GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR

MARION

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

- 1. 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.
- List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- 4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

> Marion County City of Buena Vista Marion County Development Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

Jail-30 V

Law Enforcement-32

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

Airport-2 Animal Control-4 Building Insp/Code Enforce-6 Cooperative Extension Svc-8 Coroner-10 Courts-Judicial Circuit-12 Courts-Municipal-14 √ E-911-16 √

Emergency Management-20 / Planning and Emergency Management-20 Planning and Zoning-36 Emergency Medical Svc-22 Public Health-38 Family and Children Svcs-24 Recreation-40 Fire Protection-26 Indigent Defense-28L

Road/Bridge Maintenance-42 V Water Tmt /Distribution-58 Senior Citizens Program-44 V Solid Waste Management-46 Street Lights-48

Tax Appraisal/ Assessment-50 Tax Collection-52 🖊 Voter Registration-54 Wastewater Collection/Tmt-56 L

SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS (O.C.G.A. 36-70-24(4)(c))

Marion County and the City of Buena Vista hereby agree to implement the following process for resolving any future land use disputes over annexation.

1. Prior to initiating any formal annexation activities, the city will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within thirty (30) calendar days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s)¹, the city will respond to the county in writing within thirty (30) calendar days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgment in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- 5. If no resolution of the county's *bona fide* land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.

¹ As defined in O.C.G.A. 36-36-1 1(a)

6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Authorized Representatives of:

Marion County

Board of Commissioners

Witness

date

City of Buena Vista

RESOLUTION AUTHORIZING EXECUTION OF UPDATE TO MARION COUNTY SERVICE DELIVERY STRATEGY

WHEREAS; O.C.G.A. 36-70-20 requires each County of the State of Georgia and municipalities therein to develop a Service Delivery Strategy to identify overlap(s) and/or gaps in delivery of local public service(s), and to develop a rational approach to allocating delivery and funding of local public services, and

WHEREAS, the Mayor and Council of the City of Buena Vista and the Marion County Board of Commissioners prepared a Service Delivery Strategy in 1999, and the Georgia Department of Community Affairs subsequently verified same as meeting required components and criteria of the above referenced law, and

WHEREAS; said Service Delivery Strategy is currently due for update in conjunction with the state-prescribed update of the local comprehensive plan, and

WHEREAS; the Mayor and Council of the City of Buena Vista and the Marion County Board of Commissioners have jointly updated said Service Delivery Strategy and reduced same to writing, and

WHEREAS; the governing body desires to approve said Update to the Service Delivery Strategy, to authorize appropriate officials of the City of Buena Vista to execute same on behalf of the City, and to submit the duly executed Update to the Georgia Department of Community Affairs as required by law.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Buena Vista as follows:

- 1 That the Update to the Marion County Service Delivery Strategy, attached hereto and made a part of this Resolution, is hereby approved,
- 2 That the Mayor is authorized to execute said Update on behalf of the Mayor and Council of the City of Buena Vista,
- 3 That the City Clerk is authorized to attest the signature of the Mayor on said Update.
- That a copy of this resolution along with said Update be submitted to the Georgia Department of Community Affairs for verification pursuant to Georgia law.

SO RESOLVED, this 2nd day of October, 2007.

MAYOR AND CITY COUNCIL BUENA VISTA, GEORGIA

1/ // /--

Ralph T. Brown Jr., Chairman

Brenda McAllister, Clerk

RESOLUTION APPROVING AND AUTHORIZING EXECUTION OF UPDATE TO MARION COUNTY SERVICE DELIVERY STRATEGY

WHEREAS; O.C.G.A. 36-70-20 requires each County of the State of Georgia and municipalities therein to develop a Service Delivery Strategy to identify overlap(s) and/or gaps in delivery of local public service(s), and to develop a rational approach to allocating delivery and funding of local public services, and

WHEREAS, the Marion County Board of Commissioners and Mayor and Council of the City of Buena Vista prepared a Service Delivery Strategy in 1999, and the Georgia Department of Community Affairs subsequently verified same as meeting required components and criteria of the above referenced law, and

WHEREAS; said Service Delivery Strategy is currently due for update in conjunction with the stateprescribed update of the local comprehensive plan, and

WHEREAS: the Marion County Board of Commissioners and the Mayor and Council of the City of Buena Vista have jointly updated said Service Delivery Strategy and have reduced same to writing, and

WHEREAS; the governing body desires to approve said Update to the Service Delivery Strategy, to authorize appropriate officials of Marion County to execute same on behalf of Marion County, and to submit the duly executed Update to the Georgia Department of Community Affairs as required by law.

NOW, THEREFORE, BE IT RESOLVED by the Marion County Board of Commissioners, as follows:

- That the Update to the Marion County Service Delivery Strategy is hereby approved, 1.
- 2. That the Chairman is authorized to execute said Update on behalf of the Marion County Board of Commissioners.
- 3. The County Clerk is authorized to attest the signature of the Chairman on the certifications page of said Update,
- That a copy of this resolution along with said Update be submitted to the Georgia 4. Department of Community Affairs for verification pursuant to Georgia law.

SO RESOLVED, this 29 day of October, 2007.

BOARD OF COMMISSIONERS MARION COUNTY, GEORGIA

George Neal, Jr., Chairman

ATTEST: Lea Estable

Judy Summers, Clerk

Lea Ell-A, Depuly, Cheek



SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county: 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) to less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR MARION 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);
- 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));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of
 a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic
 boundaries of the service provider (O.C.G.A. 36-70-24 (2)); 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)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
	George Neal, Jr.	Chairman, Board of Commissioners	Marion County	10/29/07
falsh t. From	Ralph T. Brown, Jr.	Mayor	City of Buena Vista	10/02/07
	V			



Instructions:			
listed on page 1. Ans		g additional pages as necess	ection III. Use exactly the same service names sary. If the contact person for this service (listed at munity Affairs.
County:	MARION	Service:	Airport
1. Check the box	that best describes the agre	eed upon delivery arrar	ngement for this service:
service provid	Il be provided countywide (er. (If this box is checked, i Marion County	i.e., including all cities dentify the governmen	s and unincorporated areas) by a single t, authority or organization providing the
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2. In developing of this service Yes 7No		ing service areas, unne	ecessary competition and/or duplication
arrangement (i.	e., overlapping but higher l	evels of service (See C	lanation for continuing the O.C.G.A. 36-70-24(1)), overriding as or competition cannot be eliminated).
			implementation schedule listing each party and the agreed upon deadline for

Funding Method: ral Fund, Grants. Loans, Bonds urrangements for providing and/or funding this service with
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or intergovernmental contracts that will be used to
Section and Ending Da
Contracting Parties: Effective and Ending Date
d to implement the strategy for this service (e.g., ordinand
bly, rate or fee changes, etc.), and when will they take eff
Flint RDC
Date completed: October 1,2007
•
by state agencies when evaluating whether proposed local service delivery strategy? ✓ Yes ☐No
and phone number(s) below:



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

County:	MARION	Service:	Animal Control
1. Check the box	that best describes the agree	eed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single at, authority or organization providing the
	I be provided only in the unchecked, identify the gover		of the county by a single service provider ganization providing the
will not be pro		eas. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
Zone or mor	e cities will provide this se	rvice only within their	incorporated boundaries, and the county
will provide th authority or or	e service in unincorporated ganization providing the se	l areas. (If this box is o	checked, identify the government(s),
will provide th authority or or Marion County and	e service in unincorporated ganization providing the se Bena Vista is box is checked, attach a identify the government, a	l areas. (If this box is or rvice.): legible map delineati	
will provide the authority or or Marion County and Other (If the provider, and each service as	is box is checked, attach a identify the government, area.):	l areas. (If this box is orvice.): legible map delineation of the organization of the	thecked, identify the government(s),
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Local Government or Authorit	Landau de la constantidad de la	Funding A	Method:	
Marion County and Buena Vista	General Fund, Grants			
		An and the same of		
4. How will the strategy change th the county?	e previous arrangements for	r providing a	nd/or funding	g this service within
new service for Buena Vista			•	
5. List any formal service delivery		nental contra	acts that will	be used to
implement the strategy for this s Agreement Name:	Contracting Par		Effective	and Ending Dates:
			Effective	and Ending Dates:
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Agreement Name:	Contracting Par	ties:	for this servic	ee (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any)	Contracting Par	ties:	for this servic	ee (e.g., ordinances,
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Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger 7. Person completing form: Gerald	Mixon, Middle Flint RDC 2909 Date co	the strategy changes, etc.	for this service), and when vertices to be 1, 2007	e (e.g., ordinances, vill they take effect



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. MARION Building Inspection/Code Enforcement Service: 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Marion County, Buena Vista Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

	ty: Fundin	g Method:
Marion County and Buena Vista	General Fund, User Fees	
How will the strategy change the county?	ne previous arrangements for providir	ng and/or funding this service within
new service for Buena Vista		
5. List any formal service delivery implement the strategy for this	agreements or intergovernmental co	ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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6. What other mechanisms (if any) will be used to implement the strate neral Assembly, rate or fee changes,	gy for this service (e.g., ordinances,
6. What other mechanisms (if any) will be used to implement the strate	gy for this service (e.g., ordinances,
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6. What other mechanisms (if any resolutions, local acts of the Ge 7. Person completing form: Gerald Phone number: 229-931) will be used to implement the strate neral Assembly, rate or fee changes, of the changes, of	gy for this service (e.g., ordinances, etc.), and when will they take effect October 1, 2007



Instructions:

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

County:	MARION .	Service:	Cooperative Extension
l. Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
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arrangement (i.	e., overlapping but higher le	evels of service (See (planation for continuing the D.C.G.A. 36-70-24(1)), overriding eas or competition cannot be eliminated).
	11 1 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	the strategy attach a	n implementation schedule listing each

Local Government or Author	rity: Fu	nding Method:
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	ry agreements or intergovernments	al contracts that will be used to
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6. What other mechanisms (if an resolutions, local acts of the GN/A 7. Person completing form: Gera Phone number: 229-9	Marion County and UGA by) will be used to implement the steneral Assembly, rate or fee change and Mixon, Middle Flint RDC 31-2909 Date complete be contacted by state agencies who	trategy for this service (e.g., ordinances ges, etc.), and when will they take effect eted: October 1, 2007
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	e) changes, this should be reported		ary. If the contact person for this service (listed at munity Affairs.
County:	MARION	Service:	Coroner
1. Check the box	that best describes the agre	eed upon delivery arran	ngement for this service:
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step or action tha	ns will be eliminated under to will be taken to eliminate	the strategy, attach an	implementation schedule listing each
completing it.		them, the responsible	party and the agreed upon deadline for

