GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SERVICE DELIVERY STRATEGY

MAY 28 P.M.

FOR MILLER 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.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and authority within the county 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 (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the *Certifications* form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

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

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

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

IL 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.

Miller County
City of Colquitt
Miller County Hospital Authority
Miller County Development Authority

Miller County Recreation Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Agricultural
Animal Control
Code Enforcement
Building Inspection
Courts (Traffic)
Courts (Other)
Economic Development
Elections (Other)

Elections (Mayor & Council)
Emergency Management
Emergency Medical
E911 & Dispatching

Gas Utilities
Headstart Center

Hospital/Nursing Home
Family Connection
Fire Protection & Rescue
Indigent Defense
Jail
Law Enforcement
Library
Parks & Recreation
Planning & Zoning
Public Health Services

Road/Bridge Construction & Maintenance
Sewage Collection/Disposal

Public Works V

Sewage Collection/Disposal

Solid Waste Management/Disposal Storm-Water Management Water Supply/Distribution Social Services Voter Registration Senior Center Tax Commissioner Tax Assessor

Tourism Services \



Instructions:	
Make conies of this form and c	omplete 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 addition	nal 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	i.
County: Miller	Service: Agricultural
1. Check the box that best describ	ses the agreed upon delivery arrangement for this service:
X Service will be provided o	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the
government, authority or or	ganization providing the service.)
State of Ga	
Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority of
organization providing the	
	de this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is
checked, identify the govern	nment(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box
is checked, identify the gov	remment(s), authority or organization providing the service.)
Other. (If this box is checked	d, attach a legible map delineating the service area of each service provider, and identify the government, authority, or othe
	de service within each service area.)
2 In developing the strategy, wer	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
~ v	
yes X no	
If these conditions will continue	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sec
O C G.A. 36-70-24(1)), overriding	g benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
	ated 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 u	pon deadline for completing it.
	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds
special service district revenues, h	totel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc
Local Government or Authority	Funding Method:
Miller County	general fund
4. How will the strategy change th	ne previous arrangements for providing and/or funding this service within the county?
No change	
5. List any formal service deliver	y agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties Effective and Ending Dates:
- 110 · 1 · 1 · 1 · 1 · 1	Will and a second secon
What other mechanisms (if any changes, etc.) and when will they	y) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee take effect?
,	
	1 Newhorn County Administrator
/ Person completing form Can	ol Newberry, County Administrator
Phone Number (912) 758-410	4 Date completed: March 30, 1999
8 Is this the person who should b	be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery
strategy? X yes no	
	person(s) and phone number(s) below:

Instructions:	The same of		PAGE A
Make copies of	f this form and c	omplete one for each service listed on pa	ige 1, Section III. Use exactly the same service names listed on page 1. Answer each
question below,	attaching addition Community Affairs	ial pages as necessary. If the contact person:	for this service (listed at the bottom of the page) changes, this should be reported to the
County:	Miller	Samian	
			Animal Control
1. Check the bo	x that best describ	es the agreed upon delivery arrangement for	this service:
Service will governme	ll be provided con ent, authority or on	untywide (i.e., including all cities and unit ganization providing the service.)	accorporated areas) by a single service provider. (If this box is checked, identify the
(6)			
☐ Service wil	l 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
organizati	on providing the s	ervice.)	
V			
A One or more checked i	e cities will provid identify the govern	le this service only within their incorporated iment(s), authority or organization providing	boundaries, and the service will not be provided in unincorporated areas. (If this box is
City of C	Colquitt	anometry, accurately of organization providing	die service.)
One or more	cities will provid	e this service only within their incorporated	boundaries, and the county will provide the service in unincorporated areas. (If this box
is checked	d, identify the gove	emment(s), authority or organization providing	ng the service.)
Other (If th	is box is checked	, attach a legible map delineating the se	rvice area of each service provider, and identify the government, authority, or other
organizatio	on that will provid	e service within each service area.)	
2. In developing	the strategy were	overlanning continuous areas versoosses converted	petition and/or duplication of this service identified?
		overlapping service areas, unnecessary com	pention and/or duplication of this service identified?
☐ yes	X no		
If these condition	ns will continue u	nder the strategy, attach an explanation i	or continuing the arrangement (i.e., overlapping but higher levels of service (See
O.C.G.A. 36-70-2	24(1)), overriding	benefits of the duplication, or reasons that or	/erlapping service areas or competition cannot be eliminated).
If these condition responsible party	ns will be eliminate and the agreed up	ted under the strategy, attach an impleme on deadline for completing it.	ntation schedule listing each step or action that will be taken to eliminate them, the
			ndicate how the service will be funded (e.g., enterprise funds, user fees, general funds,
special service di	strict revenues, ho	tel/motel taxes, franchise taxes, impact fees,	nuicate now the service will be funded (e.g., enterprise funds, user fees, general funds, bonded indebtedness, etc.
Local Governmen		Funding Method:	
City of Colq	uitt	general fund	
4. How will the s	trategy change the	previous arrangements for providing and/or	funding this serges within the sounds?
no change			and the state of t
1.50			
5. List any formal	l service delivery a	greements or intergovernmental contracts th	at will be used to implement the strategy for this service:
Agreement Na	ame:	Contracting Parties :	Effective and Ending Dates:
100			
What other ma	chanisma (if any)	will be used to implement the state of Co. 15.	
hanges, etc.) and	when will they tak	will be used to implement the strategy for this te effect?	is service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
_	W		
Person complet	ing form <u>Carol 1</u>	Newberry, County Administrator	
hone Number:	(912) 758-4104	Date completed:	March 30, 1999
Is this the perso	on who should be o	contacted by state agencies when evaluating t	whether proposed local government projects are consistent with the service delivery
rategy? X yes	: 🛛 no		and the second second
not, provide desi	ignated contact per	son(s) and phone number(s) below:	
			

County: Miller	Service:	Code Enforcement
1. Check the box that best describes	the agreed upon delivery arrangement for	
Service will be provided count government, authority or organ	tywide (i.e., including all cities and unitiation providing the service.)	ncorporated areas) by a single service provider. (If this box is checked, ident
Service will be provided only in organization providing the service.	the unincorporated portion of the county rice.)	by a single service provider. (If this box is checked, identify the government, auth
X One or more cities will provide checked, identify the government City of Colquitt	this service only within their incorporate ent(s), authority or organization providing	d boundaries, and the service will not be provided in unincorporated areas. (If this the service.)
One or more cities will provide is checked, identify the govern	this service only within their incorporated ment(s), authority or organization providi	boundaries, and the county will provide the service in unincorporated areas. (If the ng the service.)
Other. (If this box is checked, a organization that will provide s	ttach a legible map delineating the se service within each service area.)	rvice area of each service provider, and identify the government, authority, o
2. In developing the strategy, were ov	verlapping service areas, unnecessary com	petition and/or duplication of this service identified?
yes X no		
If these conditions will continue und O.C.G.A. 36-70-24(1)), overriding beautiful to the continue of the conti	er the strategy, attach an explanation nefits of the duplication, or reasons that o	for continuing the arrangement (i.e., overlapping but higher levels of servic verlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated responsible party and the agreed upon	l under the strategy, attach an impleme deadline for completing it	entation schedule listing each step or action that will be taken to eliminate the
B List each government or authority special service district revenues, hotel	that will help to pay for this service and /motel taxes, franchise taxes, impact fees	indicate how the service will be funded (e.g., enterprise funds, user fees, general, bonded indebtedness, etc.
City of Colquitt g	Funding Method:	
	evious arrangements for providing and/or	funding this service within the county?
no change		
List and Carrel annua delicery		
		nat will be used to implement the strategy for this service:
Agreement Name	Contracting Parties :	Effective and Ending Dates:
. What other mechanisms (if any) wil hanges, etc.) and when will they take	ll be used to implement the strategy for the effect?	is service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate of
Person completing form Carol Net	wberry, County Administrator	
none Number: (912) 758-4104	Date completed:	March 30, 1999 whether proposed local government projects are consistent with the service delive

