Lowndes County	
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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 List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc. 	ty that will help to pay for this service and indicate heral funds, special service district revenues, hotel/mo).	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Authority Funding Method		ethod
Lowndes County	special service district revenues	
	e previous arrangements for providing and/or funding	
List any formal service delivery a this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this service or fee changes, etc.), and when will they take effective	ce (e.g., ordinances, resolutions, local ect?
Resolution creating special distric	t for fire protection services	
7. Person completing form: Paige I Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022	
8. Is this the person who should be projects are consistent with the s	contacted by state agencies when evaluating whetlervice delivery strategy? ⊠Yes ⊡No	her proposed local government
If not, provide designated contac	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: LOWNDES	Service: Geographic Information System	
Check the box that best describes the agreed upo	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includ this box is checked, identify the government, autho Commission	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): Southern Georgia Regional	
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):	
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
☐One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and eation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
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3	3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
	fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Remerton	general funds	
Valdosta	general funds	
Lowndes County	special services fund revenues	

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

Section 1 is revised to identify the provider of the service. Section 3 lists each local government that will help pay for the service. The cost of the service budgeted by the Southern Georgia Regional Commission and approved by Valdosta and Lowndes County will be funded 48.6% by Valdosta, 48.6% by Lowndes County, 1.9% by Lowndes County for the 9-1-1 Center, and 1.0% by Valdosta for building inspections. Dasher, Hahira, Lake Park, and Remerton will pay for this service on a fee for use basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

6. What other mechanisms (if any) will be used to acts of the General Assembly, rate or fee chang	implement the strategy for this service (e.g., ordinances, resolutions, local ges, etc.), and when will they take effect?
7. Person completing form: Paige Dukes	

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Phone number: (229) 671-2400 Date completed: October 11, 2022

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

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







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Hospital
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Hospital Authority of
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Hospital Authority user fees 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name Contracting Parties Effective and Ending Dates	3. List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.	eral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	e service will be funded (e.g., xes, franchise taxes, impact
Hospital Authority user fees 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name Contracting Parties Effective and Ending Dates 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Palge Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No	Local Government or Author	ritv	Funding Method	
Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name				
Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name				
Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name				
Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name				
Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name				
Section 6 is revised to list the referenced Resolutions. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name	4. How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No	List any formal service delivery a			ed to implement the strategy for
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No	Agreement Name		Contracting Parties	Effective and Ending Dates
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes □No	Agrosmonervanie		contracting rathes	Lifective and Lifeting Dates
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No				
Resolution, City of Valdosta, December 10, 1947 Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No				
Resolution, Lowndes County, December 17, 1947 7. Person completing form: Paige Dukes Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No	6. What other mechanisms (if any) acts of the General Assembly, ra	will be	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Phone number: (229) 671-2400 Date completed: October 11, 2022 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No				
projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact person(s) and phone number(s) below:	Is this the person who should be projects are consistent with the s	e conta service	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes ⊡No	oposed local government
	If not, provide designated contac	t perso	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: LOWNDES	Service: Indigent Defense - City Courts			
this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): ed portion of the county by a single service provider. (If this box is			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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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 Autho	rity Funding	g Method	
Dasher	general funds		
Hahira	general funds		
Lake Park	general funds		
Remerton	general funds		
Valdosta	general funds		
. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?	
this service:	agreements or intergovernmental contracts that		
Agreement Name	Contracting Parties	Effective and Ending Dates	
What other mechanisms (if any acts of the General Assembly, ra	will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, locale effect?	
acts of the General Assembly, ra	ate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, locale effect?	
Person completing form: Paige Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022	e effect?	
Person completing form: Paige Phone number: (229) 671-2400 Is this the person who should be	ate or fee changes, etc.), and when will they take	e effect?	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Indigent Defense - Juvenile Court
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Juvenile Court
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only versions in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G. <i>P</i> overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Author	rity	Funding	Method
Lowndes County		general funds	
. How will the strategy change the	e previo	us arrangements for providing and/or fun	ding this service within the county?
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This service is added.			
List any formal service delivery this service:	agreeme	ents or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
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What other mechanisms (if any) acts of the General Assembly, ra	will be a ate or fea	used to implement the strategy for this see changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
0	-		
Person completing form: Paige Phone number: (229) 671-2400		ate completed: October 11, 2022	
le this the person who should be	contac	ted by state agencies when evaluating w	hether proposed local government
projects are consistent with the s			•







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Indigent Defense - State Court
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): State Court
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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List each government or authority enterprise funds, user fees, gener fees, bonded indebtedness, etc.).	that will help to pay for this service and indicate ho al funds, special service district revenues, hotel/mo	w the service will be funded (e.g., tel taxes, franchise taxes, impact
Local Government or Authorit	y Funding Med	thod
Lowndes County	general funds	
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4. How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?
	te description. Section 1 is revised to identify the pro-	
Agreement Name	Contracting Parties	Effective and Ending Dates
		Errodro dira Errang Dates
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6. What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this service or fee changes, etc.), and when will they take effective	e (e.g., ordinances, resolutions, local ct?
7. Person completing form: Paige Do Phone number: (229) 671-2400	ukes Date completed: October 11, 2022	
Is this the person who should be of projects are consistent with the ser	contacted by state agencies when evaluating whether or the contact of the contac	er proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	







Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Indigent Defense - Superior Court
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Public Defender
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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 List each government or authorise enterprise funds, user fees, gene fees, bonded indebtedness, etc.) 	ty that will help to pay for this service and indicateral funds, special service district revenues, hotel).	e how the service will be funded (e.g., l/motel taxes, franchise taxes, impact
Local Government or Author	ity Funding	Method
Lowndes County	general funds	motilou .
4. How will the strategy change the	e previous arrangements for providing and/or fund	ding this service within the county?
This service is separated to facilit	ate description. Section 1 is revised to identify th	e provider of the service.
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any)	will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, local
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	effect?
7. Person completing form: Paige I Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022	
8. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating wl ervice delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Law Enforcement - Cities
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only values in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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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.).

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Local Government or Author		g Method
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Remerton	general funds	
Valdosta	general funds	
4. How will the strategy change the strategy c	ne previous arrangements for providing and/or fur	nding this service within the county?
this service:	agreements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement - Dasher/LCSO	Dasher, Lowndes County Sheriff	04/06/2009 - renews annually
6. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local
5. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local
acts of the General Assembly, r	Pate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local
7. Person completing form: Paige Phone number: (229) 671-2400	Pate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local e effect?







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COUNTY: LOWNDES	Service: Libraries - Countywide
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.): South Georgia Regional
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authorit	y Funding I	Method
owndes County	general funds	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
nis service is renamed to better d	escribe the service provided. Section 1 is revised	d to identify the provider of the service
ist any formal service delivery aq nis service:	reements or intergovernmental contracts that wi	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
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	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name Vhat other mechanisms (if any) v	Contracting Parties Fill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) v	vill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) webs of the General Assembly, rate erson completing form: Paige Denone number: (229) 671-2400 ethis the person who should be designed.	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Libraries - Municipal
Check the box that best describes the agreed upo	on delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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Local Government or Author	ity Funding Me	ethod
Dasher	SPLOST; general funds	
How will the strategy change the	previous arrangements for providing and/or fundin	ng this service within the county?
Γhis service is added.		
List any formal service delivery a	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this servi	ice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this servi	ice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rate	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loc fect?