Local Government or Au	thority: Fui	nding Method:
Marion County	General Fund	
How will the strategy chathe county?	nge the previous arrangements for prov	riding and/or funding this service within
no change		
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implement the strategy for		a contracts that will be ased to
implement the strategy for Agreement Name:		Effective and Ending Dates:
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Agreement Name: Agreement Name: N/A 6. What other mechanisms (resolutions, local acts of the	Contracting Parties: Contracting Parties:	Effective and Ending Dates: rategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: N/A 6. What other mechanisms (resolutions, local acts of the	Contracting Parties: Contracting Parties:	Effective and Ending Dates: rategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: N/A 6. What other mechanisms (resolutions, local acts of the	Contracting Parties: Contracting Parties:	Effective and Ending Dates: rategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: N/A 6. What other mechanisms (resolutions, local acts of the content of the	Contracting Parties: Contracting Parties: if any) will be used to implement the state General Assembly, rate or fee change	Effective and Ending Dates: rategy for this service (e.g., ordinances,
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Agreement Name: Agreement Name: N/A 6. What other mechanisms (resolutions, local acts of the solutions) of the solutions of the solutions of the solutions. 7. Person completing form: Phone number: 8. Is this the person who sho	Contracting Parties: Contracting Parties: if any) will be used to implement the state General Assembly, rate or fee change	rategy for this service (e.g., ordinances, es, etc.), and when will they take effect ted: October 1, 2007



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. MARION Courts-Judicial Circuit Service: County: 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.): Marion 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 within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Authoric	ty:	Funding Method:
Marion County	General Fund, Fines and	
4. How will the strategy change the county?	e previous arrangements for p	roviding and/or funding this service within
no change		
* * * * * * * * * * * * * * * * * * *		1 111
		ental contracts that will be used to
 List any formal service delivery implement the strategy for this s 		ntal contracts that will be used to
Agreement Name:		
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name: N/A 6. What other mechanisms (if any	Contracting Partie. Contracting Partie.	
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Partie. Contracting Partie.	e strategy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: N/A 6. What other mechanisms (if any	Contracting Partie. Contracting Partie.	e strategy for this service (e.g., ordinances,
Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Partie. Contracting Partie.	e strategy for this service (e.g., ordinances,
Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Partie. Contracting Partie.	e strategy for this service (e.g., ordinances,
Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Partie. Contracting Partie.	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General N/A	Contracting Partie	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General N/A 7. Person completing form: Gerald	Contracting Partie. Contracting Partie. Of will be used to implement the neral Assembly, rate or fee characteristics. Mixon, Middle Flint RDC	e strategy for this service (e.g., ordinances, anges, etc.), and when will they take effect
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General N/A 7. Person completing form: Gerald Phone number: Gerald 229-931	Contracting Partie. Contracting Partie. Of will be used to implement the neral Assembly, rate or fee characteristics. Mixon, Middle Flint RDC -2909 Date comp	e strategy for this service (e.g., ordinances, anges, etc.), and when will they take effect
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General N/A 7. Person completing form: Gerald Phone number: Gerald 229-931	Contracting Partie. Contracting Partie. Of will be used to implement the neral Assembly, rate or fee characteristics. Mixon, Middle Flint RDC -2909 Date complete contacted by state agencies we	e strategy for this service (e.g., ordinances, anges, etc.), and when will they take effect pleted: October 1, 2007 when evaluating whether proposed local



of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim If these conditions will be eliminated under the strategy, attach an implementation schedule listing step or action that will be taken to eliminate them, the responsible party and the agreed upon deadless.	listed on page 1. Ans		g additional pages as necess	ection III. Use exactly the same service names sary. If the contact person for this service (listed at munity Affairs.
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a service provider. (If this box is checked, identify the government, authority or organization proviservice.): Service will be provided only in the unincorporated portion of the county by a single service (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the will provide the service in unincorporated areas. (If this box is checked, identify the government authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each serv provider, and identify the government, authority, or other organization that will provide service each service area.): In developing the strategy, were overlapping service areas, unnecessary competition and/or dupl of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim If these conditions will be eliminated under the strategy, attach an implementation schedule listing step or action that will be taken to eliminate them, the responsible party and the agreed upon deadle	County:	MARION	Service:	Courts-Municipal
service provider. (If this box is checked, identify the government, authority or organization proviservice.): Service will be provided only in the unincorporated portion of the county by a single service of (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the will provide the service in unincorporated areas. (If this box is checked, identify the government authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service area, and identify the government, authority, or other organization that will provide service each service area.): In developing the strategy, were overlapping service areas, unnecessary competition and/or dupl of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim If these conditions will be eliminated under the strategy, attach an implementation schedule listing the portion of the duplication of the eliminated under the strategy, attach an implementation schedule listing the portion that will be taken to eliminate them, the responsible party and the agreed upon deadle	1. Check the box	that best describes the agre	ed upon delivery arran	ngement for this service:
(If this box is checked, identify the government, authority or organization providing the service.): ☑One or more cities will provide this service only within their incorporated boundaries, and the will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Buena Vista ☐One or more cities will provide this service only within their incorporated boundaries, and the will provide the service in unincorporated areas. (If this box is checked, identify the government authority or organization providing the service.): ☐Other (If this box is checked, attach a legible map delineating the service area of each serv provider, and identify the government, authority, or other organization that will provide service each service area.): ②In developing the strategy, were overlapping service areas, unnecessary competition and/or dupl of this service identified? ☐Yes ☑No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim If these conditions will be eliminated under the strategy, attach an implementation schedule listing step or action that will be taken to eliminate them, the responsible party and the agreed upon deadle	service provide			
will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Buena Vista One or more cities will provide this service only within their incorporated boundaries, and the will provide the service in unincorporated areas. (If this box is checked, identify the government authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service and identify the government, authority, or other organization that will provide service each service area.): 1. In developing the strategy, were overlapping service areas, unnecessary competition and/or dupl of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim lift these conditions will be eliminated under the strategy, attach an implementation schedule listing step or action that will be taken to eliminate them, the responsible party and the agreed upon deadle	(If this box is o			
will provide the service in unincorporated areas. (If this box is checked, identify the government authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service area had identify the government, authority, or other organization that will provide service each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or dupl of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim. If these conditions will be eliminated under the strategy, attach an implementation schedule listing.	will not be pro	vided in unincorporated are	as. (If this box is chec	
provider, and identify the government, authority, or other organization that will provide service each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or dupl of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim if these conditions will be eliminated under the strategy, attach an implementation schedule listing step or action that will be taken to eliminate them, the responsible party and the agreed upon deadless.	will provide th	e service in unincorporated	areas. (If this box is c	
of this service identified? Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim If these conditions will be eliminated under the strategy, attach an implementation schedule listing step or action that will be taken to eliminate them, the responsible party and the agreed upon deadless.	provider, and	identify the government, au	legible map delineation thority, or other organ	ng the service area of each service sization that will provide service within
arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be elim. If these conditions will be eliminated under the strategy, attach an implementation schedule listing step or action that will be taken to eliminate them, the responsible party and the agreed upon deadless.	of this service		ng service areas, unne	ecessary competition and/or duplication
step or action that will be taken to eliminate them, the responsible party and the agreed upon deadle	arrangement (i.	e., overlapping but higher le	evels of service (See C	O.C.G.A. 36-70-24(1)), overriding
	step or action tha			



County:	MARION	Service:	E-911
1. Check the box	that best describes the agree	ed upon delivery arran	ngement for this service:
service provid			s and unincorporated areas) by a single at, authority or organization providing the
	I be provided only in the unit checked, identify the govern		of the county by a single service provider ganization providing the
will not be pro		s. (If this box is chec	incorporated boundaries, and the service sked, identify the government(s),
will provide th		areas. (If this box is c	incorporated boundaries, and the county thecked, identify the government(s),
Other (If th	identify the government, aut	egible map delineati hority, or other organ	ing the service area of each service nization that will provide service within
2. In developing of this service ☐Yes ☑No		ng service areas, unno	ecessary competition and/or duplication
arrangement (i	e., overlapping but higher le	vels of service (See C	planation for continuing the O.C.G.A. 36-70-24(1)), overriding as or competition cannot be eliminated).
			n implementation schedule listing each party and the agreed upon deadline for

Local Government or Authori	tv: Fur	iding Method:
Marion County	General Fund, E-911 surcha	
4. How will the strategy change the county?	ne previous arrangements for prov	riding and/or funding this service within
new service from previous SDS	}	
implement the strategy for this		
Agreement Name: itergovernmental Agreement for the	Contracting Parties: Marion County and Middle Flint	Effective and Ending Dates. July 23, 2003-July 23, 2013
peration of Middle Flint Regional	Regional E-911 Authority	automatically renewable thereafter
-911 Center		
-911 Center 6. What other mechanisms (if any) will be used to implement the st neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
5. What other mechanisms (if any resolutions, local acts of the Ge) will be used to implement the st neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
-911 Center 5. What other mechanisms (if any resolutions, local acts of the Ge) will be used to implement the st neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
-911 Center 5. What other mechanisms (if any resolutions, local acts of the Ge) will be used to implement the st neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
-911 Center 5. What other mechanisms (if any resolutions, local acts of the Ge) will be used to implement the st neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
5. What other mechanisms (if any resolutions, local acts of the Ge) will be used to implement the st neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effec
-911 Center 5. What other mechanisms (if any resolutions, local acts of the Ge	neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
-911 Center 5. What other mechanisms (if any	neral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
5. What other mechanisms (if any resolutions, local acts of the GeN/A 7. Person completing form: Gerald Phone number: Gerald 228-93:	i Mixon, Middle Flint RDC 1-2909 Date comple e contacted by state agencies whe	ted: October 1, 2007 n evaluating whether proposed local
7. Person completing form: Gerald Phone number: Gerald 228-93. 8. Is this the person who should be government projects are consists.	neral Assembly, rate or fee chang Mixon, Middle Flint RDC 1-2909 Date comple	ted: October 1, 2007 n evaluating whether proposed local egy? Yes No



listed on page 1. Ans	form and complete one for each swer each question below, attachin ge) changes, this should be reported	g additional pages as necess	ection III. Use exactly the same service names ary. If the contact person for this service (listed at munity Alfairs.
County:	MARION	Service:	Economic Development
1. Check the box	x that best describes the agre	ed upon delivery arran	ngement for this service:
Service wi service provid service.):	III be provided countywide (ler. (If this box is checked, i	i.e., including all cities dentify the government	and unincorporated areas) by a single t, authority or organization providing the
Service will (If this box is service.):	ll be provided only in the un checked, identify the govern	incorporated portion on ment, authority or org	f the county by a single service provider. anization providing the
will not be pro		eas. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
will provide th	re cities will provide this ser he service in unincorporated rganization providing the se	areas. (If this box is cl	incorporated boundaries, and the county hecked, identify the government(s),
provider, and	l identify the government, aurea.):	ithority, or other organ	ng the service area of each service vization that will provide service within
Buena Vista assi	ists with smaller projects in city; Mar	rion assists with larger-scale	projects countywide
2. In developing of this service ☐Yes ☑No	e identified?	ing service areas, unne	ecessary competition and/or duplication
arrangement (i	.e., overlapping but higher l	evels of service (See C	lanation for continuing the D.C.G.A. 36-70-24(1)), overriding as or competition cannot be eliminated).
If these conditions step or action the completing it.	ons will be eliminated under nat will be taken to eliminate	the strategy, attach an them, the responsible	n implementation schedule listing each party and the agreed upon deadline for