Instructions:		
Make copies of this form and o question below, attaching additio Department of Community Affair	nal pages as necessary. If the contact per	n page 1, Section III. Use exactly the same service names listed on page 1. Answer each son for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: B	suilding Inspection
l. Check the box that best descri	bes the agreed upon delivery arrangement	
Service will be provided or government, authority or or	ountywide (i.e., including all cities and rganization providing the service.)	unincorporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided only organization providing the	y in the unincorporated portion of the cou service.)	inty by a single service provider. (If this box is checked, identify the government, authority or
X One or more cities will prove checked, identify the govern City of Colquitt	ide this service only within their incorpor nment(s), authority or organization provide	rated boundaries, and the service will not be provided in unincorporated areas. (If this box is ding the service.)
One or more cities will provi is checked, identify the gov	ide this service only within their incorpor remment(s), authority or organization pro	ated boundaries, and the county will provide the service in unincorporated areas. (If this box viding the service.)
Other. (If this box is checked organization that will provide	d, attach a legible map delineating the de service within each service area.)	e service area of each service provider, and identify the government, authority, or other
2 In developing the strategy, were	e overlapping service areas, unnecessary	competition and/or duplication of this service identified?
☐ yes X no		
O.C.G.A. 36-70-24(1)), overriding	s benefits of the duplication, or reasons th	ion for continuing the arrangement (i.e., overlapping but higher levels of service (See lat overlapping service areas or competition cannot be eliminated).
responsible party and the agreed up	pon deadline for completing it.	ementation schedule listing each step or action that will be taken to eliminate them, the
special service district revenues, h	otel/motel taxes, franchise taxes, impact	and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, fees, bonded indebtedness, etc.
City of Colquitt	Funding Method: general fund	
4 How will the strategy change th	e previous arrangements for providing an	d/or funding this service within the county?
no change		and the second of the second o
5. List any formal service delivery	agreements or intergovernmental contract	ets that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
What other mechanisms (if any) changes, etc.) and when will they to	will be used to implement the strategy for ike effect?	or this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
7. Person completing form. <u>Carol</u>	Newberry, County Administrator	
Phone Number: (912) 758-4104	Date completed:	March 30, 1999
strategy? X yes 🗖 no	contacted by state agencies when evaluate erson(s) and phone number(s) below:	ting whether proposed local government projects are consistent with the service delivery

Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: Miller Service: Courts (Traffic)
l. 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.)
X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) City of Colquitt
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 X no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See
O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the
responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Method: City of Colquitt general fund
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name: Contracting Parties: Effective and Ending Dates:
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?
7 Person completing form: Carol Newberry, County Administrator
Phone Number: (912) 758-4104 Date completed: March 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery
strategy? X yes no no If not, provide designated contact person(s) and phone number(s) below

Instructions:		TAGE
Make copies of this form and question below, attaching additi Department of Community Affa	ional pages as necessary. If the contact person	age 1, Section III. Use exactly the same service names listed on page 1. Answer each for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service:	Courts (Other)
1. Check the box that best descr	ribes the agreed upon delivery arrangement for	this service.
X Service will be provided government, authority or of Miller County	countywide (i.e., including all cities and un organization providing the service.)	nincorporated areas) by a single service provider. (If this box is checked, identify th
Service will be provided on organization providing the	nly in the unincorporated portion of the county e service.)	by a single service provider. (If this box is checked, identify the government, authority of
One or more cities will prove checked, identify the gove	vide this service only within their incorporate emment(s), authority or organization providing	d boundaries, and the service will not be provided in unincorporated areas. (If this box is the service.)
One or more cities will provise checked, identify the go	vide this service only within their incorporated overnment(s), authority or organization providi	boundaries, and the county will provide the service in unincorporated areas. (If this boundaries.)
Other. (If this box is checked organization that will provide the control of the	ed, attach a legible map delineating the se vide service within each service area.)	ervice area of each service provider, and identify the government, authority, or other
	ere overlapping service areas, unnecessary com	spetition and/or duplication of this service identified?
🛘 yes X no		
If these conditions will continue O.C.G.A. 36-70-24(1)), overridin	under the strategy, attach an explanation g benefits of the duplication, or reasons that or	for continuing the arrangement (i.e., overlapping but higher levels of service (Sec everlapping service areas or competition cannot be eliminated).
If these conditions will be elimin responsible party and the agreed u	nated under the strategy, attach an implement upon deadline for completing it.	entation schedule listing each step or action that will be taken to eliminate them, the
 List each government or authorspecial service district revenues, I 	ority that will help to pay for this service and hotel/motel taxes, franchise taxes, impact fees,	indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, bonded indebtedness, etc.
Miller County	Funding Method:	
Transcr County	general fund	
4. How will the strategy change the change the change	he previous arrangements for providing and/or	funding this service within the county?
	y agreements or intergovernmental contracts the	hat will be used to implement the strategy for this service:
Agreement Name	Contracting Parties:	Effective and Ending Dates:
What other mechanisms (if any hanges, etc.) and when will they t) will be used to implement the strategy for that take effect?	is service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
Person completing form Carol	Newberry, County Administrator	
hone Number: (912) 758-4104		March 20, 1990
13 2011 3.002-31.		March 30, 1999 whether proposed local government projects are consistent with the service delivery
rategy? X yes 🗖 no	person(s) and phone number(s) below:	whener proposed focal government projects are consistent with the service delivery

Instructions:				TAGE
Make copies of	this form and co	mulate and for each comics listed	on many 1 Continue III - I	to make the second seco
question below,	attaching additions	implete one for each service listed and pages as necessary. If the contact pe	on page 1, Section III. U	Jse exactly the same service names listed on page 1. Answer each at the bottom of the page) changes, this should be reported to the
Department of C	ommunity Affairs	, , , , , , , , , , , , , , , , , , , ,		at the potton of the page, changes, this should be reported to the
County:	<u>Miller</u>	Service:	Economic Devel	opment
1. Check the box	that best describe	s the agreed upon delivery arrangement	nt for this service:	
Y continue	11 1			
A Service Wi	Il be provided co	untywide (i.e., including all cities ar anization providing the service.)	nd unincorporated areas) by	y a single service provider. (If this box is checked, identify the
		Authority & Chamber of Commerce		
/ 6,	any a conspinion	onancio		
☐ Service will	be provided only	in the unincorporated portion of the co	ounty by a single service pro	ovider. (If this box is checked, identify the government, authority or
organizatio	on providing the se	rvice.)		
One or more	cities will provide	this service only within their incom	pentad houndaries, and the	service will not be provided in unincorporated areas. (If this box is
checked, ic	dentify the govern	ment(s), authority or organization prov	riding the service.)	service will not be provided in unincorporated areas. (If this box is
			, ,	
One or more	cities will provid	e this service only within their incorpo	orated boundaries, and the c	ounty will provide the service in unincorporated areas. (If this box
is checked,	, identify the gover	nment(s), authority or organization pr	oviding the service.)	
Other (If thi	ie hav is shasked	attach a legible man delimenting t	ha annian anna at anab a	ervice provider, and identify the government, authority, or other
organizatio	on that will provide	service within each service area.)	He service area of each se	ervice provider, and identity the government, authority, or other
		,		
2. In developing	ine strategy, were	overlapping service areas, unnecessary	y competition and/or duplication	ation of this service identified?
yes	X no			
ب yes .	∡⊾ no			
If these condition	s will continue u	nder the strategy attach an explana	tion for continuing the s	arrangement (i.e., overlapping but higher levels of service (See
O.C.G.A. 36-70-2	4(1)), overriding b	enefits of the duplication, or reasons	that overlapping service are	as or competition cannot be climinated).
If these condition	s will be eliminat	ed under the strategy, attach an imp on deadline for completing it.	plementation schedule lis	ting each step or action that will be taken to eliminate them, the
responsible party	and the agreed up.	at deadine for completing it		
List each gove	mment or authorit	y that will help to pay for this service	and indicate how the servi	ce will be funded (e.g., enterprise funds, user fees, general funds,
special service dis	strict revenues, hot	el/motel taxes, franchise taxes, impac	t fees, bonded indebtedness	s, etc.
Local Governmen	t or Authority	Funding Method:		
Developmen		User Fees		
Miller Coun		General fund		
City of Colqu	uitt	General fund		
4. How will the st	trategy change the	previous arrangements for providing a	and/or funding this service w	vithin the county?
			The second	
no change				
5 List any formal	service delivery a	greements or intergovernmental contr	note that will be used to in-	slamont the at-stars for this are illustrated
2 Dist they former	Scrvice delivery a	greenents of intergovernmental confi-	acis diat will be used to imp	nement the strategy for this service:
Agreement Na	me:	Contracting Parties:	Effectiv	ve and Ending Dates:
Contract for S		Chamber & Miller County		July 1 – June 30
Contract for S	ervices	Chamber & City of Colqui	tt	July 1 — June 30
6. What other me	chanisms (if anv) v	vill be used to implement the strategy	for this service (e.g. ordin	ances, resolutions, local acts of the General Assembly, rate or fee
changes, etc.) and	when will they tak	e effect?	tor uns service, (e.g., orum	ances, resolutions, local acts of the General Assembly, fate or fee
Person complet	ing form: _Carol N	lewberry, County Administrator		
		24.00		
hone Number:	(912) 7 58 <u>-</u> 4104_	Date completed	d: <u>March 30, 1999</u>	
le this the name	m utho chould be -	ontacted by etct- seemi	enting whather are 11	
		ontacted by state agencies when evalu	saturg whether proposed loc	al government projects are consistent with the service delivery
trategy? X yes		son(s) and phone number(s) below		
. not, provide desi	enered contact ber	son(s) and phone number(s) below		