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Litter Control - Cities
Check the box that best describes the agreed upo	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, authority the government, authority the government.	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
⊠One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

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

Local Government or Authority	Funding Method
Dasher	general funds
Hahira	general funds
Lake Park	general funds
Remerton	general funds
Valdosta	general funds

Lake Park	general funds		
Remerton	general funds		
Valdosta	general funds		W
4. How will the strategy change th	e previous arrangements for p	providing and/or funding this	service within the county?
This service is added.			
5. List any formal service delivery this service:			ed to implement the strategy for
Agreement Name	Contractin	ng Parties	Effective and Ending Dates
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the ate or fee changes, etc.), and	e strategy for this service (e. when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Paige Phone number: (229) 671-2400		er 11, 2022	
Is this the person who should b projects are consistent with the	e contacted by state agencies service delivery strategy? XY	when evaluating whether pr ∕es	oposed local government
If not, provide designated contact	at person(s) and phone number	er(s) below:	







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

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Local Government or Author	ity Funding N	Method
Lowndes County	solid waste host fees	
This service is renamed to better Section 6 is revised to list the refe		d to identify the provider of the service.
this service:	greements or intergovernmental contracts that wi	Ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
i. What other mechanisms (if any)	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
i. What other mechanisms (if any)	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
i. What other mechanisms (if any) acts of the General Assembly, rate Lowndes County Anti-Litter Ordinate. Person completing form: Paige I Phone number: (229) 671-2400	will be used to implement the strategy for this sente or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca







Instructions:

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

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

	SDS FORM 2, continued
3	List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.

Local Government or Autho	rity Fundin	g Method
owndes County	general funds	370
How will the strategy change th	e previous arrangements for providing and/or fu	nding this service within the county?
lo change		
List any formal service delivery his service:	agreements or intergovernmental contracts that	will be used to implement the strategy fo
A		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Date:
What other mechanisms (if any) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, loc
What other mechanisms (if any acts of the General Assembly, rate o) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?







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: LOWNDES	Service: Mosquito Control - Cities		
Check the box that best describes the agreed upor	a delivery arrangement for this convice:		
The officer and box that best describes the agreed upor	r delivery arrangement for this service.		
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
⊠One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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5D5	FORM	2. CO	ntinued

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

Local Government or Author	ity Fundin	g Method
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Valdosta	general funds	
	,	
4. How will the strategy change the	previous arrangements for providing and/or fu	nding this service within the county?
This service is separated to facilit	ate description.	
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that	t will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this stee or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, local e effect?
7. Person completing form: Paige I Phone number: (229) 671-2400	Dukes Date completed: October 11, 2022	
B. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating vervice delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







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

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 List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.) 	ty that will help to pay for this service and indicate eral funds, special service district revenues, hotel/	how the service will be funded (e.g., motel taxes, franchise taxes, impact
Local Government or Authority Funding Method		
Lowndes County	special services fund revenues	
4. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
	ate description. Section 3 is revised to indicate ho	
-		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, local effect?
projects are consistent with the s	Dukes Date completed: October 11, 2022 contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes □No person(s) and phone number(s) below:	ether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Parks and Recreation - Countywide
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authorates and Recreation Authority.	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.): Valdosta-Lowndes County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.	eral fur	will help to pay for this service and indicate hands, special service district revenues, hotel/ma	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Autho	rity	Funding Method	
Parks and Recreation Authority		user fees	
Lowndes County		general funds	
I. How will the strategy change th	e previ	ous arrangements for providing and/or funding	g this service within the county?
This service is separated to facili	itate de	escription.	
this service:	agreer	nents or intergovernmental contracts that will	
Agreement Name		Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any acts of the General Assembly, ra) will be ate or f	e used to implement the strategy for this service ee changes, etc.), and when will they take efforts	ce (e.g., ordinances, resolutions, loca ect?
said Authority, it will be funded by	y the C	ounty Parks and Recreation Authority. In accounty from countywide revenues based on a y shown as a separate line on property tax bill	dedicated countywide millage of not
Person completing form: Paige Phone number: (229) 671-2400 Is this the person who should be	E e conta	Date completed: October 11, 2022 octed by state agencies when evaluating whet	her proposed local government
projects are consistent with the s		on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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 		_	~,		100	4 4 4 4	 	A week or

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 Consumment on Authority		
Local Government or Authority Dasher	general funds	
Hahira		
Lake Park	general funds	
Remerton	general funds	
Valdosta	general funds	
Valuosia	general funds	
4. How will the strategy change the predominant of the strategy change the strate	vious arrangements for providing and/or funding this	s service within the county?
this service:	ements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will k	be used to implement the strategy for this service (e	e.g., ordinances, resolutions, local
acts of the General Assembly, rate or	fee changes, etc.), and when will they take effect?	
	Date completed: February 9, 2023	
projects are consistent with the servic	·	proposed local government
If not, provide designated contact pers	son(s) and phone number(s) below:	







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Planning - Cities
this box is checked, identify the government, author Service will be provided only in the unincorporate	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): ed portion of the county by a single service provider. (If this box is
∴ Checked, identify the government, authority or orgation or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Down 4 of 2

SDS FORM 2, continued

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	d
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Remerton	general funds	
Valdosta	general funds	
	revious arrangements for providing and/or funding this	s service within the county?
This service is separated to facilitate 5. List any formal service delivery agr this service:	edescription. eements or intergovernmental contracts that will be u	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will acts of the General Assembly, rate acts of the General Assembly, rate acts.	I be used to implement the strategy for this service (ear fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
7. Person completing form: Paige Dul Phone number: (229) 671-2400 8. Is this the person who should be co	Date completed: October 11, 2022 ntacted by state agencies when evaluating whether p	proposed local government
Phone number: (229) 671-2400	Date completed: October 11, 2022 ntacted by state agencies when evaluating whether p	proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Planning - Unincorporated Area
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., includithis box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
⊠Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.): Lowndes County
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only veservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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							Cu

Local Government or Authority	Funding I	Method
owndes County	special services fund revenues	
How will the strategy change the pr	evious arrangements for providing and/or fund	ing this service within the county?
his service is separated to facilitate revised to list the referenced ordinate.	description. Section 3 is revised to indicate ho	w the service will be funded. Section
revised to list the referenced ordina	ance.	
int any farmal anning dations		
List any formai service delivery agre	eements or intergovernmental contracts that wi	ill be used to implement the strategy t
his service:		•
nis service:		
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
his service:		
his service: Agreement Name	Contracting Parties	Effective and Ending Date
his service: Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this ser	Effective and Ending Date
his service: Agreement Name What other mechanisms (if any) will	Contracting Parties	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this ser	Effective and Ending Date
What other mechanisms (if any) will acts of the General Assembly, rate of	Contracting Parties be used to implement the strategy for this sen fee changes, etc.), and when will they take e	Effective and Ending Date
Agreement Name What other mechanisms (if any) will acts of the General Assembly, rate of	Contracting Parties be used to implement the strategy for this sen fee changes, etc.), and when will they take e	Effective and Ending Date
Mhat other mechanisms (if any) will acts of the General Assembly, rate of	Contracting Parties be used to implement the strategy for this sen fee changes, etc.), and when will they take e	Effective and Ending Date
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly acts of	be used to implement the strategy for this sen fee changes, etc.), and when will they take experience the contraction of the co	Effective and Ending Date
Agreement Name What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly, rate of the General Person completing form: Paige Duk	be used to implement the strategy for this sen or fee changes, etc.), and when will they take experience to be compared to the	Effective and Ending Date
Agreement Name What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly acts of the General A	be used to implement the strategy for this sen fee changes, etc.), and when will they take experience the contraction of the co	Effective and Ending Date
Agreement Name What other mechanisms (if any) will octs of the General Assembly, rate of the General Assembly, rate of the County Unified Land Development County Unified County Unified County Unified County Unified County Unified County Unified County U	be used to implement the strategy for this server fee changes, etc.), and when will they take experience. Deprivation of the strategy for this server fee changes, etc.), and when will they take experience. Deprivation of the strategy for this server fee changes, etc.), and when will they take experience. Deprivation of the strategy for this server fee changes, etc.), and when will they take experience.	vice (e.g., ordinances, resolutions, localifect?







SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer e	ach question below, attaching additional pages as neces reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNT	Y: LOWNDES	Service: Prisoner Housing - Municipal Prisoners
1. Chec	k the box that best describes the agreed upo	n delivery arrangement for this service:
☐ Se this be	rvice will be provided countywide (i.e., includox is checked, identify the government, autho	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
∐Ser check	vice will be provided only in the unincorporated, identify the government, authority or organical	ted portion of the county by a single service provider. (If this box is anization providing the service.):
in unir	e or more cities will provide this service only accorporated areas. (If this box is checked, idea, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
□One servic servic	e in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
□Oth identif	er (If this box is checked, <u>attach a legible m</u> y the government, authority, or other organiz	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In devidentif	veloping this strategy, were overlapping servi led?	ice areas, unnecessary competition and/or duplication of this service
	(if "Yes," you must attach additional docum	entation as described, below)
⊠No		
overlapp	conditions will continue under this strategy, a ing but higher levels of service (See O.C.G./ ing service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these will be ta	conditions will be eliminated under the strate ken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
		Page 1 of 2

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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
Hahira	general funds
Lake Park	general funds
Remerton	general funds
Valdosta	general funds

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

This service is renamed to better describe the service provided. Municipal prisoners are persons imprisoned by order or other action of a municipal court and persons imprisoned by arrest or other action of city police or other city agent pending action of the state such as issuance of a state warrant or presentment of a state indictment.

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

Agreement Name	Contracting Parties	Effective and Ending Date
		300000000000000000000000000000000000000

What other mechanisms (if any) will be used to im			ordinances,	resolutions,	loca
acts of the General Assembly, rate or fee changes	etc.), and when will the	ey take effect?			

1		
7 Person completing form: Paige Dukes		

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

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

Phone number: **(229) 671-2400** Date completed: October 11, 2022







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li- Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.								
COUNTY: LOWNDES	Service: Probation Services - City Courts							
Check the box that best describes the agreed upor	n delivery arrangement for this service:							
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):							
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):							
☑One or more cities will provide this service only v in unincorporated areas. (If this box is checked, ide Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:							
One or more cities will provide this service only veservice in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the							
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):							
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service							
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)							
⊠No								
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).							
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.							
	Page 1 of 2							

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Local Government or Authority	Funding	Method
Hahira	user fees	Wethod
Lake Park	user fees	
Remerton	user fees	
Valdosta	user fees	
How will the strategy change the prev	vious arrangements for providing and/or fund	ding this service within the county?
Section 1 is revised to identify the provoay for the service.	riders of the service. Section 3 is revised to	list each local government that will help
List any formal service delivery agree this service:	ments or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name What other mechanisms (if any) will b	Contracting Parties The used to implement the strategy for this served to the strategy for	ervice (e.g., ordinances, resolutions, loca
Agreement Name What other mechanisms (if any) will b	e used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will b acts of the General Assembly, rate or Person completing form: Paige Dukes	e used to implement the strategy for this se fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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Local Government or Authority	Funding	Method
owndes County	general funds, user fees	
		•
	·	
How will the strategy change the pre	evious arrangements for providing and/or fund	ling this service within the county?
his convince in concernts of the familitate	de-minting Out to At 100 to 10	
his service is separated to facilitate	description. Section 1 is revised to identify the	e provider of the service.
int any formal and in the		
List any formal service delivery agre nis service:	ements or intergovernmental contracts that w	ill be used to implement the strategy f
A sum a ma a ma A Marria		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will		rvice (e.g., ordinances, resolutions, loceffect?
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this ser ree changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loceffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: LOWNDES	Service: Probation Services - Superior Court
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Superior Court
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding	Method
owndes County	general funds, user fees	
How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
_		
nis service is separated to facilitate o	description. Section 1 is revised to identify the	e provider of the service
.,	are the form the form the factor of the fact	provider of the service.
list any formal service delivery agree ils service:	ements or intergovernmental contracts that w	ill be used to implement the strategy
ilo dol vioc.		
Agreement Name	Contracting Parties	Effective and Ending Date
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What other mechanisms (if any) will I	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, to
Vhat other mechanisms (if any) will lots of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take ϵ	effect?
What other mechanisms (if any) will locts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	effect?
Vhat other mechanisms (if any) will lots of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	effect?
Vhat other mechanisms (if any) will lots of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	effect?
Vhat other mechanisms (if any) will locts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	effect?
What other mechanisms (if any) will locts of the General Assembly, rate or	pe used to implement the strategy for this ser fee changes, etc.), and when will they take e	effect?
cts of the General Assembly, rate or Person completing form: Paige Duke	fee changes, etc.), and when will they take e	effect?
cts of the General Assembly, rate or	fee changes, etc.), and when will they take e	effect?
erson completing form: Paige Duke	rfee changes, etc.), and when will they take e	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY: LOWNDES	Service: Property Rehabilitation		
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., includithis box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): The Valdostaide this service within Valdosta and the unincorporated area. A provider is attached.		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

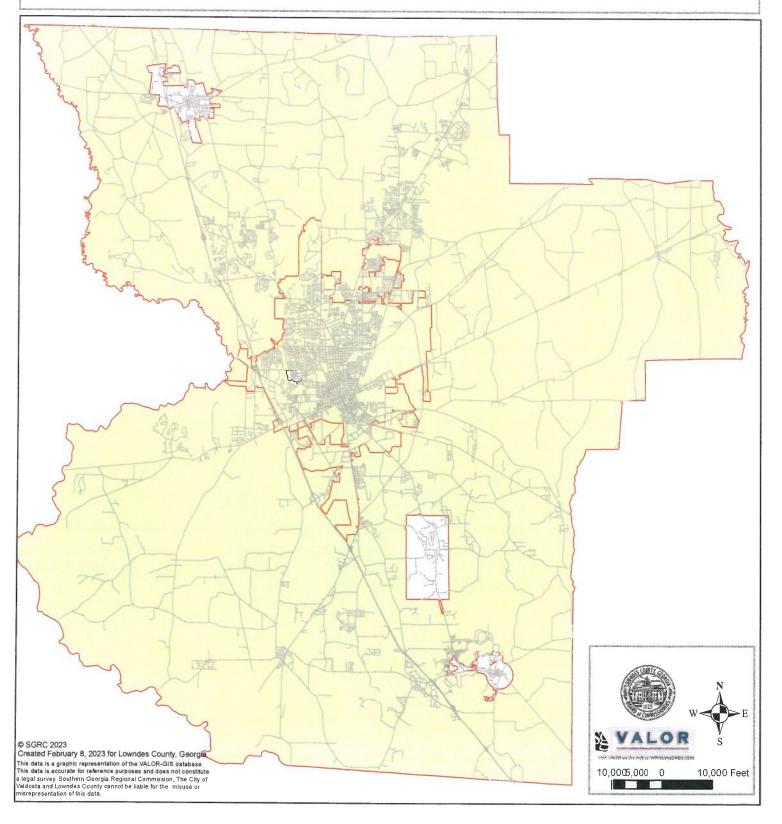
will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

SDS FORM 2, continued

3. L	st each government or auth	nority that will help to	pay for this service a	and indicate how the	service will be funded (e.a	
ei	terprise funds, user fees, g	jeneral funds, special	service district reve	nues, hotel/motel taxe	es, franchise taxes, impac	ŧ
fe	es, bonded indebtedness, e	etc.).				

	ity Funding	Method
Valdosta	general funds	
Lowndes County	special services fund revenues	
How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
This service is added.		
Liet one formal and a v		
List any formal service delivery a this service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy for
uno service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
nterlocal Agreement	Lowndes County, Valdosta	08/01/2018 - 07/31/2068
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local
What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local
What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localeffect?
What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localeffect?
What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localeffect?
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?
acts of the General Assembly, rai	te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loceffect?
acts of the General Assembly, rate	te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local
Person completing form: Paige E Phone number: (229) 671-2400 Is this the person who should be	te or fee changes, etc.), and when will they take e	effect?
Person completing form: Paige I Phone number: (229) 671-2400 Is this the person who should be projects are consistent with the se	Dukes Date completed: February 9, 2023 contacted by state agencies when evaluating wh	effect?
Person completing form: Paige I Phone number: (229) 671-2400 Is this the person who should be projects are consistent with the se	Dukes Date completed: February 9, 2023 contacted by state agencies when evaluating wherevice delivery strategy? ⊠Yes □No	effect?