Local Government or Authority:	F	Funding Method:	
Marion County	General Fund, Grants, Los		
Buena Vista	General Fund, Grants, Los	ans,	
Marion County Development Authority	Reserve Funds, Bonds		
4. How will the strategy change the p the county?	previous arrangements for pr	roviding and/or funding this service w	ithir
no change			
implement the strategy for this ser-	vice:		
Agreement Name:	vice: Contracting Parties	s: Effective and Ending Da	ites:
Agreement Name:		es: Effective and Ending Da	ites:
Agreement Name:		es: Effective and Ending Da	ites:
Agreement Name:		s: Effective and Ending Da	ites:
Agreement Name: N/A 6. What other mechanisms (if any) w	Contracting Parties	e strategy for this service (e.g., ordinar anges, etc.), and when will they take ef	nces,
Agreement Name: N/A 6. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties	e strategy for this service (e.g., ordinar	nces,
Agreement Name: N/A 6. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties	e strategy for this service (e.g., ordinar	nces,
Agreement Name: N/A 6. What other mechanisms (if any) w	Contracting Parties	e strategy for this service (e.g., ordinar	nces,
Agreement Name: N/A 6. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties	e strategy for this service (e.g., ordinar	nces,
Agreement Name: N/A 6. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties	e strategy for this service (e.g., ordinar	nces,
Agreement Name: N/A 6. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties will be used to implement the ral Assembly, rate or fee cha	e strategy for this service (e.g., ordinar	nces,
Agreement Name: N/A 6. What other mechanisms (if any) w resolutions, local acts of the Gener N/A 7. Person completing form: Gerald Mb Phone number: Gerald Mb 229-931-29	Contracting Parties will be used to implement the ral Assembly, rate or fee cha	e strategy for this service (e.g., ordinar anges, etc.), and when will they take ef	nces, fffect



listed on page 1. Ans	form and complete one for each ower each question below, attaching ge) changes, this should be reported	g additional pages as necess	Section III. Use exactly the same service names sary. If the contact person for this service (listed at namenty Affairs.
County:	MARION	Service:	Emergency Management
1. Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
service provid-	Il be provided countywide (i er. (If this box is checked, io Marion County	i.e., including all citie dentify the governmen	s and unincorporated areas) by a single nt, authority or organization providing the
	l be provided only in the unchecked, identify the govern		of the county by a single service provider. ganization providing the
will not be pro		as. (If this box is chec	incorporated boundaries, and the service cked, identify the government(s),
will provide th		areas. (If this box is c	incorporated boundaries, and the county checked, identify the government(s),
	identify the government, au		ing the service area of each service nization that will provide service within
2. In developing of this service ☐Yes ☑No	the strategy, were overlappidentified?	ing service areas, unne	ecessary competition and/or duplication
arrangement (i.	e., overlapping but higher le	evels of service (See C	olanation for continuing the O.C.G.A. 36-70-24(1)), overriding eas or competition cannot be eliminated).
If these condition step or action the completing it.	ns will be eliminated under at will be taken to eliminate	the strategy, attach as them, the responsible	n implementation schedule listing each party and the agreed upon deadline for

Local Government or Author	ritv.	Funding N	lethod:
Marion County	General Fund, Grants	1 111111115	· Ciriotti
4. How will the strategy change the county?	the previous arrangements fo	r providing a	nd/or funding this service within
no change			articular description of the state of the st
		mental contra	acts that will be used to
5. List any formal service delive implement the strategy for this		mental contra	acts that will be used to
implement the strategy for this	s service:		
implement the strategy for this Agreement Name:			ects that will be used to Effective and Ending Dates:
implement the strategy for this Agreement Name:	s service:		
implement the strategy for this Agreement Name:	s service:		
implement the strategy for this Agreement Name:	s service:		
implement the strategy for this Agreement Name:	Service: Contracting Par	ties:	Effective and Ending Dates:
implement the strategy for this Agreement Name: I/A 6. What other mechanisms (if an	Contracting Par Contracting Par (y) will be used to implement	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,
implement the strategy for this Agreement Name: I/A 6. What other mechanisms (if an	Contracting Par Contracting Par (y) will be used to implement	the strategy 1	Effective and Ending Dates:
implement the strategy for this Agreement Name: //A 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Par Contracting Par (y) will be used to implement	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,
implement the strategy for this Agreement Name: I/A 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Par Contracting Par (y) will be used to implement	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,
implement the strategy for this Agreement Name: I/A 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Par Contracting Par (y) will be used to implement	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,
Agreement Name: I/A 6. What other mechanisms (if an	Contracting Par Contracting Par (y) will be used to implement	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,
implement the strategy for this Agreement Name: I/A 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Par Contracting Par (y) will be used to implement	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,
Agreement Name: Agreement Name: //A 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Par Contracting Par y) will be used to implement teneral Assembly, rate or fee	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,
Agreement Name: Agreement Name: NA 6. What other mechanisms (if an resolutions, local acts of the GN/A 7. Person completing form: Gera	Contracting Par Contracting Par y) will be used to implement teneral Assembly, rate or fee	the strategy 1	Effective and Ending Dates: for this service (e.g., ordinances,), and when will they take effect
Agreement Name: Agreement Name: //A 6. What other mechanisms (if an resolutions, local acts of the GN/A 7. Person completing form: Gera	Contracting Par We will be used to implement teneral Assembly, rate or fee of the discount of the contracted by state agencie be contacted by state agencie	the strategy to changes, etc.	Effective and Ending Dates: for this service (e.g., ordinances,), and when will they take effect tober 1, 2007



listed on page 1. Ans	form and complete one for each wer each question below, attaching te) changes, this should be reported	g additional pages as necess	ection III. Use exactly the same service names ary. If the contact person for this service (listed at munity Affairs.
County:	MARION	Service:	Emergency Medical Service
1. Check the box	that best describes the agre	ed upon delivery arran	ngement for this service:
service provid	Il be provided countywide (i er. (If this box is checked, ic Marion County	i.e., including all cities dentify the governmen	s and unincorporated areas) by a single t, authority or organization providing the
	be provided only in the unchecked, identify the govern		f the county by a single service provider, anization providing the
will not be pro	e cities will provide this ser vided in unincorporated are ganization providing the ser	as. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
will provide th		areas. (If this box is c	incorporated boundaries, and the county hecked, identify the government(s),
Other (If th provider, and each service as	identify the government, au	legible map delineati	ng the service area of each service nization that will provide service within
2. In developing of this service ☐ Yes ✓ No		ing service areas, unne	ecessary competition and/or duplication
arrangement (i.	e., overlapping but higher le	evels of service (See C	lanation for continuing the O.C.G.A. 36-70-24(1)), overriding as or competition cannot be eliminated).
If these condition step or action the completing it.	ns will be eliminated under at will be taken to eliminate	the strategy, attach ar them, the responsible	n implementation schedule listing each party and the agreed upon deadline for

	A	ing Method:
Marion County	General Fund; User Fees, Gran	nts
4. How will the strategy chang the county?	ge the previous arrangements for provid	ing and/or funding this service within
no change		
implement the strategy for t		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	any) will be used to implement the strat General Assembly, rate or fee changes	
N/A		
######################################		d: October 1, 2007



Instructions:

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

County:	MARION	Service:	Family and Children Services
. Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single at, authority or organization providing the
	be provided only in the uni hecked, identify the govern		of the county by a single service provider ganization providing the
will not be pro		as. (If this box is chee	incorporated boundaries, and the service ked, identify the government(s),
will provide th		areas. (If this box is o	incorporated boundaries, and the county hecked, identify the government(s),
will provide the authority or organization. Other (If this	e service in unincorporated ganization providing the ser s box is checked, attach a lidentify the government, au	areas. (If this box is ovice.): egible map delineati	
Other (If thi provider, and each service ar	e service in unincorporated ganization providing the ser s box is checked, attach a lidentify the government, au ea.):	areas. (If this box is ovice.): egible map delineatithority, or other organ	hecked, identify the government(s), ng the service area of each service
Other (If this provider, and each service are Yes No	e service in unincorporated ganization providing the ser solves box is checked, attach a lidentify the government, au ea.): the strategy, were overlappidentified? It will continue under the stee, overlapping but higher le	areas. (If this box is ovice.): egible map delineatithority, or other organisms service areas, unnumerategy, attach an expected of service (See Oservice)	ng the service area of each service nization that will provide service within