Instructions:	PAGE 2
Make and a state of the form	
Make copies of this form and complete one for eac question below, attaching additional pages as necessary	h service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each 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.	in the contact person for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: Elections (other)
1. Check the box that best describes the agreed upon de	livery arrangement for this service:
	arangement to and service.
X Service will be provided countywide (i.e., included)	ding all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the
government, authority or organization providing the Miller County	ie service.)
White 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 w	thin 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 wi	thin their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box
is checked, identify the government(s), authority of	or organization providing the service.)
Other (If this box is checked attach a legible my	p 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 a	reas, unnecessary competition and/or duplication of this service identified?
	,
☐ yes X no	
If these conditions will continue under the strategy, etc.	ach 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 duplic	ation, or reasons that overlapping service areas or competition cannot be eliminated).
responsible party and the agreed upon deadline for compl	, attach an implementation schedule listing each step or action that will be taken to eliminate them, the eting it.
special service district revenues, hotel/motel taxes, franch	y for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds,
Local Government or Authority Fi Miller County general fund	anding Method:
Beneral talla	
4. How will the strategy change the previous arrangemen	ts for providing and/or funding this service within the county?
no change	
5. List any formal service delivery agreements or intergo	vernmental contracts that will be used to implement the strategy for this service:
Agreement Name: Contracting	Parties : Effective and Ending Dates:
6. What other mechanisms (if any) will be used to impler changes, etc.) and when will they take effect?	nent the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
changes, etc.) and when will they take effect?	
7. Person completing form: Carol Newberry, County Ad	ministrator
Phone Number: (912) 758-4104	
	Date completed: March 30, 1999
	ncies when evaluating whether proposed local government projects are consistent with the service delivery
strategy? X yes no	
If not, provide designated contact person(s) and phone nur	aber(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 listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: Miller Service: Elections (Mayor & Council)
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 organization providing the service.)
X 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 bois 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 X no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sec 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 esponsible party and the agreed upon deadline for completing it.
B. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Cocal Government or Authority Funding Method: City of Colquitt general fund
No change
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name Contracting Parties Effective and Ending Dates:
What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee hanges, etc.) and when will they take effect?
Person completing form: Carol Newberry, County Administrator
one Number(912) 758-4104 Date completed: March 30, 1999
Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery ategy? X yes no not, provide designated contact person(s) and phone number(s) below:

Instructions:			
Make copies of this form and question below, attaching addition Department of Community Affai	onal pages as necessary. If the contact p	on page 1, Section III. Use example on for this service (listed at the line)	ctly the same service names listed on page 1. Answer each bottom of the page) changes, this should be reported to the
County: Miller	Service:	Emergency Management	
1. Check the box that best descri	ibes the agreed upon delivery arrangeme	ent for this service:	
X Service will be provided government, authority or o Miller County	countywide (i.e., including all cities a organization providing the service.)	and unincorporated areas) by a sing	gle service provider. (If this box is checked, identify the
Service will be provided only organization providing the	ly in the unincorporated portion of the c service.)	ounty by a single service provider. (If this box is checked, identify the government, authority or
One or more cities will prov checked, identify the gover	ride this service only within their incorpriment(s), authority or organization pro	porated boundaries, and the service viding the service.)	will not be provided in unincorporated areas. (If this box is
One or more cities will prov is checked, identify the gov	ride this service only within their incorp vernment(s), authority or organization p	orated boundaries, and the county w roviding the service.)	vill provide the service in unincorporated areas. (If this box
Other. (If this box is checke organization that will provi	ed, attach a legible map delineating (ide service within each service area.)	the service area of each service p	provider, and identify the government, authority, or other
2. In developing the strategy, wer ☐ yes X no	re overlapping service areas, unnecessar	y competition and/or duplication of	this service identified?
If these conditions will continue	under the strategy, attach an explana g benefits of the duplication, or reasons	ation for continuing the arrange that overlapping service areas or co	ment (i.e., overlapping but higher levels of service (See moetition cannot be eliminated)
	nated under the strategy, attach an im-		h step or action that will be taken to eliminate them, the
List each government or autho special service district revenues, h	ority that will help to pay for this service notel/motel taxes, franchise taxes, impac	e and indicate how the service will hat fees, bonded indebtedness, etc.	be funded (e.g., enterprise funds, user fees, general funds,
Local Government or Authority	Funding Method:		
Miller County	general fund		
How will the strategy change the no change	ne previous arrangements for providing a	and/or funding this service within the	e county?
	agreements or intergovernmental contr	racts that will be used to implement	the strategy for this service:
Agreement Name	Contracting Parties	Effective and E	nding Dates:
 What other mechanisms (if any, changes, etc.) and when will they to) will be used to implement the strategy ake effect?	for this service, (e.g., ordinances, re	esolutions, local acts of the General Assembly, rate or fee
Person completing form: Carol	Newberry, County Administrator		
Phone Number: (912) 758-4104	Date completed	d: <u>March 30, 1999</u>	
trategy? X yes 🗖 no	e contacted by state agencies when evalu- erson(s) and phone number(s) below:	nating whether proposed local govern	nment projects are consistent with the service delivery

Instructions: Make copies of this form and question below, attaching addit Department of Community Affi	ional pages as necessary. If the contact person	page 1, Section III. Use exactly the same service names listed on page 1. Answer each in for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service:	Emergency Medical
1. Check the box that best desc	ribes the agreed upon delivery arrangement fo	
X Service will be provided government, authority or Miller County	d countywide (i.e., including all cities and u organization providing the service.)	mincorporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided or organization providing the	nly in the unincorporated portion of the county e service.)	y by a single service provider. (If this box is checked, identify the government, authority or
One or more cities will pro- checked, identify the gove	ivide this service only within their incorporate emment(s), authority or organization providin	ed boundaries, and the service will not be provided in unincorporated areas. (If this box is g the service.)
One or more cities will pro is checked, identify the go	rvide this service only within their incorporate overnment(s), authority or organization provide	d boundaries, and the county will provide the service in unincorporated areas. (If this box ling the service.)
Other (If this box is check organization that will prov	ed, attach a legible map delineating the s vide service within each service area.)	service area of each service provider, and identify the government, authority, or other
2. In developing the strategy, we	ere overlapping service areas, unnecessary cor	mpetition and/or duplication of this service identified?
☐ yes X no		
O.C.G.A. 36-70-24(1)), overridii	ng benefits of the duplication, or reasons that	for continuing the arrangement (i.e., overlapping but higher levels of service (See overlapping service areas or competition cannot be eliminated).
If these conditions will be eliming responsible party and the agreed	nated under the strategy, attach an implem upon deadline for completing it.	nentation schedule listing each step or action that will be taken to eliminate them, the
3. List each government or auth special service district revenues,	nority that will help to pay for this service and hotel/motel taxes, franchise taxes, impact fee	I indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, s, bonded indebtedness, etc.
Local Government or Authority Miller County	Funding Method: general fund, Splost & user fees	
no change	the previous arrangements for providing and/o	in failuing and Service within the country?
5 List any formal service deliver	rv agreements or interpovernmental contracts	that will be used to implement the strategy for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates:
6 What other mechanisms (if an changes, etc.) and when will they	y) will be used to implement the strategy for take effect?	this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
7. Person completing form _Care	ol Newberry, County Administrator	
Phone Number (912) 758-410		March 30, 1999
strategy? X yes 🗖 no	person(s) and phone number(s) below:	g whether proposed local government projects are consistent with the service delivery
- A		