Valdosta-Lowndes County Land Bank Authority Service Area









SERVICE DELIVERY STRATEGY **FORM 2:** Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Property Valuation for Ad Valorem Taxation
this box is checked, identify the government, autho	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Lowndes County Board of
Tax Assessors Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Authority	Funding I	Method
owndes County	general funds	
How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
ne service is renamed to better desc	ribe the service provided.	
ist any formal service delivery agree	ements or intergovernmental contracts that w	ill be used to implement the strategy
iet arry formal betvice delivery agree	sments of intergovernmental contracts that w	in he used to implement the strategy
ils service:		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
Agreement Name Vhat other mechanisms (if any) will	Contracting Parties Doe used to implement the strategy for this sere fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) will otts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will lots of the General Assembly, rate or erson completing form: Paige Dukenone number: (229) 671-2400	be used to implement the strategy for this ser fee changes, etc.), and when will they take e s Date completed: October 11, 2022	vice (e.g., ordinances, resolutions, lo







SERVICE DELIVERY STRATEGY **FORM 2:** Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li- Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Public Health
1. Check the box that best describes the agreed upor	delivery arrangement for this service:
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lowndes County Board of
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	SDS FORM 2, continued	
3. List each government or authority tha enterprise funds, user fees, general fu fees, bonded indebtedness, etc.).	t will help to pay for this service and indicate inds, special service district revenues, hotel/i	how the service will be funded (e.g., motel taxes, franchise taxes, impact
Local Government or Authority	Funding I	Method
Lowndes County	general funds	
4. How will the strategy change the prev	rious arrangements for providing and/or fund	ing this service within the county?
No change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local ffect?

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes ∑No
If not, provide designated contact person(s) and phone number(s) below:

7. Person completing form: Paige Dukes

Phone number: **(229) 671-2400** Date completed: October 11, 2022







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY: LOWNDES	Service: Public Housing
Check the box that best describes the agreed upo Service will be provided countywide (i.e., include this box is checked, identify the government, authority the government.)	ling all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiz will be provided for Hahira by the Hahira Housi	nap delineating the service area of each service provider, and ration that will provide service within each service area.): This service ing Authority, for Lake Park by the Quitman Housing Authority, and y. A map delineating the service area of each service provider is
In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

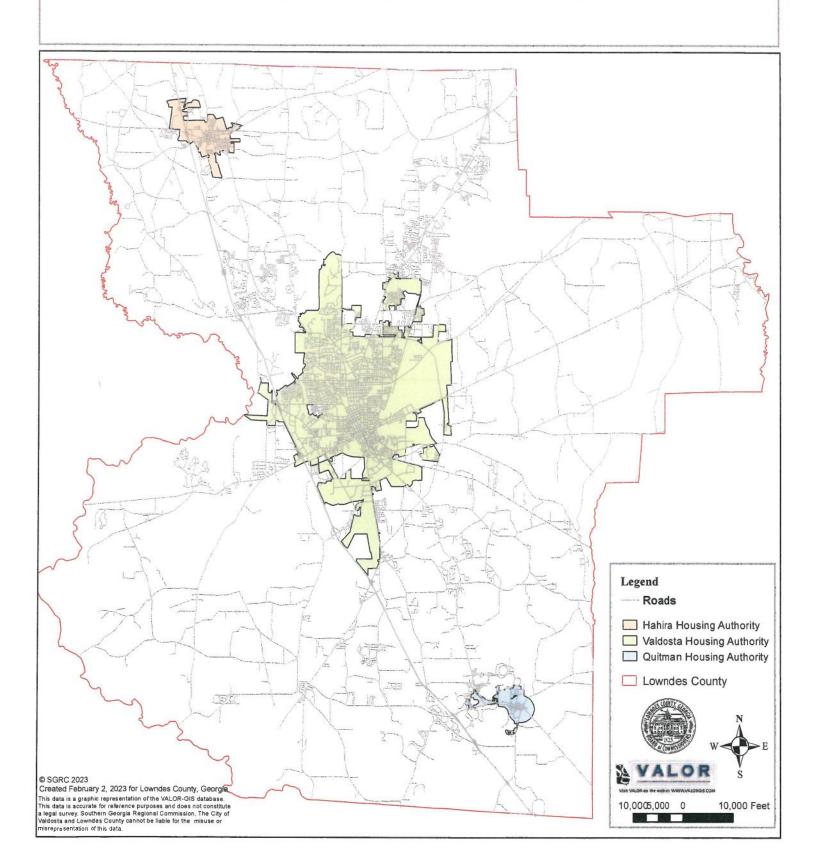
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

SDS FORM 2, continued

List each government or aut	thority that will help to pay fo	or this service and inc	dicate how the ser	vice will be funded (e.a
enterprise funds, user fees,	general funds, special service	ce district revenues,	hotel/motel taxes.	franchise taxes, impact
fees, bonded indebtedness,		•	,	, , ,

Local Government or Authorit	ty Funding	Method
Hahira Housing Authority	rents, federal subsidies	
Quitman Housing Authority	rents, federal subsidies	
Valdosta Housing Authority	rents, federal subsidies	
,		
How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
No change		
5. List any formal service delivery ag this service:	greements or intergovernmental contracts that v	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this se e or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
7. Person completing form: Paige D Phone number: (229) 671-2400	ukes Date completed: February 9, 2023	
B. Is this the person who should be opposed are consistent with the se	contacted by state agencies when evaluating when contacted by state agencies when evaluating when the contact of the contact	nether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	

Public Housing Service Areas









FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Recycling - Cities
1. Check the box that best describes the agreed upor	
LI Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
	entation as described, below)
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

C	ne	FOR	M	2	continue	A
3	DO.				continue	u

Agreement Name Contracting Parties Effective and Ending Date What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lects of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Paige Dukes	Local Government or Author	ity Funding I	Method
his service is separated to facilitate description. Section 3 is revised to indicate how the service will be funded. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service: Agreement Name	/aldosta	user fees, enterprise funds, general funds	
his service is separated to facilitate description. Section 3 is revised to indicate how the service will be funded. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name Contracting Parties Effective and Ending Date Contracting Parties Effective and Ending Date Contracting Parties Figure 1. Contracting Parties Contracting Parties Effective and Ending Date Contracting Parties Effective and Ending Date Contracting Parties Effective and Ending Date Contracting Parties Figure 2. Contracting Parties Effective and Ending Date Contracting Parties Effective and Ending Date Contracting Parties Effective and Ending Date Agreement Name Contracting Parties Effective and Ending Date Contracting Parties Figure 2. Contracting Parties Contracting Parties Effective and Ending Date Contracting Parties Figure 2. Contracting Parties Contracting Parties Figure 2. Contracting Parties Contracting Parties Figure 2. Contracting Parties Contracting Parties Figure 2. Contracting Date Contracting Date Figure 2. Contracting Date Figure 2. Contracting Date Contracting Date Contracting Date Figure 2. Contracting Date Contracting Date Figure 2. Contracting Date Fig	How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
Agreement Name Contracting Parties Effective and Ending Date Effective and Ending Date Contracting Parties Effective and Ending Date Effective and Ending Date Contracting Parties Effective and Ending Date Effective and Ending Date Contracting Parties Effective and Ending Date Effective and Ending Date Contracting Parties Effective and Ending Date Effective and Ending Date Contracting Parties Ef	nis service is separated to facilit	ate description. Section 3 is revised to indicate ho	ow the service will be funded.
Agreement Name Contracting Parties Effective and Ending Date Effective and Ending Date Contracting Parties Effective and Ending Date Effective and Ending Date Contracting Parties Effective and Ending Date Effective and Ending Date Effective and Ending Date Contracting Parties Effective and Ending Date Contracting Parties Effective and Ending Date Parties Date complement the strategy for this service (e.g., ordinances, resolutions, letter of the General Assembly, rate or fee changes, etc.), and when will they take effect? Effective and Ending Date Contracting Parties Date completing form: Paige Dukes Parties Duke	int any formal acritica delivers		99.1
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect? The service of the General Assembly, rate or fee changes, etc.), and when will they take effect? The service of the General Assembly, rate or fee changes, etc.), and when will they take effect? The service of the General Assembly, rate or fee changes, etc.), and when will they take effect? The service of the General Assembly, rate or fee changes, etc.), and when will they take effect? The service of the General Assembly, rate or fee changes, etc.), and when will they take effect? The service of the General Assembly, rate or fee changes, etc.), and when will they take effect?	list any formal service delivery a nis service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy
cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? erson completing form: Paige Dukes hone number: (229) 671-2400 Date completed: February 9, 2023 this the person who should be contacted by state agencies when evaluating whether proposed local government			
cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Paige Dukes hone number: (229) 671-2400 Date completed: February 9, 2023 So this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name	Contracting Parties	Effective and Ending Da
cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? erson completing form: Paige Dukes hone number: (229) 671-2400 Date completed: February 9, 2023 this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name	Contracting Parties	Effective and Ending Date
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hone number: (229) 671-2400 Date completed: February 9, 2023 sthis the person who should be contacted by state agencies when evaluating whether proposed local government			
hone number: (229) 671-2400 Date completed: February 9, 2023 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
hone number: (229) 671-2400 Date completed: February 9, 2023 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	Vhat other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
hone number: (229) 671-2400 Date completed: February 9, 2023 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	Vhat other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
hone number: (229) 671-2400 Date completed: February 9, 2023 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
s this the person who should be contacted by state agencies when evaluating whether proposed local government ojects are consistent with the service delivery strategy? Yes No	What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
	Vhat other mechanisms (if any) cts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, le