Local Government or Auti	*	***************************************	ng Method:
Marion County	General Fund so	upplement to St	ate program, Grants
4. How will the strategy chang the county?	ge the previous arrangeme	ents for providi	ing and/or funding this service with
No Change			
	uori ograamante or intare	governmental c	ontracts that will be used to
List any formal service deli	very agreements or interg		
List any formal service deli implement the strategy for t			
implement the strategy for t	his service:		Effective and Ending Date
implement the strategy for t Agreement Name:	his service:	ng Parties:	Effective and Ending Date
implement the strategy for t Agreement Name:	his service:		Effective and Ending Date
implement the strategy for t Agreement Name:	his service:		Effective and Ending Date
implement the strategy for t	his service:		Effective and Ending Date
implement the strategy for t Agreement Name: N/A 6. What other mechanisms (if	his service: Contraction any) will be used to imple	ng Parties: ement the strat	Effective and Ending Date
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if resolutions, local acts of the	his service: Contraction any) will be used to imple	ng Parties: ement the strat	egy for this service (e.g., ordinance
implement the strategy for t Agreement Name: N/A 6. What other mechanisms (if resolutions, local acts of the	his service: Contraction any) will be used to imple	ng Parties: ement the strat	egy for this service (e.g., ordinance
implement the strategy for t Agreement Name: N/A 6. What other mechanisms (if	his service: Contraction any) will be used to imple	ng Parties: ement the strat	egy for this service (e.g., ordinance
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if resolutions, local acts of the	his service: Contraction any) will be used to imple	ng Parties: ement the strat	egy for this service (e.g., ordinance
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if resolutions, local acts of the	his service: Contraction any) will be used to imple	ng Parties: ement the strat	egy for this service (e.g., ordinance
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if resolutions, local acts of the N/A 7. Person completing form: G	any) will be used to impl General Assembly, rate	ement the strat	egy for this service (e.g., ordinance
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if resolutions, local acts of the N/A 7. Person completing form: General Phone number: 22	any) will be used to impl General Assembly, rate eraid Mixon, Middle Flint RDC 9-931-2909 Id be contacted by state a	ement the strat or fee changes,	egy for this service (e.g., ordinance, etc.), and when will they take effe



listed on page 1. An		additional pages as necess	ection III. Use exactly the same servi- lary. If the contact person for this serv- munity Affairs.	
	MARION	G !	Fire Protection	

County:	MARION	Service:	Fire Protection
1. Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single at, authority or organization providing the
	be provided only in the unichecked, identify the govern		of the county by a single service provider ganization providing the
will not be pro		as. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
will provide th	e service in unincorporated ganization providing the ser	areas. (If this box is c	incorporated boundaries, and the county hecked, identify the government(s),
	identify the government, au		ng the service area of each service sization that will provide service within
2. In developing of this service ☐ Yes ☑ No		ng service areas, unne	ecessary competition and/or duplication
arrangement (i.	e., overlapping but higher le	vels of service (See C	lanation for continuing the O.C.G.A. 36-70-24(1)), overriding as or competition cannot be eliminated).
			implementation schedule listing each party and the agreed upon deadline for

Local Government or Authori	ty:	Funding Method:	
farion County and Buena Vista	General Fund, SPLOST,		
4. How will the strategy change the county?	ne previous arrangements for p	providing and/or funding this service v	vithin
no change			
		(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		ental contracts that will be used to	
in the state of th	anniaa.		
implement the strategy for this	service.		
		es: Effective and Ending D	ates:
*Agreement Name:	Contracting Partic	es: Effective and Ending D	ates:
*Agreement Name:		es: Effective and Ending D	ates:
*Agreement Name:		es: Effective and Ending D	ates:
*Agreement Name:		es: Effective and Ending D	ates:
*Agreement Name: I/A 6. What other mechanisms (if any	Contracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: I/A 6. What other mechanisms (if any	Contracting Partic		nces,
*Agreement Name: 1/A 6. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: "Agreement N	Contracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: 1/A 6. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: "Agreement N	Contracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: 1/A 6. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: I/A 6. What other mechanisms (if any resolutions, local acts of the Ge	Ontracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: NA 6. What other mechanisms (if any	Contracting Partic	ne strategy for this service (e.g., ordina	nces,
*Agreement Name: WA 6. What other mechanisms (if any resolutions, local acts of the Ge N/A 7. Person completing form: Gerald Phone number: 229-931	Contracting Particles) will be used to implement the neral Assembly, rate or fee channels. Mixon, Middle Flint RDC 1-2909 Date come contacted by state agencies.	ne strategy for this service (e.g., ordina ranges, etc.), and when will they take enterprise the proposed local strategy for this service (e.g., ordina ranges, etc.), and when evaluating whether proposed local strategy for this service (e.g., ordina range).	nces,
*Agreement Name: I/A 6. What other mechanisms (if any resolutions, local acts of the Ge N/A 7. Person completing form: Gerald Phone number: Gerald 229-931	Contracting Particles) will be used to implement the neral Assembly, rate or fee channels. Mixon, Middle Flint RDC 1-2909 Date come contacted by state agencies.	ne strategy for this service (e.g., ordina ranges, etc.), and when will they take enterprise the proposed local strategy for this service (e.g., ordina ranges, etc.), and when evaluating whether proposed local strategy for this service (e.g., ordina range).	nces,



Instructions:

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

County:	MARION	Service:	Indigent Defense
1. Check the box	that best describes the agr	eed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single at, authority or organization providing the
Service will (If this box is c service.):	be provided only in the un hecked, identify the gover	nincorporated portion on nment, authority or org	of the county by a single service provider ganization providing the
will not be pro		eas. (If this box is ched	incorporated boundaries, and the service ked, identify the government(s),
will provide th	e service in unincorporated	rvice only within their	incorporated boundaries, and the county
authority or org Marion County, Bue	ganization providing the se		neoted, telling the government(o),
Marion County, Bue	na Vista s box is checked, attach a identify the government, a	ervice.): legible map delineati	ing the service area of each service nization that will provide service within
Marion County, Bue Other (If thi provider, and each service ar	s box is checked, attach a identify the government, a ea.):	ervice.): legible map delineati uthority, or other organ	ng the service area of each service
Marion County, Bue Other (If thi provider, and each service ar 2. In developing of this service Yes No If these condition arrangement (i.e.	s box is checked, attach a identify the government, a ea.): the strategy, were overlappidentified? as will continue under the se., overlapping but higher!	legible map delineati uthority, or other organ bing service areas, unnestrategy, attach an explevels of service (See C	ing the service area of each service nization that will provide service within

Local Government or Authori	ty:	Funding Method:
Marion County and Buena Vista	General Fund, Fines and	d Forfeitures
How will the strategy change the county?	ne previous arrangements for p	providing and/or funding this service with
no change, service overlooked	in original SDS	
		ental contracts that will be used to
List any formal service delivery implement the strategy for this		ental contracts that will be used to
implement the strategy for this strategy for the strategy for		
implement the strategy for this strategy for the strategy for	service:	
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implement the strategy for this strategy for the strategy for this strategy for this strategy for the strategy for the strategy for this s	Contracting Partie Contracting Partie will be used to implement the	
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Partie Contracting Partie will be used to implement the	tes: Effective and Ending Dates the strategy for this service (e.g., ordinance)
implement the strategy for this strategy for the strategy for this strategy for this strategy for the strategy for the strategy for this s	Contracting Partie Contracting Partie will be used to implement the	tes: Effective and Ending Dates the strategy for this service (e.g., ordinance)
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Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ge N/A 7. Person completing form: Gerald	Contracting Partic Contracting Partic y will be used to implement the neral Assembly, rate or fee ch	tes: Effective and Ending Dates the strategy for this service (e.g., ordinance)
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Agreement Name: Agreement Name: WA 6. What other mechanisms (if any resolutions, local acts of the General NAMA 7. Person completing form: Gerald Phone number: General Ge	Contracting Partice: Contracting Partice Contracting Partice I will be used to implement the neral Assembly, rate or fee check the neral Assembly, rate or fee check the neral Assembly and the neral Assem	the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will they take effect in the strategy for this service (e.g., ordinance manges, etc.), and when will the strategy for the strategy for this service (e.g., ordinance manges, etc.), and the strategy for this service (e.g., ordinance manges, etc.), and the strategy for the strategy for this service (e.g., ordinance manges, etc.), and the strategy for the strate



Instructions:

of this service identified?

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. MARION County: Service: 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.): Marion 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 within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication

Yes No

If these conditions will continue under the strategy, attach an explanation for continuing the

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

Local Government or Author		g Method:
Marion County	General Fund, Fines, Forfeitures,	Seizures, Grants
4. How will the strategy change the county?	the previous arrangements for providing	g and/or funding this service within
no change		
5 List any formal service deliver	ery agreements or intergovernmental con	ntracts that will be used to
implement the strategy for thi	is service:	
	is service: Contracting Parties:	Effective and Ending Dates:
implement the strategy for the Agreement Name:		Effective and Ending Dates:
implement the strategy for the Agreement Name:		Effective and Ending Dates:
implement the strategy for the Agreement Name:		Effective and Ending Dates:
implement the strategy for the Agreement Name:		Effective and Ending Dates:
implement the strategy for the Agreement Name: N/A 6. What other mechanisms (if a	Contracting Parties: ny) will be used to implement the strates	gy for this service (e.g., ordinances
implement the strategy for the Agreement Name: N/A 6. What other mechanisms (if a	Contracting Parties:	gy for this service (e.g., ordinances
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if a resolutions, local acts of the C	Contracting Parties: ny) will be used to implement the strates	gy for this service (e.g., ordinances
implement the strategy for thi Agreement Name: N/A 6. What other mechanisms (if a	Contracting Parties: ny) will be used to implement the strates	gy for this service (e.g., ordinances
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if a resolutions, local acts of the C	Contracting Parties: ny) will be used to implement the strates	gy for this service (e.g., ordinances
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if a resolutions, local acts of the C	Contracting Parties: ny) will be used to implement the strates	gy for this service (e.g., ordinances
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Agreement Name: Agreement Name: N/A 6. What other mechanisms (if a resolutions, local acts of the C N/A 7. Person completing form: Ger	ny) will be used to implement the strates General Assembly, rate or fee changes, e	gy for this service (e.g., ordinances etc.), and when will they take effect
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if a resolutions, local acts of the County N/A 7. Person completing form: Ger Phone number: 229-	my) will be used to implement the strates General Assembly, rate or fee changes, e	gy for this service (e.g., ordinances etc.), and when will they take effect
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if a resolutions, local acts of the Completing form: Person completing form: Phone number: 229- 8. Is this the person who should	ny) will be used to implement the strates General Assembly, rate or fee changes, e	gy for this service (e.g., ordinances etc.), and when will they take effect October 1, 2007 raluating whether proposed local