structions:			
ake copies of lestion below,	this form and comp attaching additional p	lete one for each service listed ages as necessary. If the contact pe	on page 1, Section III. Use exactly the same service names listed on page 1 Answer erson for this service (listed at the bottom of the page) changes, this should be reported to
epartment of C	ommunity Affairs.		Control of the page, and another or reported to
ounty:	Miller	Service:	E911 & Dispatching
Check the box	that best describes the	ne agreed upon delivery arrangemen	nt for this service:
Service wi	ill be provided count	ywide (i.e., including all cities ar	nd unincorporated areas) by a single service provider. (If this box is checked, identify
governmer	nt, authority or organiz	zation providing the service.)	
Miller Cou	unty		
J Service will	be provided only in t	he unincorporated portion of the co	ounty by a single service provider. (If this box is checked, identify the government, authority
organizatio	on providing the servi	ce.)	
One or more	cities will provide the	is service only within their incorports, authority or organization prov	prated boundaries, and the service will not be provided in unincorporated areas (If this boundaries, and the service will not be provided in unincorporated areas)
checked, it	scinny are governmen	in(s), audiority of organization prov	riding the service.)
One or more	identify the government	s service only within their incorpo ent(s), authority or organization pr	rated boundaries, and the county will provide the service in unincorporated areas. (If this
Other (If thi	s box is checked, att	ach a legible map delineating t	he service area of each service provider, and identify the government, authority, or o
organizatio	in that will provide se	rvice within each service area.)	
in developing	the strategy, were ove	rlapping service areas, unnecessary	y competition and/or duplication of this service identified?
yes	X no		
hese condition	s will continue unde	r the strategy, attach an explana	tion for continuing the arrangement (i.e., overlapping but higher levels of service (that overlapping service areas or competition cannot be eliminated).
nese condition	s will be eliminated	under the strategy, attach an imp	plementation schedule listing each step or action that will be taken to eliminate them,
		leadline for completing it.	
List each gove	rnment or authority th	nat will help to pay for this service	and indicate how the service will be funded (e.g., enterprise funds, user fees, general fu
ciai service dis	strict revenues, notel/i	notel taxes, franchise taxes, impac	t fees, bonded indebtedness, etc.
al Cousemen			
	t or Authority	Funding Method:	
Miller Coun	ty ge	neral fund	
	ty ge		
Miller Coun	ty ge	neral fund	
Miller Coun City of Colq	ty ge uitt ge	neral fund neral fund	
Miller Coun City of Colq	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Coun City of Colq	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Count City of Colque	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Count City of Colqu Iow will the st	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Count City of Colqu Iow will the st	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Count City of Colqu Iow will the st	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Count City of Colque	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Count City of Colqu Iow will the st	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Count City of Colqu Iow will the st	ty ge uitt ge	neral fund neral fund	and/or funding this service within the county?
Miller Coun City of Colque flow will the st	ty ge uitt ge	neral fund neral fund vious arrangements for providing a	and/or funding this service within the county?
Miller Coun City of Colqu Iow will the st No change	ty ge uitt ge trategy change the pre	neral fund vious arrangements for providing a	acts that will be used to implement the strategy for this service:
Miller Count City of Colqu Iow will the st No change	ty ge uitt ge trategy change the pre	neral fund neral fund vious arrangements for providing a	acts that will be used to implement the strategy for this service: Effective and Ending Dates:
Miller Count City of Colque How will the st No change	ty ge uitt ge trategy change the pre	neral fund vious arrangements for providing a ements or intergovernmental contr	acts that will be used to implement the strategy for this service: Effective and Ending Dates:
Miller Count City of Colque How will the st No change	ty ge uitt ge trategy change the pre	neral fund neral fund vious arrangements for providing a ements or intergovernmental contr	acts that will be used to implement the strategy for this service: Effective and Ending Dates:
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque Low will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
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Miller Count City of Colque flow will the st No change ist any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque low will the st No change ist any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque Low will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque Low will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque Low will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S	ty ge uitt ge trategy change the pre service delivery agre ume. ervices	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S What other meages, etc.) and	ty ge uitt ge trategy change the pre trategy	ements or intergovernmental contr Contracting Parties: Miller County & City of C	acts that will be used to implement the strategy for this service: Effective and Ending Dates: colquitt July 1 – June 30
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S What other meages, etc.) and	ty ge uitt ge trategy change the pre trategy	ements or intergovernmental control of the contracting Parties: Miller County & City of Contracting Parties: Miller County & City of Contracting Parties:	acts that will be used to implement the strategy for this service: Effective and Ending Dates: folquitt July 1 - June 30 for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S What other meanings, etc.) and	ty ge uitt ge trategy change the pre trategy	ements or intergovernmental contracting Parties: Miller County & City of County & City of Country &	acts that will be used to implement the strategy for this service: Effective and Ending Dates: lolquitt July 1 – June 30 for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or March 30, 1999
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S What other meages, etc.) and	ty ge uitt ge trategy change the pre trategy	ements or intergovernmental contracting Parties: Miller County & City of County & City of Country &	acts that will be used to implement the strategy for this service: Effective and Ending Dates: lolquitt July 1 – June 30 for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or March 30, 1999
Miller Count City of Colque How will the st No change List any formal Agreement Na Contract for S What other meages, etc.) and erson complete the Number: this the person egy? X yes	ty ge uitt ge trategy change the pre trategy	ements or intergovernmental contracting Parties: Miller County & City of County & City of Country &	acts that will be used to implement the strategy for this service: Effective and Ending Dates: folquitt July 1 - June 30 for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or

Instructions:			
Make copies of this form and countries of community Affair Department of Community Affair	mal pages as necessary. If the	ice listed on page contact person for	1, Section III. Use exactly the same service names listed on page 1. Answer each this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Se	ervice:	Gas Utilities
1. Check the box that best descri	bes the agreed upon delivery	arrangement for thi	s service
Service will be provided or government, authority or or	ountywide (i.e., including all rganization providing the serv	cities and uninco	rporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided onl organization providing the	y in the unincorporated portic service.)	on of the county by	a single service provider. (If this box is checked, identify the government, authority or
X One or more cities will provi checked, identify the gover City of Colquitt	de this service only within the	eir incorporated bo zation providing the	nundaries, and the service will not be provided in unincorporated areas. (If this box is e service.)
One or more cities will provi	ide this service only within the	eir incorporated bo nization providing	undaries, and the county will provide the service in unincorporated areas. (If this box the service.)
Other (If this box is checked organization that will provide	d, attach a legible map del i de service within each service	ineating the servi e area.)	ce area of each service provider, and identify the government, authority, or other
	e overlapping service areas, u	nnecessary compet	ition and/or duplication of this service identified?
☐ yes X no			
If these conditions will continue O.C.G.A. 36-70-24(1)), overriding	under the strategy, attach as g benefits of the duplication, of	n explanation for or reasons that over	continuing the arrangement (i.e., overlapping but higher levels of service (See lapping service areas or competition cannot be eliminated).
If these conditions will be elimin responsible party and the agreed up	ated under the strategy, atta- pon deadline for completing i	ch an implement t	ation schedule listing each step or action that will be taken to eliminate them, the
3. List each government or author special service district revenues, h	rity that will help to pay for the total results of the taxes, franchise taxes, franchise taxes.	his service and ind kes, impact fees, bo	icate how the service will be funded (e.g., enterprise funds, user fees, general funds, anded indebtedness, etc.
Local Government or Authority City of Colquitt	Funding enterprise funds	Method:	
 How will the strategy change the no change 	ne previous arrangements for p	providing and/or fu	nding this service within the county?
5 List any formal service delivery	agreements or intergovernm	ental contracts that	will be used to implement the strategy for this service:
Agreement Name	Contracting Partie		Effective and Ending Dates:
	Conducting Farte		Effective and Ending Dates.
6 What all and a large (C.)			2
changes, etc.) and when will they to) will be used to implement that ake effect?	ne strategy for this s	service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
7 Person consisting from C	Naudami Game Addition		
7. Person completing form: Carol		1.7	March 20, 1000
Phone Number: (912) 758-4104		completed:	March 30, 1999
8 Is this the person who should be strategy? X yes no no If not, provide designated contact p			ether proposed local government projects are consistent with the service delivery

Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: Miller Service: Head Start
1 Check the box that best describes the agreed upon delivery arrangement for this service:
X 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.) SWGA Community Action Council, Inc.
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 X no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3 List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Method Miller County general fund
Willet Councy Benefat tune
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
no change
5 List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name: Contracting Parties: Effective and Ending Dates:
6 What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?
7 Person completing form Carol Newberry, County Administrator
Phone Number (912) 758-4104 Date completed: March 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no no If not, provide designated contact person(s) and phone number(s) below:

Instructions:	Ethic form			
	attaching addition community Affair		page 1, Section III. in for this service (lis	. Use exactly the same service names listed on page 1. Answer easted at the bottom of the page) changes, this should be reported to the
County:	Miller	Service: Ho	spital/Nursing	Home
1. Check the bo	ox that best describ	es the agreed upon delivery arrangement f	or this service:	
	ll be provided coent, authority or on ounty Hospital Aut		nincorporated areas)	by a single service provider. (If this box is checked, identify the
Service will organizate	ll be provided only on providing the s	in the unincorporated portion of the countervice.)	y by a single service	provider. (If this box is checked, identify the government, authority of
One or more checked, i	e cities will provid identify the govern	e this service only within their incorporat ment(s), authority or organization providi	ed boundaries, and the graph of the service.)	he service will not be provided in unincorporated areas. (If this box i
One or more is checked	e cities will provid I, identify the gove	e this service only within their incorporate rnment(s), authority or organization provi	ed boundaries, and th ding the service.)	ne county will provide the service in unincorporated areas. (If this bo
Other. (If the organization	is box is checked, on that will provid	attach a legible map delineating the service within each service area.)	service area of eacl	h service provider, and identify the government, authority, or other
		overlapping service areas, unnecessary co	mpetition and/or dup	plication of this service identified?
If these condition	\mathbf{X} no	nder the strategy, attach an explanation	for continuing the	e arrangement (i.e., overlapping but higher levels of service (See
	. (1)), overrung	rements of the duplication, of feasons that	overlapping service	e arrangement (i.e., overlapping but higher levels of service (See areas or competition cannot be eliminated). listing each step or action that will be taken to eliminate them, the
3. List each gove	emment or authorit	v that will help to pay for this service and	indicate how the co	min will be found by
special service dis Local Governmen	outer revenues, not	connoter taxes, maneriuse taxes, impact ree	s, bonded indebtedne	rvice will be funded (e.g., enterprise funds, user fees, general funds, ess, etc.
Hospital Au		Funding Method: bonded indebtedness & user fees		
Miller Coun		general fund		
	- A - C -			
How will the st	trategy change the	previous arrangements for providing and/o	r funding this service	e within the county?
No change				o within the county?
List any formal	service delivery a	greements or intergovernmental contracts	hat will be used to in	malament the state of Co. A.C.
			tiat will be used to II	implement the strategy for this service:
Agreement Na Indigent Care		Contracting Parties :	Effec	tive and Ending Dates:
margent care	Contract	Miller County & Hospital Auth	ority	July 1 – June 30
11/hat ath an area	de la constant		E EFEL	
hanges etc.) and i	chanisms (if any) w when will they take	all be used to implement the strategy for t	his service, (e.g., ord	linances, resolutions, local acts of the General Assembly, rate or fee
	which will diey tak	o cucor:		
Person completi	ng form <u>Carol N</u>	ewberry, County Administrator		
none Number		Date completed:	March 30, 1999	
Is this the person	who should be co	ntacted by state agencies when evaluating	whether proposed lo	ocal government projects are consistent with the service delivery
ategy? A yes	∟J no	on(s) and phone number(s) below:	11.7	20.100
		And the second s		

Instructions:		PAGE:
	ete one for each service listed on mage 1	Section III. Use exactly the same service names listed on page 1. Answer eac
question below, attaching additional par Department of Community Affairs.	ges as necessary. If the contact person for this	section III. Use exactly the same service names listed on page 1. Answer eac service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: Fa	mily Connection
1 Check the box that best describes the	e agreed upon delivery arrangement for this ser	rvice.
X Service will be provided county government, authority or organiza Miller County Collaborative	vide (i.e., including all cities and unincorpor tion providing the service.)	rated areas) by a single service provider. (If this box is checked, identify th
Service will be provided only in the organization providing the service	e unincorporated portion of the county by a sir	gle service provider. (If this box is checked, identify the government, authority o
One or more cities will provide this checked, identify the government	s service only within their incorporated bound (s), authority or organization providing the ser	aries, and the service will not be provided in unincorporated areas. (If this box is vice.)
One or more cities will provide this checked, identify the government	service only within their incorporated boundar (s), authority or organization providing the ser	ies, and the county will provide the service in unincorporated areas. (If this box is
	ch a legible map delineating the service a	rea of each service provider, and identify the government, authority, or other
2. In developing the strategy, were over	lapping service areas, unnecessary competition	and/or duplication of this service identified?
☐ yes X no		
If these conditions will continue under O C G A. 36-70-24(1)), overriding benef	the strategy, attach an explanation for con its of the duplication, or reasons that overlapp	stinuing the arrangement (i.e., overlapping but higher levels of service (See ing service areas or competition cannot be eliminated).
If these conditions will be eliminated un responsible party and the agreed upon de	nder the strategy, attach an implementation adline for completing it.	a schedule listing each step or action that will be taken to eliminate them, the
B. List each government or authority that special service district revenues, hotel/m	t will help to pay for this service and indicate otel taxes, franchise taxes, impact fees, bonder	how the service will be funded (e.g., enterprise funds, user fees, general funds, d indebtedness, etc.
Miller County gen	Funding Method:	
Miner County gene	eral fund	
4. How will the strategy change the previ	ous arrangements for providing and/or funding	this service within the county?
no change		
List any formal service delivery agreer	nents or intergovernmental contracts that will	be used to implement the strategy for this service:
Agreement Name Contract for Services	Contracting Parties	Effective and Ending Dates:
Contract for Services	Collaborative & Miller County	July 1 – June 30
110		
what other mechanisms (if any) will be hanges, etc.) and when will they take effort	e used to implement the strategy for this servi- ect?	ce, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
Person completing form Carol Newbo	erry, County Administrator	
none Number (912) 758-4104	Date completed:Ma	rch 30, 1999
rategy? X yes 🔲 no		proposed local government projects are consistent with the service delivery
not, provide designated contact person(s) and phone number(s) below:	
		The second secon