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	, and a second of the page, and
COUNTY: LOWNDES	Service: Recycling - Unincorporated Area
Check the box that best describes the agreed upon	
☐ Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is inization providing the service.): This service will be provided by ants franchises. Lowndes County will adminster the provision of
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

If these conditions will be eliminated under the 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.

SDS FORM 2, continued

Local Government	or Authority	Funding M	
Lowndes County		franchise fees, special services fund revenu	ies, state and federal funds
	ŭ		
How will the strategy c	hange the prev	ious arrangements for providing and/or fundin	g this service within the county?
iii be provided by priva	ite biovideis to	WHICH LOWINGES COUNTY Grants tranchises. Low	whoes Commy will appring en me
rovision of the service. evised to list the referen	Section 3 is re		vice will be funded. Section 5 is
erovision of the service. evised to list the reference List any formal service this service:	Section 3 is renced franchises delivery agree	vised to indicate how administration of the ser	vice will be funded. Section 5 is be used to implement the strategy
rovision of the service. evised to list the reference List any formal service this service: Agreement Name	Section 3 is renced franchises delivery agree	vised to indicate how administration of the ser s. ments or intergovernmental contracts that will Contracting Parties	vice will be funded. Section 5 is be used to implement the strategy Effective and Ending Date
rovision of the service. evised to list the reference List any formal service his service: Agreement Name ranchise	Section 3 is renced franchises delivery agree	vised to indicate how administration of the ser s. ments or intergovernmental contracts that will Contracting Parties des County, Advanced Disposal Services	be used to implement the strategy Effective and Ending Date 04/01/2022-03/31/2023
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rovision of the service. evised to list the reference List any formal service his service: Agreement Name ranchise	Section 3 is renced franchises delivery agree	vised to indicate how administration of the ser s. ments or intergovernmental contracts that will Contracting Parties des County, Advanced Disposal Services	be used to implement the strategy Effective and Ending Date 04/01/2022-03/31/2023
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rovision of the service. evised to list the reference. List any formal service his service: Agreement Name ranchise ranchise	Section 3 is renced franchises delivery agree Lown Lown section 3 is renced franchises	vised to indicate how administration of the sers. ments or intergovernmental contracts that will Contracting Parties des County, Advanced Disposal Services des County, Deep South Sanitation e used to implement the strategy for this servi	be used to implement the strategy Effective and Ending Date 04/01/2022-03/31/2023 04/01/2022-03/31/2023
rovision of the service. evised to list the reference. List any formal service his service: Agreement Name ranchise ranchise	Section 3 is renced franchises delivery agree Lown Lown section 3 is renced franchises	vised to indicate how administration of the sers. ments or intergovernmental contracts that will Contracting Parties des County, Advanced Disposal Services des County, Deep South Sanitation e used to implement the strategy for this servi	be used to implement the strategy Effective and Ending Date 04/01/2022-03/31/2023 04/01/2022-03/31/2023
rovision of the service. evised to list the reference. List any formal service his service: Agreement Name ranchise ranchise	Section 3 is renced franchises delivery agree Lown Lown section 3 is renced franchises	vised to indicate how administration of the sers. ments or intergovernmental contracts that will Contracting Parties des County, Advanced Disposal Services des County, Deep South Sanitation e used to implement the strategy for this servi	be used to implement the strategy Effective and Ending Date 04/01/2022-03/31/2023 04/01/2022-03/31/2023

projects are consistent with the service delivery strategy? ⊠Yes □No

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







SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Regional Planning
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authonomous commission	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Southern Georgia Regional
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

Local Government or Authori	ity Funding I	Method
√aldosta	general funds	
_owndes County	special services fund revenues	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
		ing the service within the county?
ection 1 is revised to identify the	provider of the service. Section 3 is revised to inc	dicate how the service will be funded.
owndes County will pay its share	of Regional Commission dues based on unincorn	porated area population from its speci
ervices fund. Valdosta Will pay Ri	egional Commission dues for the Cities.	
ist any formal service delivery a	greements or intergovernmental contracts that wi	ill he used to implement the effect out f
-locally formal scratce delivery a		III DE USECTIO IMPOEMENT ME STRATECO T
his service:	granian or morgaverimonia, contracto that wi	in be deed to implement the strategy is
his service:		in be deed to implement the strategy is
his service: Agreement Name	Contracting Parties	Effective and Ending Date
his service:		
his service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
his service: Agreement Name What other mechanisms (if any)	Contracting Parties	Vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	Vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
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Agreement Name What other mechanisms (if any) acts of the General Assembly, rat	Contracting Parties Will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this sene or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) octs of the General Assembly, rate	will be used to implement the strategy for this sense or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?
What other mechanisms (if any) octs of the General Assembly, rate the completing form: Paige Department to the person who should be statist the person who should be statistically st	will be used to implement the strategy for this sene or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