County:	MARION	Service:	Law Enforcement
. Check the box t	that best describes the agre	ed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single at, authority or organization providing the
	be provided only in the un necked, identify the govern		of the county by a single service provider ganization providing the
		as. (If this box is che	incorporated boundaries, and the service cked, identify the government(s).
	anization providing the ser	vice:	
authority or org One or more will provide the	cities will provide this ser service in unincorporated anization providing the ser	vice only within their areas. (If this box is a	incorporated boundaries, and the county checked, identify the government(s),
authority or org One or more will provide the authority or org Buena Vista, Manon	cities will provide this ser e service in unincorporated anization providing the ser County box is checked, attach a dentify the government, au	vice only within their areas. (If this box is a vice.):	incorporated boundaries, and the county
One or more will provide the authority or org Buena Vista, Marion Other (If this provider, and is each service are	cities will provide this ser e service in unincorporated anization providing the ser County s box is checked, attach a dentify the government, au ea.):	vice only within their areas. (If this box is a vice.): legible map delineat thority, or other orga	incorporated boundaries, and the county checked, identify the government(s), ing the service area of each service
One or more will provide the authority or org Buena Vista, Marion Other (If this provider, and is each service are Yes INO	cities will providing the ser cities will provide this ser service in unincorporated anization providing the ser County s box is checked, attach a dentify the government, auta.): the strategy, were overlapped dentified? s will continue under the st., overlapping but higher leads.	vice only within their areas. (If this box is ovice.): legible map delineat thority, or other orgating service areas, unnumerategy, attach an expected of service (See Control of Service)	incorporated boundaries, and the county checked, identify the government(s), ing the service area of each service nization that will provide service within

Local Government or Authority	v:	Funding N	Aethod:
Marion County and Buena Vista	General Fund, Fines, F		
. How will the strategy change the the county?	e previous arrangements fo	r providing a	nd/or funding this service wit
o change			
		A DECEMBER OF THE PARTY OF THE	
List any formal service delivery		mental contra	acts that will be used to
implement the strategy for this se	ervice:		
		ties:	Effective and Ending Date
implement the strategy for this se Agreement Name:	Contracting Par	ties:	Effective and Ending Date
		rties:	Effective and Ending Date
		ties:	Effective and Ending Date
		ties:	Effective and Ending Date
		rties:	Effective and Ending Date
Agreement Name:	Contracting Par	the strategy 1	for this service (e.g., ordinance
Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Par	the strategy 1	for this service (e.g., ordinance
Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Par	the strategy 1	for this service (e.g., ordinance
Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Par	the strategy 1	for this service (e.g., ordinance
Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Par	the strategy 1	for this service (e.g., ordinance
Agreement Name: 5. What other mechanisms (if any)	Contracting Par	the strategy 1	for this service (e.g., ordinance
Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the General N/A 7. Person completing form: Gerald N	Wixon, Middle Flint RDC	the strategy t	for this service (e.g., ordinance), and when will they take effe
Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Gen	Wixon, Middle Flint RDC	the strategy 1	for this service (e.g., ordinance), and when will they take effe
Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the General N/A 7. Person completing form: Gerald N	will be used to implement eral Assembly, rate or fee will be used to implement or fee will be used to implement eral Assembly, rate or fee	the strategy the changes, etc.	for this service (e.g., ordinance), and when will they take effective.



County:	MARION	Service:	Library
I. Check the box	that best describes the agree	eed upon delivery arra	angement for this service:
service provid			es and unincorporated areas) by a single nt, authority or organization providing th
	checked, identify the gover		of the county by a single service provider ganization providing the
will not be pro		eas. (If this box is che	r incorporated boundaries, and the service cked, identify the government(s),
will provide th	e cities will provide this se the service in unincorporated ganization providing the se	l areas. (If this box is	incorporated boundaries, and the county checked, identify the government(s),
Other (If th provider, and each service a	identify the government, a	legible map delineat uthority, or other orga	ing the service area of each service nization that will provide service within
2. In developing of this service ☐ Yes ☑No		ing service areas, unr	necessary competition and/or duplication
			planation for continuing the O.C.G.A. 36-70-24(1)), overriding

benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

Local Government or Authority:	7	Funding Method:
Regional Library System with operating	Regional Library Operatio	
supplements from Marion County and	General Fund	
Buena Vista	General Fund	
How will the strategy change the properties the county?	evious arrangements for p	roviding and/or funding this service with
no change		
List any formal service delivery agr implement the strategy for this servi-		WIND WHITE THE CV GOVERN
Agreement Name:	Contracting Partie	s: Effective and Ending Dates
	Contracting Parties	s: Effective and Ending Dates
6. What other mechanisms (if any) wi	Il be used to implement the	e strategy for this service (e.g., ordinance anges, etc.), and when will they take effect
N/A 6. What other mechanisms (if any) wi	Il be used to implement the	e strategy for this service (e.g., ordinance
6. What other mechanisms (if any) wi resolutions, local acts of the Genera N/A 7. Person completing form: Gerald Mixe	If be used to implement the Assembly, rate or fee cha	e strategy for this service (e.g., ordinance anges, etc.), and when will they take effec
6. What other mechanisms (if any) wi resolutions, local acts of the Genera N/A 7. Person completing form: Gerald Mixe Phone number: Gerald Mixe 229-931-2908	If be used to implement the Assembly, rate or fee charle. In, Middle Flint RDC Date computations of the property of the computation of the property of the p	e strategy for this service (e.g., ordinance anges, etc.), and when will they take effect pleted: October 1, 2007



County:	MARION	Service:	Planning and Zoning
I. Check the box	that best describes the agree	eed upon delivery arra	ngement for this service:
service provide		dentify the governmer	s and unincorporated areas) by a single at, authority or organization providing the
(If this box is o	be provided only in the un checked, identify the govern	nment, authority or org	of the county by a single service provider ganization providing the
will not be pro		eas. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
will provide th	e service in unincorporated ganization providing the ser	areas. (If this box is o	incorporated boundaries, and the county hecked, identify the government(s),
	identify the government, at		ng the service area of each service nization that will provide service within
In developing of this service ☐ Yes ☑ No		ing service areas, unne	ecessary competition and/or duplication
rrangement (i.	e., overlapping but higher le	evels of service (See (olanation for continuing the O.C.G.A. 36-70-24(1)), overriding as or competition cannot be eliminated).
		the strategy oftenh or	n implementation schedule listing each

Method:
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Account to the second of the s
and/or funding this service within
racts that will be used to
Effective and Ending Dates:
Ifficure and chang backs
y for this service (e.g., ordinances, c.), and when will they take effect
October 1, 2007
luating whether proposed local Yes No
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County:	MARION	Service:	Public Health
l. Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
service provide			s and unincorporated areas) by a single at, authority or organization providing the
	be provided only in the unithecked, identify the govern		of the county by a single service provider, ganization providing the
will not be pro		as. (If this box is ched	incorporated boundaries, and the service sked, identify the government(s),
	teltilltida eleta anu	viaa aalv svithin thair	
will provide th	e service in unincorporated ganization providing the ser	areas. (If this box is o	incorporated boundaries, and the county hecked, identify the government(s),
will provide the authority or or	e service in unincorporated ganization providing the ser is box is checked, attach a identify the government, au	areas. (If this box is ovice.):	incorporated boundaries, and the county thecked, identify the government(s), and the service area of each service nization that will provide service within
Other (If the provider, and each service ar	e service in unincorporated ganization providing the service is box is checked, attach a identify the government, aurea.):	areas. (If this box is ovice.): legible map delineation thority, or other organization.	thecked, identify the government(s),
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Local Government or Au	thority:	Fundin	g Method:
Marion County	General Fund supple	ment to Stat	te program, Grants
4. How will the strategy char the county?	ge the previous arrangements	for providin	g and/or funding this service within
no change			
I lat any fammal common dal	ivery agreements or intergover	nmental cor	ntracts that will be used to
implement the strategy for			
implement the strategy for Agreement Name:		arties:	Effective and Ending Dates:
implement the strategy for Agreement Name:	this service:	arties:	Effective and Ending Dates:
implement the strategy for Agreement Name:	this service:	arties:	Effective and Ending Dates:
implement the strategy for Agreement Name:	this service:	arties:	Effective and Ending Dates:
implement the strategy for Agreement Name:	this service:	arties:	Effective and Ending Dates:
implement the strategy for Agreement Name: WA 6. What other mechanisms (ii	this service: Contracting P	nt the strates	gy for this service (e.g., ordinances,
implement the strategy for Agreement Name: NA 6. What other mechanisms (ii	this service: Contracting P	nt the strates	
Agreement Name: Agreement Name: NA 6. What other mechanisms (i resolutions, local acts of th	this service: Contracting P	nt the strates	gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: N/A 6. What other mechanisms (i resolutions, local acts of th	this service: Contracting P	nt the strates	gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: NA 6. What other mechanisms (i resolutions, local acts of th	this service: Contracting P	nt the strates	gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: NA 6. What other mechanisms (i resolutions, local acts of th	this service: Contracting P	nt the strates	gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: N/A 6. What other mechanisms (ii	this service: Contracting P	nt the strates	gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: WA 6. What other mechanisms (ir resolutions, local acts of the N/A 7. Person completing form:	f any) will be used to impleme e General Assembly, rate or fe	nt the stratege changes, e	gy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: WA 6. What other mechanisms (is resolutions, local acts of the N/A 7. Person completing form:	f any) will be used to impleme e General Assembly, rate or fe	nt the stratege changes, e	gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: NA 6. What other mechanisms (it resolutions, local acts of the N/A 7. Person completing form: 9 Phone number: 2	f any) will be used to implement e General Assembly, rate or fe	ont the strateg e changes, e completed:	gy for this service (e.g., ordinances, etc.), and when will they take effect October 1, 2007 raluating whether proposed local



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

County:	MARION	Service:	Recreation
1. Check the box	that best describes the agree	eed upon delivery arra	ngement for this service:
			es and unincorporated areas) by a single nt, authority or organization providing the
	be provided only in the un hecked, identify the govern		of the county by a single service provider ganization providing the
will not be pro	e cities will provide this ser vided in unincorporated are ganization providing the ser	eas. (If this box is che	incorporated boundaries, and the service cked, identify the government(s),
will provide the	e cities will provide this ser e service in unincorporated ganization providing the ser	areas. (If this box is	incorporated boundaries, and the county checked, identify the government(s),
Buena Vista, Marior		rvice.):	
Buena Vista, Marior	s box is checked, attach a identify the government, at	legible map delineat	ing the service area of each service nization that will provide service within
Buena Vista, Marior Other (If thi provider, and each service ar	s box is checked, attach a identify the government, at ea.):	legible map delineat uthority, or other orga	ing the service area of each service nization that will provide service within eccessary competition and/or duplication
Buena Vista, Marior Other (If thi provider, and each service are) In developing of this service Yes No	s box is checked, attach a identify the government, at ea.): the strategy, were overlappidentified? as will continue under the second continue und	legible map delineat athority, or other orgating service areas, unnutrategy, attach an expevels of service (See	nization that will provide service within