Instructions:		
Make copies of this form and question below, attaching addition Department of Community Affai	nal pages as necessary. If the contact pers	page 1, Section III. Use exactly the same service names listed on page 1. Answer each on for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: Fi	re Protection & Rescue
Check the box that best descri	bes the agreed upon delivery arrangement	for this service:
government, authority or o	countywide (i.e., including all cities and rganization providing the service.) It of Miller County & City of Colquitt	unincorporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided onleading organization providing the	y in the unincorporated portion of the cou service.)	nty by a single service provider. (If this box is checked, identify the government, authority or
One or more cities will prov checked, identify the gover	ide this service only within their incorpore mment(s), authority or organization provid	ated boundaries, and the service will not be provided in unincorporated areas (If this box is ing the service.)
is checked, identify the gov	emment(s), authority or organization prov	
Other (If this box is checked organization that will provide the organization of the other control of the other co	d, attach a legible map delineating the de service within each service area.)	service area of each service provider, and identify the government, authority, or other
2 In developing the strategy, wer	re overlapping service areas, unnecessary of	competition and/or duplication of this service identified?
☐ yes X no		
If these conditions will continue O.C.G.A. 36-70-24(1)), overriding	under the strategy, attach an explanation of the duplication, or reasons the	on for continuing the arrangement (i.e., overlapping but higher levels of service (See at overlapping service areas or competition cannot be eliminated).
responsible party and the agreed u	pon deadline for completing it	mentation schedule listing each step or action that will be taken to eliminate them, the
 List each government or autho special service district revenues, h 	rity that will help to pay for this service a totel/motel taxes, franchise taxes, impact for	nd indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, ees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
Miller County City of Colquitt	general fund & Splost general fund	
no change		Vor funding this service within the county?
5 List any formal service delivery	agreements or intergovernmental contract	is that will be used to implement the strategy for this service:
Agreement Name	Contracting Parties :	Effective and Ending Dates:
6 What other mechanisms (if any changes, etc.) and when will they to) will be used to implement the strategy fo ake effect?	r this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
7. Person completing form: Carol	Newberry, County Administrator	
Phone Number (912) 758-4104	Date completed:	March 30, 1999
strategy? X yes 🗆 no	contacted by state agencies when evaluate	ng whether proposed local government projects are consistent with the service delivery
If not, provide designated contact p	erson(s) and phone number(s) below:	, , , , , , , , , , , , , , , , , , ,

question below, attac Department of Comm		s as necessary. If the contact person	page 1, Section III. Use exactly the same service names listed on page 1. As n for this service (listed at the bottom of the page) changes, this should be repo	iswer e
County:	Miller	Service:	Indigent Defense	
1. Check the box that	best describes the a	greed upon delivery arrangement fo	r this service:	
X Service will be government, au Miller County	provided countyw thority or organizati	ide (i.e., including all cities and un on providing the service.)	nincorporated areas) by a single service provider. (If this box is checked, in	entify
Service will be prorganization pro	rovided only in the poviding the service.)	unincorporated portion of the county	y by a single service provider. (If this box is checked, identify the government, a	uthority
One or more cities checked, identified	s will provide this s fy the government(s	ervice only within their incorporate), authority or organization providing	ed boundaries, and the service will not be provided in unincorporated areas. (If it gets service.)	his box
One or more cities is checked, iden	s will provide this s tify the government	ervice only within their incorporate (s), authority or organization provid	d boundaries, and the county will provide the service in unincorporated areas. () ing the service.)	f this b
Other (If this box organization tha	s is checked, attach t will provide service	a legible map delineating the se e within each service area.)	ervice area of each service provider, and identify the government, authority	, or oth
		pping service areas, unnecessary con	npetition and/or duplication of this service identified?	
Jyes Xno				
these conditions will C.G.A. 36-70-24(1))	l continue under the , overriding benefits	e strategy, attach an explanation of the duplication, or reasons that of	for continuing the arrangement (i.e., overlapping but higher levels of serverlapping service areas or competition cannot be eliminated).	rice (S
these conditions will esponsible party and the	be eliminated und ne agreed upon dead	er the strategy, attach an implementation for completing it.	entation schedule listing each step or action that will be taken to eliminate t	hem, tl
List each governme ectal service district	nt or authority that verevenues, hotel/mote	will help to pay for this service and el taxes, franchise taxes, impact fees	indicate how the service will be funded (e.g., enterprise funds, user fees, general, bonded indebtedness, etc.	al fund
Miller County		Funding Method:		
change				
	ce delivery agreeme	nts or intergovernmental contracts the	hat will be used to implement the strategy for this service:	
Agreement Name		Contracting Parties	Effective and Ending Dates:	_
				=
What other mechanis	ms (if any) will be u	sed to implement the strategy for th	is service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate	or fee
Person completing for	m: <u>Carol Ne</u> wberry	County Administrator		
ne Number: (912)				
	<u>/58-4104</u>	Date completed:	March 30, 1999	
s this the person who	should be contacted	Date completed: by state agencies when evaluating with the phone number(s) below:	March 30, 1999 whether proposed local government projects are consistent with the service deliv	егу
s this the person who	should be contacted	by state agencies when evaluating t		'ery

Instructions:		PAGE 2
Make copies of this form an question below, attaching addit Department of Community Aff		d on page 1, Section III. Use exactly the same service names listed on page 1. Answer each person for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service:	
1. Check the box that best desc	cribes the agreed upon delivery arrangeme	ent for this service:
X Service will be provided government, authority or Miller County	countywide (i.e., including all cities as organization providing the service.)	and unincorporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided o organization providing the	nly in the unincorporated portion of the c e service.)	county by a single service provider. (If this box is checked, identify the government, authority or
One or more cities will pro- checked, identify the gov	avide this service only within their incorp remment(s), authority or organization pro	porated boundaries, and the service will not be provided in unincorporated areas. (If this box is oviding the service.)
One or more cities will pro- is checked, identify the gr	ovide this service only within their incorp overnment(s), authority or organization p	porated boundaries, and the county will provide the service in unincorporated areas. (If this box providing the service.)
Other (If this box is check organization that will pro-	red, attach a legible map delineating wide service within each service area.)	the service area of each service provider, and identify the government, authority, or other
	ere overlapping service areas, unnecessar	ry competition and/or duplication of this service identified?
yes X no If these conditions will continue O.C.G.A. 36-70-24(1)) overridie	e under the strategy, attach an explana	ation for continuing the arrangement (i.e., overlapping but higher levels of service (See that overlapping service areas or competition cannot be eliminated).
If these conditions will be elimi		splementation schedule listing each step or action that will be taken to eliminate them, the
3. List each government or auth		ee and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, ct fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
Miller County	General fund & Splost	
City of Colquitt	General fund	
no change	the previous arrangements for providing a	and/or funding this service within the county?
Timus 1		
Agreement Name	y agreements or intergovernmental contra Contracting Parties	racts that will be used to implement the strategy for this service: Effective and Ending Dates:
What other mechanisms (if any hanges, etc.) and when will they	/) will be used to implement the strategy take effect?	for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
Person completing form: Caro	l Newberry, County Administrator	
none Number:(912) 758-4104 Is this the person who should be		March 30, 1999 Mating whether proposed local government projects are consistent with the service delivery
rategy? X yes 🗆 no	person(s) and phone number(s) below:	

Make copies of this form a question below, attaching add Department of Community A	nd complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each litional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the flairs.
County: Miller	Service: Law Enforcement
1. Check the box that best de	scribes the agreed upon delivery arrangement for this service:
Service will be provid government, authority	ed countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the organization providing the service.)
Service will be provided or organization provided	only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority ag the service.)
One or more cities will p checked, identify the go	rovide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is vernment(s), authority or organization providing the service.)
X One or more cities will pr is checked, identify the Miller County & City of	ovide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box government(s), authority or organization providing the service.) Colquitt
Other (If this box is chee organization that will pr	ked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other ovide service within each service area.)
2 In developing the strategy, \square yes X no	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See ling benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be elir responsible party and the agree	ninated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the dupon deadline for completing it.
List each government or au special service district revenue:	hority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	
Miller County City of Colquitt	general fund & Splost
	general tutte
How will the strategy change	the previous arrangements for promiding and/or finaline at
	the previous arrangements for providing and/or funding this service within the county?
No change 5. List any formal service deliver	ery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
No change	
No change i. List any formal service deliver	ery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
No change List any formal service deliverage Agreement Name.	cry agreements or intergovernmental contracts that will be used to implement the strategy for this service: Contracting Parties: Effective and Ending Dates:
5. List any formal service deliverage.	Contracting Parties: Effective and Ending Dates: While the strategy for this service: Contracting Parties: Effective and Ending Dates: Effective and Ending Dates:
5. List any formal service deliver Agreement Name.	Contracting Parties: Effective and Ending Dates: While the strategy for this service: Contracting Parties: Effective and Ending Dates: Effective and Ending Dates:
5. List any formal service deliver Agreement Name.	Contracting Parties: Effective and Ending Dates: While the strategy for this service: Contracting Parties: Effective and Ending Dates: Effective and Ending Dates:
Agreement Name. What other mechanisms (if an hanges, etc.) and when will the	Contracting Parties: Effective and Ending Dates:
So thange So List any formal service deliver Agreement Name. So What other mechanisms (if an hanges, etc.) and when will the	Contracting Parties: Effective and Ending Dates:
Decrease No change Decrease No change Decrease Name of the service delivered of the service de	Contracting Parties: Effective and Ending Dates:

Instructions:			TAGE 2
Make copies of this form an question below, attaching addi Department of Community Af	monat pages as necessary. If the contact	ed on page 1, Section III. Use exactly t person for this service (listed at the bott	the same service names listed on page 1. Answer each tom of the page) changes, this should be reported to the
County: Miller	Servic	: Library	
1. Check the box that best des	cribes the agreed upon delivery arrange		
X Service will be provid government, authority or Southwest Ga Regional	organization providing the service.)	s and unincorporated areas) by a single	service provider. (If this box is checked, identify the
Service will be provided organization providing the	only in the unincorporated portion of the service.)	e county by a single service provider. (If the	his box is checked, identify the government, authority or
One or more cities will prochecked, identify the government.	ovide this service only within their inc vernment(s), authority or organization	orporated boundaries, and the service will roviding the service.)	not be provided in unincorporated areas. (If this box is
One or more cities will pro- is checked, identify the g	ovide this service only within their inco overnment(s), authority or organizatio	rporated boundaries, and the county will providing the service.)	provide the service in unincorporated areas. (If this box
Other (If this box is check organization that will pro-	ked, attach a legible map delineating wide service within each service area.)	g the service area of each service pro	vider, and identify the government, authority, or other
2 In developing the strategy, w	ere overlapping service areas, unnecer	sary competition and/or duplication of this	s service identified?
□ yes X no			
If these conditions will continu	ne under the strategy, attach an expling benefits of the duplication, or reason	nation for continuing the arrangements that overlapping service areas or compe	nt (i.e., overlapping but higher levels of service (See stition cannot be eliminated).
If these conditions will be elim			tep or action that will be taken to eliminate them, the
special service district revenues,	nority that will help to pay for this ser, hotel/motel taxes, franchise taxes, im	ice and indicate how the service will be flact fees, bonded indebtedness, etc.	funded (e.g., enterprise funds, user fees, general funds,
Local Government or Authority Miller County	Funding Metho	<u>i:</u>	
no change		g and/or funding this service within the co	vanty?
5. List any formal service delive	ry agreements or intergovernmental co	ntracts that will be used to implement the	strategy for this service.
Agreement Name:	Contracting Parties :	Effective and Endi	ng Dates:
6. What other mechanisms (if an changes, etc.) and when will they	y) will be used to implement the strate take effect?	gy for this service, (e.g., ordinances, resol	utions, local acts of the General Assembly, rate or fee
	ol Newberry, County Administrator		
Phone Number: (912) 758-410			
trategy? X yes 🔲 no	person(s) and phone number(s) below		nt projects are consistent with the service delivery
1000			

Make capter of this form and complete one for each service listed on page 1. Accessed III. Use exactly the same service names listed on page 1. Accessed products below, substanged additional pages in moreously. If the content press for this service is the bettern of the page) changes, this should be reported Department of Companying Affairs. County: Miller Service: Parks & Recreation 1. Check the but that better describes the agend upon delivery engagement for this service. X. Service will be provided countywide (i.e. including all clients and unacceptorated areas) by a single service provider. (If this box is checked, identify government, authority or organization proveding the service.) One or more client will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated ereas. (If this is checked, identify the government, authority or organization providing the service). One or more client will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated erea. (If this is checked, identify the government), sutching or organization providing the service.) One or more client will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated erea. (If this is checked, identify the government, butching or organization providing the service) Other (If this hos is checked, identify the government), sutching or organization providing the service area of each service provider, and identify the government. (If this is checked, identify the government, authority, or organization that will provide that will provide the service in unincorporated erea. (If this is checked, identify the government, authority, or organization that will be the complete or the service area of each service provider, and identify the government. Service of the service providers will be decided to will provide the service in unincorporated erea. (If this is considered	Instructions: Make copies of	this form and	complete one for co	ch service listed	1 Saction III Lies constitution	
County: Miller Service: Parks & Recreation 1. Check the box that best describes the agreed upon delivery arrangements for the service 2. Service will be provided countywide (i.e., sucleding all cities and unincorporated streat) by a single service provider. (If this box is checked, identify the provided countywide (i.e., sucleding all cities and unincorporated streat) by a single service provider. (If this box is checked, identify the government, and sheller County Recembion Board and Achiller County Recembion Department (i.e., and the service only which their uncorporated boarderies, and the service will be provided only in the uncorporated potential of the county by a single service provider. (If this box is checked, identify the government), submorty or organization providing the service.) 2. Once or more cities will provide this service only which their uncorporated boarderies, and the county will provide the services on unincorporated streat. (If this is decided, streatly the government), submorty or organization providing the service. 3. Other (If this box is checked, attending the government), alludrary or organization providing the service and an will provide the service within each service and service provider, and identify the government, submorty, or organization that will provide exervice within each service. 3. In developing the strategy, were overlapping service area, unnecessary competition and/or deplication of this service identified? 3. In developing the strategy, statesh as explanations for containing the errangement (i.e., coverlapping but higher levels of service indicated but will be uncompetition of this service was or competition cannot be diministed under the strategy, statesh as explanation for containing the error of competition of this service bediment of the deplication of the service	question below,	arractitif addition	mai pages as necessary	y. If the contact person for t	 Section III. Use exactly the same service names listed on page 1. As this service (listed at the bottom of the page) changes, this should be reported. 	nswer ea
Check the box that best describes the agreed upon delivery arrangement for this service: X 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, subnerly or organization providing the service.) Millio Comp Neterosion Board & Millio County Neterosion Authority Service will be provided only in the tumesoperated portion of the county by a single service provider. (If this box is checked, identify the government, subnerly or organization providing the service will not be provided in unincorporated eras. (If this those, destribly the povernments), subnerly 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 checked, identify the povernments), subnerly or organization providing the service.) Other (If this box is checked, steads a legible was delineating the service area of each service provider, and identify the government, sutherity, or organization that will provide service will provide the service area.) It is developing the strategy, were overlapping service area. Service provider, and identify the government, sutherity, or organization that will provide service with service area.) If these conditions will continue under the strategy, statch an explanation for continuing the arrangement (i.e., overlapping but higher levels of service OCO A 57-024(I)), revertibility benefits of the depletation, or reaces that were highly are competition cannot be latimated. If these conditions will continue under the strategy, statch an explanation for competition and/or duplication of this service service is strategy to the service area. The service is strategy to the delineation of the depletation, or reaces that were the provider accordance to submervice will be the depletation, or reaces that were submerved as will be to complete the service delivery spreme			3.			
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poverment, authority or capacitation providing the services. Miller County Recentation Board & Miller County Recentation Authority Service will be provided only in the sumorporated portion of the county by a single service provider. (If this box is checked, identify the government, nathority or capacitation providing the service) One or more cities will provide this service only within that incorporated boundaries, and the service will not be provided in unincorporated areas. (If this technical identify the governments), authority or capacitation providing the service is service, and the county will provide the service in unincorporated areas. (If this is whether states will provide this service only within that incorporated boundaries, and the county will provide the service in unincorporated areas. (If this is whether states) is provided, attacked, a lightle map definesting the service area is each service providing the service.) Other (If this box is checked, statich is lightle map definesting the service area is each service provider, and identify the government, subority, or capacitation that will provide service within each service area.) In developing the stating, were overlapping service areas, concessary computation and/or duplication of this service identified? Yes: X no Yes: A no These conditions will continue under the strategy, statich an explanation for continuing the arrangement (i.e., overlapping but higher levels of service in the continuity of the deplication, or research the overlapping service areas competition cannot be eliminated off the deplication, or research the overlapping service areas competition cannot be eliminated. On these conditions will be eliminated door the strategy of the deplication, or research the overlapping service areas competition cannot be eliminated. List each government or surface, the strategy of the service is service and included in the funded (i.e., cesteprine funds, user fees, general in development or surface). Elifective and the strategy change	1. Check the box	x that best descri	bes the agreed upon de	lelivery arrangement for this	service:	
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Other (If this box is checked, attach is legible map delineating the service area of each service provider, and identify the government, subhority, or organization that will provide service within each service area.) Other (If this box is checked, attach is legible map delineating the service area of each service provider, and identify the government, subhority, or organization that will provide service within each service area.) In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but happer levels of service C-C-C-A-S-R-D-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated. These conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them proposable pury and the agreed upon deadline for completing it. Last each government or authority that will help to pury for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general for conditions will be explained to the service will be funded (e.g., enterprise funds, user fees, general for College of Contract fund City of Codynatic General fund Exercised board List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name Contracting Parties Effective and Ending Dates. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or anges, etc.) and when will they take effect? Person completing form: Cerol Newberry, County Administrator one Number [2] 2) 278-4105 Date completed March 30, 1999 Is this the person who should be contacted by state agencies when evaluating wh	One or more checked, is	cities will provi dentify the gover	ide this service only wnment(s), authority or	within their incorporated box r organization providing the	undaries, and the service will not be provided in unincorporated areas. (If service.)	this box
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is use the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery ategy? X yes no				•		
not, provide designated contact person(s) and phone number(s) below:	rategy? X yes	no no			ther proposed local government projects are consistent with the service deli	ivery