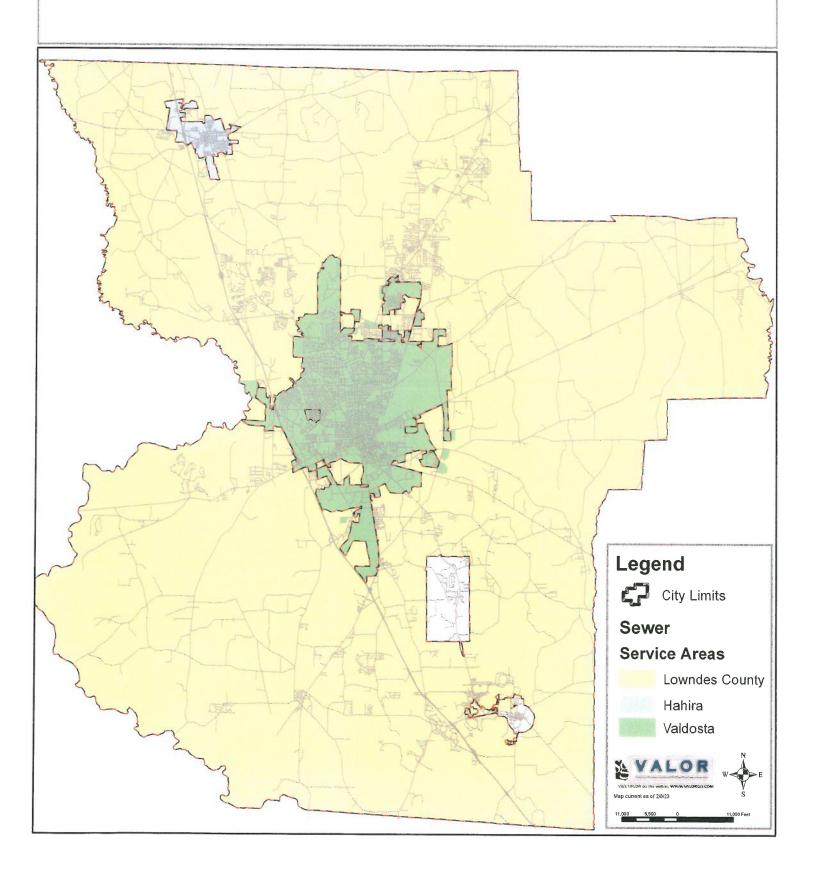
Make copies of this form and complete one for each service Answer each question below, attaching additional pages as nec should be reported to the Department of Community Affairs.	e listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Sewer
Check the box that best describes the agreed up	oon delivery arrangement for this service:
Service will be provided countywide (i.e., incluthis box is checked, identify the government, auth	uding all cities and unincorporated areas) by a single service provider. (If nority or organization providing the service.):
Service will be provided only in the unincorpora checked, identify the government, authority or organization.	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, in	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
identify the government, authority, or other organ	map delineating the service area of each service provider, and ization that will provide service within each service area.): Current sewer map. Lowndes County, Valdosta, and Hahira provide this service. ovide this service in their respective areas.
In developing this strategy, were overlapping ser identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	mentation as described, below)
⊠No	
	attach an explanation for continuing the arrangement (i.e., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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.

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Local Government or Auti	hority Funding M	lethod
Hahira	SPLOST, enterprise funds	retriod
Valdosta	SPLOST, enterprise funds	
Lowndes County	SPLOST, enterprise funds	
How will the strategy change	the previous arrangements for providing and/or fundir	ng this service within the county?
	and providing all and relation	
Section 1 is revised to identify	the providers of the convince and to attach a man of au	rmant comice organ Caption 2 is
evised to indicate how the ser	the providers of the service and to attach a map of cu	irrent service areas. Section 3 is
evised to indicate now the ser	vice will be funded.	
List any formal service delive	ry agreements or intergovernmental contracts that will	I be used to implement the strategy f
List any formal service delive this service:	ry agreements or intergovernmental contracts that will	I be used to implement the strategy f
List any formal service deliver this service: Agreement Name		
this service: Agreement Name	ry agreements or intergovernmental contracts that will Contracting Parties Valdosta, Remerton	I be used to implement the strategy for
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name Services Agreement	Contracting Parties Valdosta, Remerton	Effective and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar	Contracting Parties Valdosta, Remerton ny) will be used to implement the strategy for this serv	Effective and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar	Contracting Parties Valdosta, Remerton	Effective and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar	Contracting Parties Valdosta, Remerton ny) will be used to implement the strategy for this serv	Effective and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar	Contracting Parties Valdosta, Remerton ny) will be used to implement the strategy for this serv	Effective and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar	Contracting Parties Valdosta, Remerton ny) will be used to implement the strategy for this serv	Deficitive and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar	Contracting Parties Valdosta, Remerton ny) will be used to implement the strategy for this serv	Deficitive and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar	Contracting Parties Valdosta, Remerton ny) will be used to implement the strategy for this serv	Deficitive and Ending Date 01/01/2001- renews biennia
Agreement Name Services Agreement What other mechanisms (if ar acts of the General Assembly,	Contracting Parties Valdosta, Remerton by) will be used to implement the strategy for this serve, rate or fee changes, etc.), and when will they take ef	Deficitive and Ending Date 01/01/2001- renews biennia
this service: Agreement Name Services Agreement What other mechanisms (if ar acts of the General Assembly,	Contracting Parties Valdosta, Remerton The property of the strategy for this serve, rate or fee changes, etc.), and when will they take effective or fee changes.	Deficitive and Ending Date 01/01/2001- renews biennia
Agreement Name Services Agreement What other mechanisms (if aracts of the General Assembly,	Contracting Parties Valdosta, Remerton The property of the strategy for this serve, rate or fee changes, etc.), and when will they take efge Dukes	Deficitive and Ending Date 01/01/2001- renews biennia
Agreement Name Services Agreement What other mechanisms (if aracts of the General Assembly, Person completing form: Paig Phone number: (229) 671-240 Is this the person who should	Contracting Parties Valdosta, Remerton The property of the strategy for this serve, rate or fee changes, etc.), and when will they take effective or fee changes.	Effective and Ending Date 01/01/2001- renews biennia vice (e.g., ordinances, resolutions, located) fect?

Sewer Service Areas









SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necessiould be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Solid Waste Collection - Cities
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., includithis box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):
⊠One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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				con		

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 Dasher				
I Hacher	Funding Method			
	user fees			
Hahira	enterprise funds			
Lake Park	user fees, general funds			
Remerton	enterprise funds			
Valdosta	enterprise funds			
How will the strategy change the previous arrangements for providing and/or funding this service within the county? This service is separated to facilitate description.				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be acts of the General Assembly, rate or f	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY: LOWNDES	Service: Solid Waste Collection - Unincorporated Area		
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.): This service will be provided by private providers to which Lowndes County grants franchises. Lowndes County will administer the provision of the service.			
			One or more cities will provide this service only wind unincorporated areas. (If this box is checked, ide
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of identified?			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			

overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that

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

List each government or author enterprise funds, user fees, ge fees, bonded indebtedness, etc	ority that will help to pay for this service and indicate honeral funds, special service district revenues, hotel/moc.).	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Author	ority Funding Me	ethod
Lowndes County	franchise fees, special services fund revenue	
4. How will the strategy change t	he previous arrangements for providing and/or funding	g this service within the county?
will be provided by private provi	litate description. Section 1 is revised to identify the p ders to which Lowndes County grants franchises. Low 3 is revised to indicate how administration of the ser- nchises.	vndes County will administer the
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Franchise	Lowndes County, Advanced Disposal Services	04/01/2022-03/31/2023
Franchise	Lowndes County, Deep South Sanitation	04/01/2022-03/31/2023
What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this service rate or fee changes, etc.), and when will they take effe	pe (e.g., ordinances, resolutions, local ect?
7. Person completing form: Paige Phone number: (229) 671-2400		her proposed local government
projects are consistent with the	service delivery strategy? ⊠Yes □No	Tel proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Solid Waste Disposal - Cities
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
⊠One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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		
Dasher	user fees, enterprise funds, general funds		
Hahira	enterprise funds, user fees		
, Lake Park	user fees, general funds		
Remerton	enterprise funds		
Valdosta	enterprise funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
This service is separated to facilitate description.			
List any formal service delivery agrees this service:	ments or intergovernmental contracts that will be use	ed to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
7. Person completing form: Paige Dukes Phone number: (229) 671-2400	S Date completed: October 11, 2022		
8. Is this the person who should be conta projects are consistent with the service	acted by state agencies when evaluating whether pre e delivery strategy? ⊠Yes ⊡No	oposed local government	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY: LOWNDES	Service: Solid Waste Disposal - Unincorporated Area	
Check the box that best describes the agreed upo Service will be provided countywide (i.e., includ this box is checked, identify the government, authority the government.)	ing all cities and unincorporated areas) by a single service provider. (If	
checked, identify the government, authority or orga	ted portion of the county by a single service provider. (If this box is anization providing the service.): This service will be provided by ants franchises. Lowndes County will administer the provision of	
☐One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
☐One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	

C

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.