Local Government or Authority	v: Fu	nding Method:
Marion County and Buena Vista	General Fund, SPLOST, Gr	
How will the strategy change the the county?	e previous arrangements for pro	viding and/or funding this service within
no change		
List any formal service delivery implement the strategy for this se		al contracts that will be used to
implement the strategy for this se	TYICC.	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
V/A		
6. What other mechanisms (if any) resolutions, local acts of the Gen	will be used to implement the seral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect?
resolutions, local acts of the Gen	will be used to implement the seral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect.
resolutions, local acts of the Gen	will be used to implement the seral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect
resolutions, local acts of the Gen	will be used to implement the seral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect?
6. What other mechanisms (if any) resolutions, local acts of the Gen	will be used to implement the seral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect.
resolutions, local acts of the Gen	will be used to implement the seral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect
resolutions, local acts of the Gen	eral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect
resolutions, local acts of the Gen	eral Assembly, rate or fee chan	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect?
7. Person completing form: Gerald NPhone number: 229-931-4	wixon, Middle Flint RDC 2909 Date comple contacted by state agencies wh	ges, etc.), and when will they take effect." eted: October 1, 2007 en evaluating whether proposed local



County:	MARION	Service:	Road and Bridge Maintenance
1. Check the box	x that best describes the agre	ed upon delivery arra	ngement for this service:
service provid		dentify the governmen	s and unincorporated areas) by a single t, authority or organization providing the
	ll be provided only in the un checked, identify the govern		f the county by a single service provider, anization providing the
will not be pro	re cities will provide this ser ovided in unincorporated are rganization providing the ser	as. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
will provide th	he service in unincorporated rganization providing the ser	areas. (If this box is c	incorporated boundaries, and the county hecked, identify the government(s),
will provide the authority or or Marion County, Bu	ne service in unincorporated rganization providing the ser ena Vista tis box is checked, attach a lidentify the government, au	areas. (If this box is ovice.):	
will provide the authority or or Marion County, Bu Other (If the provider, and each service and each servic	the service in unincorporated reganization providing the service and Vista tis box is checked, attach a lidentify the government, aurea.):	areas. (If this box is ovice.): legible map delineation of the organization of the or	hecked, identify the government(s), ng the service area of each service
will provide the authority or or Marion County, But Other (If the provider, and each service as of this service Yes No	the service in unincorporated reganization providing the service and Vista tis box is checked, attach a lidentify the government, autrea.): the strategy, were overlapped identified?	areas. (If this box is of vice.): legible map delineation thority, or other organing service areas, unnotated the service areas are service (See Control of Service (See Cont	ng the service area of each service

Local Government or Authori		ng Method:
Marion County and Buena Vista	SPLOST, General Fund, Ga DC)T
How will the strategy change the the county?	ne previous arrangements for providi	ng and/or funding this service within
no change		
		antwasts that will be used to
	agreements or intergovernmental co	ontracts that will be used to
 List any formal service delivery implement the strategy for this s 		ontracts that will be used to
		Effective and Ending Dates:
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name:	service:	
implement the strategy for this s Agreement Name: N/A 6. What other mechanisms (if any	Contracting Parties: Contracting Parties:	
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates:
implement the strategy for this s Agreement Name: N/A 6. What other mechanisms (if any	Contracting Parties: Contracting Parties:	Effective and Ending Dates:
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates:
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates:
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates:
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General N/A	Contracting Parties: Contracting Parties:) will be used to implement the strateneral Assembly, rate or fee changes,	Effective and Ending Dates:
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General N/A 7. Person completing form: Gerald	Contracting Parties: Contracting Parties:) will be used to implement the strateneral Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General NAM) 7. Person completing form: Gerald Phone number: Gerald 229-931	Contracting Parties: Contracting Parties: O will be used to implement the stratemeral Assembly, rate or fee changes, Mixon, Middle Flint RDC Date completed	egy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: N/A 6. What other mechanisms (if any resolutions, local acts of the General Name) N/A 7. Person completing form: Gerald Phone number: General 229-931	Contracting Parties: Contracting Parties:) will be used to implement the strateneral Assembly, rate or fee changes, Mixon, Middle Filint RDC	egy for this service (e.g., ordinances, etc.), and when will they take effect



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

County:	MARION	Service:	Senior Citizens Program
1. Check the box t	that best describes the agre	ed upon delivery arra	ngement for this service:
service provider		dentify the governmer	s and unincorporated areas) by a single at, authority or organization providing the
	be provided only in the un necked, identify the govern		of the county by a single service provider ganization providing the
will not be prov		as. (If this box is ched	incorporated boundaries, and the service ked, identify the government(s),
will provide the	cities will provide this ser service in unincorporated anization providing the ser	areas. (If this box is o	incorporated boundaries, and the county thecked, identify the government(s),
Other (If this provider, and is each service are	dentify the government, au	legible map delineati	ing the service area of each service nization that will provide service within
provider, and is	dentify the government, au a.): the strategy, were overlapp	thority, or other organ	ing the service area of each service nization that will provide service within ecessary competition and/or duplication
provider, and it each service are 2. In developing the of this service is Yes No If these conditions arrangement (i.e.	dentify the government, au a.): the strategy, were overlapp dentified? s will continue under the si overlapping but higher le	ithority, or other organing service areas, unnutrategy, attach an expevels of service (See (nization that will provide service within

Local Government or Author	·itv:	Funding Method:	
Marion County and Buena Vista		ent to Council on Aging, Grants	
How will the strategy change the county?	he previous arrangements for	r providing and/or funding this service wi	ithin
No change - both local govern	ments supplement operation	on revenues of the Council on Aging	HE THE PERSON (ALL PERSON)
5. List any formal service deliver implement the strategy for this		mental contracts that will be used to	
Agreement Name:	Contracting Part	ties: Effective and Ending Da	tes:
	Contracting Part	ties: Effective and Ending Da	tes:
	Contracting Part	ties: Effective and Ending Da	tes:
Agreement Name; N/A	Contracting Part	ties: Effective and Ending Da	tes:
6. What other mechanisms (if any	y) will be used to implement t	the strategy for this service (e.g., ordinanchanges, etc.), and when will they take ef	ces,
6. What other mechanisms (if any	y) will be used to implement t	the strategy for this service (e.g., ordinan-	ces,
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement t	the strategy for this service (e.g., ordinan-	ces,
6. What other mechanisms (if any resolutions, local acts of the GaN/A	y) will be used to implement teneral Assembly, rate or fee co	the strategy for this service (e.g., ordinan-	ces,
6. What other mechanisms (if any resolutions, local acts of the Gannism N/A 7. Person completing form: Geral Phone number: 229-93	y) will be used to implement to eneral Assembly, rate or fee conditions of the condition of the conditions of the condit	the strategy for this service (e.g., ordinanchanges, etc.), and when will they take efompleted: October 1, 2007 S when evaluating whether proposed loca	ces,



County:	MARION	Service:	Solid Waste Management
1. Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single nt, authority or organization providing the
	be provided only in the uni hecked, identify the govern		of the county by a single service provider ganization providing the
will not be prov		as. (If this box is che	incorporated boundaries, and the service cked, identify the government(s),
One or more	cities will provide this ser	vice only within their	incorporated boundaries, and the county
authority or org	ganization providing the ser	areas. (If this box is a vice.):	shecked, identify the government(s),
authority or org	ganization providing the ser Buera Vista s box is checked, attach a lidentify the government, au	vice.): legible map delineat	ing the service area of each service nization that will provide service within
authority or org	ganization providing the ser guera Vista s box is checked, attach a lidentify the government, au ea.):	vice.): legible map delineat thority, or other orga	checked, identify the government(s),
authority or org Marion County and E Other (If this provider, and is each service are of this service is yes ✓No If these condition arrangement (i.e.	sanization providing the ser	legible map delineat thority, or other orga ing service areas, unnumberategy, attach an experience (See	ing the service area of each service

Local Government or Auth	hority: Fundi	ng Method:
Marion County and Buena Vista	User Fees. Grants	ng memou.
4. How will the strategy chang the county?	ge the previous arrangements for providi	ng and/or funding this service within
no change		
io crange		*
	The state of the s	
	very agreements or intergovernmental co	ontracts that will be used to
List any formal service deli- implement the strategy for the		ontracts that will be used to
implement the strategy for the	his service:	ontracts that will be used to Effective and Ending Dates:
implement the strategy for the Agreement Name:	Contracting Parties: Marion and TransWaste Services	Effective and Ending Dates: October 2006- October 2011
implement the strategy for the Agreement Name: Vaste Service Agreement	his service: Contracting Parties:	Effective and Ending Dates: October 2006- October 2011
implement the strategy for the Agreement Name: Vaste Service Agreement	Contracting Parties: Marion and TransWaste Services	Effective and Ending Dates: October 2006- October 2011
implement the strategy for the Agreement Name: Vaste Service Agreement	Contracting Parties: Marion and TransWaste Services	Effective and Ending Dates: October 2006- October 2011
implement the strategy for the Agreement Name: Vaste Service Agreement Vaste Service Agreement	his service: Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce	Effective and Ending Dates: October 2006- October 2011 es March 2005-March 2010
Agreement Name: Vaste Service Agreement Vaste Service Agreement Vaste Service Agreement	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Vaste Service Agreement Vaste Service Agreement Vaste Service Agreement	Contracting Parties: Marion and TransWaste Services	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Vaste Service Agreement Vaste Service Agreement Vaste Service Agreement	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Vaste Service Agreement Vaste Service Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Naste Service Agreement Vaste Service Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Naste Service Agreement Vaste Service Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Naste Service Agreement Vaste Service Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Naste Service Agreement Naste Service Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate General Assembly, rate or fee changes,	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances
Agreement Name: Vaste Service Agreement Vaste Service Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate General Assembly, rate or fee changes,	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances etc.), and when will they take effect
Agreement Name: Naste Service Agreement Naste Service Agreement Naste Service Agreement 6. What other mechanisms (if resolutions, local acts of the N/A	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate General Assembly, rate or fee changes,	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances)
Agreement Name: Vaste Service Agreement Vaste Service Agreement 6. What other mechanisms (if resolutions, local acts of the N/A 7. Person completing form: G Phone number: G 22	Contracting Parties: Marion and TransWaste Services Buena Vista and TransWaste Serivce any) will be used to implement the strate General Assembly, rate or fee changes,	Effective and Ending Dates: October 2006- October 2011 S March 2005-March 2010 egy for this service (e.g., ordinances etc.), and when will they take effect C October 1, 2007 evaluating whether proposed local