franchise fees, special services fund revenues e previous arrangements for providing and/or funding	
e previous arrangements for providing and/or funding	
e previous arrangements for providing and/or funding	
e previous arrangements for providing and/or funding	
e previous arrangements for providing and/or funding	
e previous arrangements for providing and/or funding	
e previous arrangements for providing and/or funding	
e provided directly of providing diletor felleng	this service within the county?
	and dervice within the country:
agreements or intergovernmental contracts that will b	e used to implement the strategy
Contracting Parties	Effective and Ending Date
Lowndes County, Advanced Disposal Services	04/01/2022 - 03/31/2023
Lowndes County, Deep South Sanitation	04/01/2022 - 03/31/2023
will be used to implement the strategy for this service	e (e.g., ordinances, resolutions, le
will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effective	e (e.g., ordinances, resolutions, l ct?
will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effective and the control of the c	e (e.g., ordinances, resolutions, lect?
will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effective or fee changes.	e (e.g., ordinances, resolutions, lect?
	Contracting Parties Lowndes County, Advanced Disposal Services

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

projects are consistent with the service delivery strategy? ⊠Yes □No







SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Stormwater Management - Cities
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
⊠One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only version service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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OLO	FUNIT	2, cont	THE COLUMN

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

Local Government or Authorit		Method
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Remerton	general funds	
Valdosta stormwater fees, general funds		
4. How will the strategy change the p	previous arrangements for providing and/or fun-	ding this service within the county?
This service is added.		
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) was acts of the General Assembly, rate	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
7. Person completing form: Paige Du Phone number: (229) 671-2400	ukes Date completed: October 11, 2022	
Is this the person who should be consistent with the ser	ontacted by state agencies when evaluating w vice delivery strategy? ⊠Yes ⊡No	rhether proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: LOWNDES	Service: Stormwater Management - County Roads - Paved		
1. Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County			
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
One or more cities will provide this service only wind unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
Other (If this box is checked, attach a legible m identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
	Page 1 of 2		

3. List each government or author enterprise funds, user fees, gen	ity that will hel eral funds, spe	p to pay for this service ar	nd indicate how the ues, hotel/motel ta:	e service will be funded (e.g., xes. franchise taxes, impact
fees, bonded indebtedness, etc.				
Local Government or Author	rity		Funding Method	
Lowndes County	gener	al funds, user fees		
4. How will the strategy change the	e previous arr	angements for providing a	nd/or funding this	service within the county?
				<u> </u>
This service is added.				
5. List any formal service delivery this service:	agreements o	r intergovernmental contra	acts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties		Effective and Ending Dates
	-			
6. What other mechanisms (if any) acts of the General Assembly, ra				g., ordinances, resolutions, local
acts of the General Assembly, re	ate of fee offar	iges, etc.), and when will		
7. Person completing form: Paige Phone number: (229) 671-2400		mpleted: October 11, 2022	2	
8. Is this the person who should be projects are consistent with the s	e contacted by service deliver	r state agencies when eva ry strategy? ⊠Yes ⊡No	iluating whether pr	oposed local government
If not, provide designated contact	ct person(s) ar	nd phone number(s) belov	v:	
	. , ,			







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1, sary. If the contact person for this service (listed at the bottom of the page) changes, this	
COUNTY: LOWNDES	Service: Stormwater Management - County Roads - Unpaved	
 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.): Lowndes County Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is 		
checked, identify the government, authority or orga One or more cities will provide this service only was a service on service on service only was a service on servi	nization providing the service.): within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Author	ity Funding	Method
_owndes County	Through 06/30/2023: TSPLOST, state at	
owndes County	Effective 07/01/2023: TSPLOST, state a	
How will the strategy change the	previous arrangements for providing and/or fur	ding this service within the county?
his service is added. Effective to	de 4. 2002 de a Carreta del fara de tria a constantina	-4
nis service is added. Effective Ji evenues or property tax revenue	uly 1, 2023, the County will fund this service from	n revenues other than general fund
endes of property tax revenue	s from incorporated taxpayers.	
List any formal sorving delivery	agracmente er intergevernmentel contracte that	will be used to inculous out the atvertonic
his service:	agreements or intergovernmental contracts that	will be used to implement the strategy i
Agreement Name	Contracting Parties	Effective and Ending Date
		E.
What other mechanisms (if any)	will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ste or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this set or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this sete or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this s te or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ste or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo effect?
Person completing form: Paige I	Dukes Date completed: October 11, 2022	effect?
Person completing form: Paige I Phone number: (229) 671-2400 Is this the person who should be	te or fee changes, etc.), and when will they take	effect?
Person completing form: Paige I Phone number: (229) 671-2400 Is this the person who should be projects are consistent with the s	Dukes Date completed: October 11, 2022 contacted by state agencies when evaluating w	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Street Lighting
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☑One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.): Dasher, Hahira, Lake Park, Remerton,	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Valdosta, Lowndes County
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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Page 1 of 2

SDS FORM 2, continue	S	DS	FORM	/1 2.	con	tinue	d
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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.).

		14 41 1					
Local Government or Authorit Dasher		Method					
Hahira	general funds						
	general funds						
Lake Park		general funds					
Remerton	general funds						
Valdosta	general funds						
Lowndes County	enterprise funds, special service district re	venues					
4. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?					
Section 6 is revised to list the reference	enced resolution.						
this service:	greements or intergovernmental contracts that w						
Agreement Name	Contracting Parties	Effective and Ending Dates					
	-						
6. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local effect?					
6. What other mechanisms (if any) wacts of the General Assembly, rate	e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local effect?					
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local effect?					







FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Tax Collection - City Taxes
1. Chook the boy that best describes the arrest way	
Check the box that best describes the agreed upor	delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
⊠One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide Dasher, Hahira, Lake Park, Remerton, Valdosta	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

-	-	-	-			
SDS	FO	KM	2.	con	tinu	ed

3. L	ist each	govern	ment o	r author	ity that will	help to	pay for	this ser	vice and i	ndicate hov	v the ser	vice will be	funded (e.g.,
er	nterprise	e funds,	user fe	es, gen	eral funds,	specia	al service	e district	revenues	, hotel/mot	el taxes,	franchise ta	ixes, impact
fe	es, bon	ded inde	ebtedne	ess, etc.	.).								

Local Government or Authority	Funding Method	
Dasher	general funds	
Hahira	general funds	
Lake Park	general funds	
Remerton	general funds	
Valdosta	general funds	
4. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
No change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Paige Duke Phone number: (229) 671-2400	s Date completed: October 11, 2022	
8. Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluating whether preededing e delivery strategy? ⊠Yes ⊡No	oposed local government







FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1, isary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Tourism Promotion
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authomorphore Conference Center and Tourism Authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Valdosta-Lowndes County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	eral funds, special servi	or this service and indicate how the ce district revenues, hotel/motel tax	e service will be funded (e.g., xes, franchise taxes, impact				
Local Government or Author	rity	Funding Method					
Hahira	hotel/motel taxe	hotel/motel taxes, general funds					
Valdosta	hotel/motel taxe	hotel/motel taxes, general funds					
Lowndes County	hotel/motel taxe	hotel/motel taxes					
4. How will the strategy change th	e previous arrangement	s for providing and/or funding this	service within the county?				
pay for the service. Section 5 is r	evised to list the referer						
this service.		ernmental contracts that will be use	ed to implement the strategy for				
Agreement Name		racting Parties	Effective and Ending Dates				
Agreement - Promote Tourism	Lowndes County, Conf	erence Center/Tourism Authority	06/28/2016 - when terminated				
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement to or fee changes, etc.)	ent the strategy for this service (e.g., and when will they take effect?	g., ordinances, resolutions, local				
Local Act creating Valdosta-Lowr	des County Conference	e Center and Tourism Authority					
Local Act creating Valdosta-Lowr 7. Person completing form: Paige Phone number: (229) 671-2400							
7. Person completing form: Paige	Dukes Date completed: F	ebruary 9, 2023	oposed local government				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