County:	MARION	Service:	Street Lights
. Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single at, authority or organization providing the
	be provided only in the unhecked, identify the govern		of the county by a single service provider ganization providing the
will not be pro		as. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
One or more	e cities will provide this ser	vice only within their	incorporated boundaries, and the county
	ganization providing the ser		hecked, identify the government(s),
authority or or	s box is checked, attach a identify the government, au	vice.): legible map delineati	ng the service area of each service
Other (If thi provider, and each service ar	s box is checked, attach a identify the government, au ea.):	vice.): legible map delineati thority, or other organ	ng the service area of each service
Other (If this provider, and each service are Yes No	s box is checked, attach a identify the government, au ea.): the strategy, were overlappidentified?	legible map delineati thority, or other organing service areas, unno	ng the service area of each service nization that will provide service within

Local Government or A	uthority:		Funding M	lethod:
luena Vista	Genera	al Fund, Franchise	***************************************	
4. How will the strategy chathe county?	inge the previous a	rrangements for p	providing ar	nd/or funding this service within
o change				
5. List any formal service d	alivery agreements	or intergovernme	ental contra	cts that will be used to
			VIII COII	
implement the strategy fo Agreement Name:	r this service:	Contracting Partic		Effective and Ending Dates:
implement the strategy fo Agreement Name:	r this service:			
implement the strategy fo Agreement Name:	r this service:			
implement the strategy fo Agreement Name:	r this service:			
implement the strategy fo	r this service:			
Agreement Name: //A What other mechanisms	r this service:	Contracting Partic	es:	
Agreement Name: NA 6. What other mechanisms resolutions, local acts of	r this service:	Contracting Partic	es:	Effective and Ending Dates: For this service (e.g., ordinances
Agreement Name: NA 6. What other mechanisms resolutions, local acts of	r this service:	Contracting Partic	es:	Effective and Ending Dates: For this service (e.g., ordinances
Agreement Name: //A	r this service:	Contracting Partic	es:	Effective and Ending Dates: For this service (e.g., ordinances
Agreement Name: NA 6. What other mechanisms resolutions, local acts of	r this service:	Contracting Partic	es:	Effective and Ending Dates: For this service (e.g., ordinances
Agreement Name: Agreement Name: 6. What other mechanisms resolutions, local acts of	r this service:	Contracting Partic	es:	Effective and Ending Dates: For this service (e.g., ordinances
Agreement Name: //A 6. What other mechanisms resolutions, local acts of	r this service:	d to implement the	es: me strategy franges, etc.)	Effective and Ending Dates: For this service (e.g., ordinances, and when will they take effect
Agreement Name: NA 6. What other mechanisms resolutions, local acts of	r this service:	d to implement the	es:	Effective and Ending Dates: For this service (e.g., ordinances, and when will they take effect
Agreement Name: Agreement Name: NA 6. What other mechanisms resolutions, local acts of N/A 7. Person completing form: Phone number:	Gerald Mixon, Middle 229-931-2909	d to implement the bly, rate or fee check	ne strategy franges, etc.)	Effective and Ending Dates: For this service (e.g., ordinances and when will they take effect tober 1, 2007 ating whether proposed local



County:	MARION	Service:	Tax Appraisal-Assessment
. Check the box t	hat best describes the agre	eed upon delivery arra	ngement for this service:
service provider			s and unincorporated areas) by a single at, authority or organization providing the
Service will be (If this box is cheservice.):	be provided only in the un necked, identify the goven	incorporated portion on nment, authority or org	of the county by a single service provider ganization providing the
One or more	cities will provide this ser	vice only within their	incorporated boundaries, and the service sked, identify the government(s),
will not be prov authority or orga	anization providing the ser	rvice:	and the second s
□One or more will provide the	anization providing the sec cities will provide this ser	vice only within their areas. (If this box is o	incorporated boundaries, and the county shecked, identify the government(s),
One or more will provide the authority or organization.	cities will provide this ser service in unincorporated anization providing the ser- box is checked, attach a dentify the government, au	rvice: vice only within their areas. (If this box is orvice.):	incorporated boundaries, and the county
One or more will provide the authority or organized the authority or organized the org	cities will provide this ser service in unincorporated anization providing the ser box is checked, attach a dentify the government, au a.):	rvice: vice only within their areas. (If this box is o rvice.): legible map delineati athority, or other organ	incorporated boundaries, and the county checked, identify the government(s), ing the service area of each service
One or more will provide the authority or organization of this provider, and it each service are of this service is Yes No	cities will providing the service in unincorporated anization providing the service in unincorporate in unincorp	rvice: vice only within their areas. (If this box is or rvice.): legible map delineation thority, or other organisms service areas, unnutrategy, attach an expevels of service (See O	incorporated boundaries, and the county checked, identify the government(s), ing the service area of each service nization that will provide service within

Local Government or Authority:	Fundi	ng Method:
larion County	General Fund	
How will the strategy change the properties the county?	revious arrangements for providi	ng and/or funding this service within
no change		
5. List any formal service delivery agr implement the strategy for this serv	ice:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
I/A		
6. What other mechanisms (if any) wi resolutions, local acts of the General	ll be used to implement the strate	egy for this service (e.g., ordinances, etc.), and when will they take effect
6. What other mechanisms (if any) wi resolutions, local acts of the Genera	ll be used to implement the strate al Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the Genera	Il Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the General N/A 7. Person completing form: Gerald Mixe	on, Middle Flint RDC	etc.), and when will they take effect
7. Person completing form: Gerald Mixe Phone number: 229-931-290	on, Middle Flint RDC Date completed Interest agencies when e	etc.), and when will they take effect : October 1, 2007 valuating whether proposed local
resolutions, local acts of the General N/A 7. Person completing form: Gerald Mixe	on, Middle Flint RDC B Date completed ontacted by state agencies when e with the service delivery strategy	etc.), and when will they take effect : October 1, 2007 valuating whether proposed local y? Yes \(\subseteq \) No



County:	MARION	Service:	Tax Collection
. Check the box	that best describes the agre	ed upon delivery arrar	ngement for this service:
			and unincorporated areas) by a single t, authority or organization providing the
	be provided only in the unchecked, identify the govern		f the county by a single service provider ranization providing the
will not be pro	e cities will provide this ser vided in unincorporated are ganization providing the ser	as. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
One or mor	e cities will provide this ser	vice only within their	incorporated boundaries, and the county
	ganization providing the ser		hecked, identify the government(s),
authority or or Buena Vista and Ma	ganization providing the ser arion County is box is checked, attach a identify the government, au	vice.): legible map delineati	ng the service area of each service
authority or or Buena Vista and Mi Other (If th provider, and each service an	ganization providing the ser arion County is box is checked, attach a identify the government, au rea.): the strategy, were overlapp	rvice.): legible map delineati thority, or other organ	hecked, identify the government(s), ng the service area of each service
authority or or Buena Vista and Mi Other (If th provider, and each service an 2. In developing of this service Yes No	ganization providing the ser arion County is box is checked, attach a identify the government, au- rea.): the strategy, were overlapp identified? In will continue under the strategy but higher leads to the strategy.	legible map delineation thority, or other organing service areas, unnotated the service areas and experience of service (See Control of Service of Service (See Control of Service of Servi	ng the service area of each service nization that will provide service within

Funding Method:
La Carlo Da da Carlo Da da Carlo Da Car
rangements for providing and/or funding this service withi
or intergovernmental contracts that will be used to
ontracting Parties: Effective and Ending Dates
maracing rantes. Effective and Entering Dates
I to implement the strategy for this service (e.g., ordinances oly, rate or fee changes, etc.), and when will they take effect
lint RDC
Date completed: October 1, 2007
y state agencies when evaluating whether proposed local service delivery strategy? Yes No
and phone number(s) below:



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

County:	MARION	Service:	Voter Registration
1. Check the box t	hat best describes the agre	eed upon delivery arra	ngement for this service:
			s and unincorporated areas) by a single at, authority or organization providing the
	pe provided only in the un ecked, identify the govern		of the county by a single service provider. ganization providing the
will not be provi	cities will provide this ser ided in unincorporated are anization providing the se	eas. (If this box is chec	incorporated boundaries, and the service ked, identify the government(s),
One or more	cities will provide this ser	vice only within their	incorporated boundaries, and the county
will provide the	service in unincorporated anization providing the se	l areas. (If this box is o	hecked, identify the government(s),
will provide the authority or organ Buena Vista, Marion C	service in unincorporated anization providing the secounty box is checked, attach a lentify the government, at	l areas. (If this box is orvice.):	thecked, identify the government(s), ing the service area of each service nization that will provide service within
Buena Vista, Marion O Other (If this provider, and ic each service area	service in unincorporated anization providing the secounty box is checked, attach a dentify the government, at a.): ne strategy, were overlapp	lareas. (If this box is or rvice.): legible map delineation athority, or other organ	thecked, identify the government(s),
will provide the authority or organic Buena Vista, Marion Company Country and it each service area. 2. In developing the of this service it was arrangement (i.e.	service in unincorporated anization providing the secounty box is checked, attach a dentify the government, at a.): the strategy, were overlapped dentified? will continue under the secoverlapping but higher I	lareas. (If this box is orvice.): legible map delineation thority, or other organisms service areas, unnumentategy, attach an expevels of service (See O	thecked, identify the government(s), ing the service area of each service nization that will provide service within

Local Government or Authori	ity: Fundi	ing Method:
larion County and Buena Vista	General Fund	
4. How will the strategy change the county?	ne previous arrangements for providi	ing and/or funding this service within
o change		
o change		
. List any formal service delivery	y agreements or intergovernmental c	ontracts that will be used to
implement the strategy for this s		
implement the strategy for this :	SCI VICE.	
•		Effective and Ending Dates:
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name:		Effective and Ending Dates:
Agreement Name:		Effective and Ending Dates:
		Effective and Ending Dates:
Agreement Name: //A 5. What other mechanisms (if any	Contracting Parties: (a) will be used to implement the strate	Effective and Ending Dates: egy for this service (e.g., ordinances, etc.), and when will they take effect
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Agreement Name: //A 5. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Parties: (a) will be used to implement the strate	regy for this service (e.g., ordinances,
Agreement Name: /A 5. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Parties: (a) Will be used to implement the stratement Assembly, rate or fee changes, and Mixon, Middle Flint RDC	egy for this service (e.g., ordinances, etc.), and when will they take effect
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Agreement Name: /A 5. What other mechanisms (if any resolutions, local acts of the Ge N/A 7. Person completing form: Gerald Phone number: 229-93:	Contracting Parties: (a) Will be used to implement the stratement Assembly, rate or fee changes, and Mixon, Middle Flint RDC	regy for this service (e.g., ordinances, etc.), and when will they take effect d: October 1, 2007



County:	MARION	Service:	Wastewater Collection/Treatment
1. Check the box	that best describes the agr	eed upon delivery arra	ngement for this service:
service provid	Il be provided countywide er. (If this box is checked,	dentify the governmer	s and unincorporated areas) by a single at, authority or organization providing the
(If this box is	I be provided only in the ur checked, identify the gover	nment, authority or org	
will not be pro	re cities will provide this se ovided in unincorporated ar ganization providing the se	eas. (If this box is chee	incorporated boundaries, and the service ked, identify the government(s),
One or mor	e cities will provide this se	- i lo colebia elegia	
will provide the authority or or	ne service in unincorporated ganization providing the se	l areas. (If this box is c	incorporated boundaries, and the county hecked, identify the government(s),
authority or or	ne service in unincorporated ganization providing the service is box is checked, attach a identify the government, a	l areas. (If this box is c rvice.):	incorporated boundaries, and the county shecked, identify the government(s), ing the service area of each service nization that will provide service within
Other (If the provider, and each service as	is box is checked, attach a identify the government, a rea.):	l areas. (If this box is or rvice.): legible map delineati uthority, or other organ	thecked, identify the government(s),
authority or or ☐Other (If th provider, and each service and 2. In developing of this service ☐Yes ☑No If these condition	is box is checked, attach a identify the government, a rea.): the strategy, were overlaps identified?	l areas. (If this box is or revice.): legible map delineati uthority, or other organization service areas, unnulatrategy, attach an explevels of service (See Control of Service)	ing the service area of each service nization that will provide service within

Local Government or Au	- A	Funding Method:
Buena Vista	User Fees, Grants, Loans	
4. How will the strategy char the county?	ge the previous arrangements for p	roviding and/or funding this service within
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		10.00 m to
	ivery agreements or intergovernme	ental contracts that will be used to
5. List any formal service del implement the strategy for		ental contracts that will be used to
implement the strategy for Agreement Name:	this service:	
implement the strategy for Agreement Name:	this service:	
implement the strategy for Agreement Name:	this service:	
implement the strategy for Agreement Name:	this service:	
implement the strategy for Agreement Name:	this service: Contracting Partie	es: Effective and Ending Dates:
Agreement Name: Agreement Name: I/A 6. What other mechanisms (i	this service: **Contracting Partie** Contracting Partie** f anv) will be used to implement the	e strategy for this service (e.g., ordinances,
implement the strategy for Agreement Name: MA 6. What other mechanisms (i	this service: **Contracting Partie** Contracting Partie** f anv) will be used to implement the	es: Effective and Ending Dates:
implement the strategy for Agreement Name: MA 6. What other mechanisms (i	this service: **Contracting Partie** Contracting Partie** f anv) will be used to implement the	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: MA 6. What other mechanisms (i resolutions, local acts of the	this service: **Contracting Partie** Contracting Partie** f anv) will be used to implement the	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: MA 6. What other mechanisms (i resolutions, local acts of the	this service: **Contracting Partie** Contracting Partie** f anv) will be used to implement the	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: MA 6. What other mechanisms (i resolutions, local acts of the	this service: **Contracting Partie** Contracting Partie** f anv) will be used to implement the	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: I/A 6. What other mechanisms (i resolutions, local acts of the	Contracting Partie Contracting Partie f any) will be used to implement the e General Assembly, rate or fee cha	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: I/A 6. What other mechanisms (i resolutions, local acts of the N/A 7. Person completing form:	f any) will be used to implement the e General Assembly, rate or fee cha	e strategy for this service (e.g., ordinances, anges, etc.), and when will they take effect
Agreement Name: Agreement Name: WA 6. What other mechanisms (i resolutions, local acts of the N/A 7. Person completing form:	f any) will be used to implement the e General Assembly, rate or fee cha	e strategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: I/A 6. What other mechanisms (i resolutions, local acts of the N/A 7. Person completing form: Phone number:	Contracting Partie Contracting Partie f any) will be used to implement the e General Assembly, rate or fee chase General Assembly, rate or fee chase General Mixon, Middle Flint RDC 29-931-2909 Date com	e strategy for this service (e.g., ordinances, anges, etc.), and when will they take effect upleted: October 1, 2007



County:	MARION	Service:	Water Treatment/Distribution
Check the box	that best describes the agre	ed upon delivery arra	ngement for this service:
service provid	Il be provided countywide (ler. (If this box is checked, i	dentify the governmen	s and unincorporated areas) by a single at, authority or organization providing the
Service wil (If this box is service.):	l be provided only in the un checked, identify the govern	incorporated portion of ment, authority or or	of the county by a single service provider ganization providing the
will not be pro	re cities will provide this ser ovided in unincorporated are rganization providing the se	eas. (If this box is che	incorporated boundaries, and the service cked, identify the government(s),
will provide th	ne service in unincorporated rganization providing the se	areas. (If this box is	incorporated boundaries, and the county checked, identify the government(s),
Other (If the provider, and each service a	l identify the government, at	legible map delineat uthority, or other orga	ing the service area of each service nization that will provide service within
	the strategy, were overlapp	ing service areas, unn	ecessary competition and/or duplication
2. In developing of this service ☐ Yes ☑No	identified?		, , , , , , , , , , , , , , , , , , , ,
of this service Yes No If these conditions	ons will continue under the s	trategy, attach an expected of service (See	planation for continuing the O.C.G.A. 36-70-24(1)), overriding eas or competition cannot be eliminated).

Local Government or Authoria	iy. 1 161	nding Method:
Marion County and Buena Vista	User Fees, Grants, Loans	
4. How will the strategy change the the county?	ne previous arrangements for prov	iding and/or funding this service within
no change	annon santo anti tra contratti di santo	
o change		
	A CONTRACTOR OF THE CONTRACTOR	
List any formal service delivery	agreements or intergovernmenta	il contracts that will be used to
7. LIST GILL TOTTING SELVICE GETTVELY		
implement the strategy for this s		
implement the strategy for this s	service:	Effective and Ending Dates
		Effective and Ending Dates:
implement the strategy for this s	service:	Effective and Ending Dates:
implement the strategy for this s	service:	Effective and Ending Dates:
implement the strategy for this s	service:	Effective and Ending Dates:
implement the strategy for this s	service:	Effective and Ending Dates:
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any	Contracting Parties: Contracting Parties:	trategy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any	Contracting Parties: Contracting Parties:	
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any	Contracting Parties: Contracting Parties:	trategy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any	Contracting Parties: Contracting Parties:	trategy for this service (e.g., ordinances,
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implement the strategy for this s Agreement Name: 6. What other mechanisms (if any	Contracting Parties: Contracting Parties:	trategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 6. What other mechanisms (if any resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	trategy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 6. What other mechanisms (if any resolutions, local acts of the Gereant Name) 7. Person completing form: Gerald	Contracting Parties: Contracting Parties:) will be used to implement the st neral Assembly, rate or fee chang	trategy for this service (e.g., ordinances, es, etc.), and when will they take effect
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Agreement Name: Agreement Name: 6. What other mechanisms (if any resolutions, local acts of the Ger 7. Person completing form: Gerald Phone number: Gerald 229-931	Contracting Parties: Contracting Parties:) will be used to implement the st neral Assembly, rate or fee change Mixon, Middle Flint RDC Date comple	erategy for this service (e.g., ordinances, ges, etc.), and when will they take effect effect. Seted: October 1, 2007

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

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

natibilities or conflicts were address add environmental regulations, etc. measures:	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the
ns add environmental regulations, etc. measures:	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
ns add environmental regulations, etc. measures:	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
ns add environmental regulations, etc. measures:	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
add environmental regulations, etc. measures: solve disputes when a county disag	regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them. Trees with the proposed land use classification(s) for
solve disputes when a county disag	rees with the proposed land use classification(s) for
solve disputes when a county disag t resolution process will vary for di	rees with the proposed land use classification(s) for
county comments	objection to a proposed land use classification dgment.
nave been established by local gove will be consistent with all applicab	ernments (and water and sewer authorities) to ensur- ole land use plans and ordinances?
escribe inconsistency/incompatibil oposal or asks for revision of "ot d on most recent decennial cens	ion and existing land use. "Other" jurisdiction ity. If inconsistency is identified, jurisdiction her" land use plan. If the issue is mediated, us. Any land use or zoning issues must be before the service can be extended.
Date completed: C	October 1, 2007
	tion or city seeks declaratory jud have been established by local gove e will be consistent with all applicat notifies "other" jurisdiction of locati escribe inconsistency/incompatibil oposal or asks for revision of "ot d on most recent decennial cens

AMENDMENT TO SERVICE DELIVERY STRATEGY CHECKLIST

	Yes	No	
	Ø		Is there a new page 2 for each amended/new service?
			Is <u>one</u> box checked off on page 2?
			Is the information on page 2 consistent with checked off box?
			Is a service area map required?
			Is a service area map included?
			Is there a new page 4?
			Is page 4 signed by the correct number of governments? (Original not required)
	Ø		Is page 4 dated?
AUK			If a new service is being added, is there a new page 1?
NIA			Has a copy of an intergovernmental agreement been submitted? (optional)
NX	6		Has a copy of a resolution been submitted? (optional)