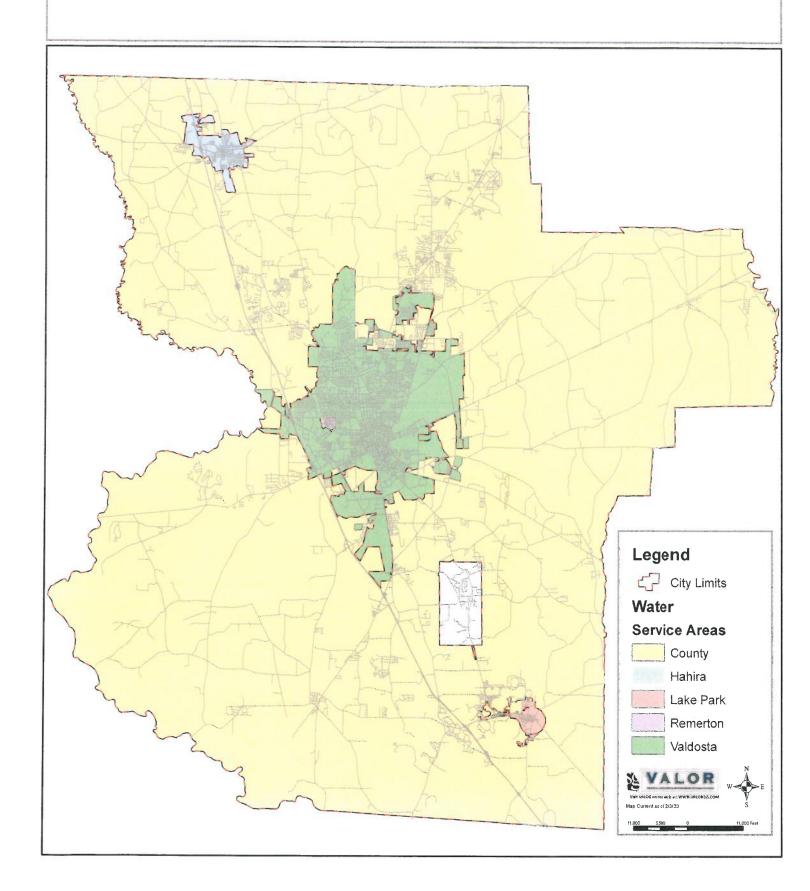
should be reported to the Department of Community Affairs.	coessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LOWNDES	Service: Water
1. Check the box that best describes the agreed to Service will be provided countywide (i.e., inceptible box is checked, identify the government, at	cluding all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorport checked, identify the government, authority or contact the contact is a service will be provided only in the unincorporate the contact in the contact is a service will be provided only in the unincorporate the contact in the co	prated portion of the county by a single service provider. (If this box is organization providing the service.):
☐One or more cities will provide this service or in unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
One or more cities will provide this service or service in unincorporated areas. (If this box is c service.):	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the
identify the government, authority, or other orga service areas are delineated on the attached	e map delineating the service area of each service provider, and inization that will provide service within each service area.): Current water map. Lowndes County, Valdosta, Hahira, and Lake Park provide this will provide this service in their respective service
2. In developing this strategy, were overlapping so identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	cumentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, <u>attach an explanation for continuing the arrangement</u> (i.e., i.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the str	ategy, 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.

75 M			Section Sections	-			
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Local Government or Authority	Funding	Method			
Hahira	SPLOST, enterprise funds				
Lake Park	SPLOST, enterprise funds				
Valdosta	SPLOST, enterprise funds	SPLOST, enterprise funds			
Lowndes County	SPLOST, enterprise funds				
How will the strategy change the pr	revious arrangements for providing and/or fur	nding this service within the county?			
Section 1 is revised to identify the prevised to indicate how the service w	oviders of the service and to attach a map of vill be funded.	current service areas. Section 3 is			
List any formal service delivery agree	eements or intergovernmental contracts that	will be used to implement the strategy			
this service:					
Agreement Name	Contracting Parties	Effective and Ending Date			
tnis service:					
tnis service:					
tnis service:					
tnis service:					
tnis service:					
Agreement Name What other mechanisms (if any) wil		Effective and Ending Date			
Mhat other mechanisms (if any) wil	Contracting Parties I be used to implement the strategy for this so	Effective and Ending Date			
Mhat other mechanisms (if any) wil	Contracting Parties I be used to implement the strategy for this so	Effective and Ending Date ervice (e.g., ordinances resolutions lo			
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly acts of	Contracting Parties I be used to implement the strategy for this sor fee changes, etc.), and when will they take	Effective and Ending Date			
What other mechanisms (if any) wil acts of the General Assembly, rate of the Person completing form: Paige Dule Phone number: (229) 671-2400	Contracting Parties I be used to implement the strategy for this sor fee changes, etc.), and when will they take Ces Date completed: February 9, 2023 Intacted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when evaluating was a second contracted by state agencies when eval	ervice (e.g., ordinances, resolutions, lo			

Water Service Areas









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.						
COUNTY: LOWNDES	Service: Zoning					
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If					
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):					
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:					
☑One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.): Dasher, Hahira, Lake Park, Remerton, V	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Valdosta, Lowndes County					
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)					
If these conditions will continue under this strategy, at	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).					
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					
	Page 1 of 2					

Page 1 of 2

	-			-		-	-	Name of Street,	42		aga (r		r
•	U	3	 u	M	Ш	2,	CO	11	u	n	ш	=1	

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		
Dasher	user fees, general funds		
Hahira	user fees, general funds		
Lake Park	user fees, general funds		
Remerton	general funds		
Valdosta	user fees, general funds		
Lowndes County	user fees, special services fund revenues		

 How will the strategy change the previous a 	arrangements for providing and/or funding this service within the county?
Section 3 is revised to indicate how the servi	ice will be funded. Section 6 is revised to list the referenced ordinance.
	and the policinated. Cookies, o to fortious to hist title references distillation.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement	Valdosta, Hahira, Dasher	11/01/2006 - automatically
		renews

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

Lowndes County Unified Land Development Code	
----------------------------------------------	--

7	Person	completing	form:	Paige	Dukas

Phone number: **(229) 671-2400** Date completed: October 11, 2022

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







FORM 3: Summary of Land Use Agreements

Instructions:							
Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.							
COUNTY:LOWNDES COUNTY							
What incompatibilities or conflicts betw developing the service delivery strategy? None	een the land use plans of local governments w	ere identified in the process of					
2 Check the hoves indicating how those	incompatibilities or conflicts were addressed:						
Amendments to existing comprehens		NOTE:					
☐ Adoption of a joint comprehensive pla	•	If the necessary plan amendments, regulations, ordinances, etc. have not yet					
Other measures (amend zoning ordin	ances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments					
If "other measures" was checked, describ	pe these measures:	will adopt them.					
¥							
3. What policies, procedures and/or procedures) to ensure that new extraterrite and ordinances?	esses have been established by local governm orial water and sewer service will be consistent	nents (and water and sewer with all applicable land use plans					
The parties' strategy includes a process f	or approvals of proposed new extraterritorial w	ater and sewer extensions.					
4. Person completing form: Paige Dukes							
Phone number: (229) 641-2400 D	ate completed: October 11, 2022						
Is this the person who should be contact projects are consistent with the service	cted by state agencies when evaluating whethed delivery strategy? ⊠Yes ⊡No	er proposed local government					
If not, provide designated contact perso	n(s) and phone number(s) below:						







FORM 4: Certifications

Instructions:

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

COUNTY: LOWNDES 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 shall not be arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
DASHER	Mayor	Bill Hatfield		
HAHIRA	Mayor	Bruce Cain	Boros	11-9-23
LAKE PARK	Mayor	Jena Sandlin	Jena Sandlin	11/2/22
REMERTON	Mayor	C. Holsendolph	Coul Ast	143/22
VALDOSTA	Mayor	Scott James Matheson	QQQu	10/21/22
LOWNDES COUNTY	Chairman	Bill Slaughter	List Little	10-12-20