	Service: P	anning & Zoning
Check the box that best descr	ibes the agreed upon delivery arrangement for	
Service will be provided a	countywide (i.e. including all arrice and unity	
government, authority or o	organization providing the service.)	nincorporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided on organization providing the	ly in the unincorporated portion of the count service.)	y by a single service provider. (If this box is checked, identify the government, authority
X One or more cities will prove checked, identify the gover City of Colquitt	ide this service only within their incorporate mment(s), authority or organization providing	ed boundaries, and the service will not be provided in unincorporated areas. (If this box ig the service.)
One or more cities will provis checked, identify the gov	ide this service only within their incorporate vernment(s), authority or organization provide	d boundaries, and the county will provide the service in unincorporated areas. (If this bo
Other (If this box is checked organization that will provi	d, attach a legible map delineating the s de service within each service area.)	ervice area of each service provider, and identify the government, authority, or other
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J yes X no		
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	ated under the strategy attach an implem	entation schedule listing each step or action that will be taken to eliminate them, the
List each government or author ecial service district revenues, h	ity that will help to pay for this service and otel/motel taxes, franchise taxes, impact fees	indicate how the service will be funded (e.g., enterprise funds, user fees, general funds,
cal Government or Authority	Funding Method:	, salabatanas, etc.
City of Colquitt	general fund	
	previous arrangements for providing and/or	funding this service within the county?
change		
ist any formal service delivery		
Agreement Name.		nat will be used to implement the strategy for this service:
Agreement Name.	Contracting Parties	Effective and Ending Dates:
What other mechanisms (if any) ages, etc.) and when will they tal	will be used to implement the strategy for the	is service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
	to chou:	
erson completing form. Carel	Jambarra Carreta A 1	
erson completing form. <u>Carol N</u>		
e Number: (912) 758-4104	Date completed:	March 30, 1999 whether proposed local government projects are consistent with the service delivery

Instructions:			
question below, attaching addition Department of Community Affair	iai pages as necessary. It the contact person for this	Section III. Use exactly the same service names listed on page 1. Ar service (listed at the bottom of the page) changes, this should be repo	swer earted to t
County: Miller	Service: Public He	ealth Services	
1. Check the box that best describ	es the agreed upon delivery arrangement for this ser	rvice:	
X Service will be provided of government, authority or on State of Georgia, Miller Co	ganization providing the service.)	orated areas) by a single service provider. (If this box is checked, id	entify t
Service will be provided only organization providing the s	in the unincorporated portion of the county by a sin ervice.)	ngle service provider. (If this box is checked, identify the government, at	thority
One or more cities will provide checked, identify the govern	the this service only within their incorporated bounds iment(s), authority or organization providing the service.	laries, and the service will not be provided in unincorporated areas. (If t vice.)	his box
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Other. (If this box is checked, organization that will provid	, attach a legible map delineating the service as e service within each service area.)	rea of each service provider, and identify the government, authority	or other
	overlapping service areas, unnecessary competition	n and/or duplication of this service identified?	
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topositione party and the agreed up	ou deadulie for completing it.	a schedule listing each step or action that will be taken to eliminate t	
special screwer district revenues, no	territorer taxes, tranchise taxes, impact fees, bonded	how the service will be funded (e.g., enterprise funds, user fees, general indebtedness, etc.	al funds
Local Government or Authority Miller County	Funding Method: general fund		
			7
no change	previous arrangements for providing and/or funding		
5 List any formal service delivery a	greements or intergovernmental contracts that will be	be used to implement the strategy for this continue	
Agreement Name:	Contracting Parties	Effective and Ending Dates:	
Contract for Services	Dept of Human Resources & Miller Cou		3
			3
 What other mechanisms (if any) when will they take the second seco	will be used to implement the strategy for this service effect?	ce, (e.g., ordinances, resolutions, local acts of the General Assembly, rate	or fee
Person completing form Carol N	lewberry, County Administrator		
hone Number (912) 758-4104	Date completed. Mare	rch 30, 1999	
Is this the person who should be corategy? X yes no no not provide designated contact persons.		proposed local government projects are consistent with the service deliversely.	ery

Instructions:	PAGE 2
Make copies of this form and complete one for each question below, attaching additional pages as necessary. Department of Community Affairs.	service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: Public Works
1. Check the box that best describes the agreed upon dela	ivery arrangement for this service:
Service will be provided countywide (i.e., including government, authority or organization providing the	ng all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the e service.)
Service will be provided only in the unincorporated organization providing the service.)	portion of the county by a single service provider. (If this box is checked, identify the government, authority or
One or more cities will provide this service only wit checked, identify the government(s), authority or o	hin their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is rganization providing the service.)
X One or more cities will provide this service only with is checked, identify the government(s), authority of City of Colquitt	in their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box organization providing the service.)
Other. (If this box is checked, attach a legible majorganization that will provide service within each s	p delineating the service area of each service provider, and identify the government, authority, or other ervice area.)
	eas, unnecessary competition and/or duplication of this service identified?
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	attach an implementation schedule listing each step or action that will be taken to eliminate them the
3. List each government or authority that will help to pay special service district revenues, hotel/motel taxes, franch	for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, se taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Fu	nding Method:
City of Colquitt general fund	
4. How will the strategy change the previous arrangements	s for providing and/or funding this service within the county?
No change	
5. List any formal service delivery agreements or intergover	ernmental contracts that will be used to implement the strategy for this service:
Agreement Name: Contracting I	Parties: Effective and Ending Dates:
6. What other mechanisms (if any) will be used to implem changes, etc.) and when will they take effect?	ent the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
7 Person completing form: <u>Carol Newberry, County Adm</u>	ninistrator
	Date completed: March 30, 1999
	cies when evaluating whether proposed local government projects are consistent with the service delivery
strategy? X yes \square no If not, provide designated contact person(s) and phone num	

Instructions:			GE
Make copies of question below, Department of C	attaching addition	complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answard pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported	ver ear
County:	Miller	Service: Road/Bridge Construction & Maintenance	
1. Check the box	that best descri	bes the agreed upon delivery arrangement for this service:	
Service wi		하게 되는 것이 없는 것이 없는 그 사람들이 없는 것이 없다.	
governmen	II be provided ont, authority or o	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identification providing the service.)	itify th
Service will organization	be provided only on providing the	y in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authorized)	iority o
One or more checked, in	cities will prov dentify the gover	ide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If thinment(s), authority or organization providing the service.)	s box i
is checked	cities will provi , identify the gov nty & City of Co	de this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If terminant(s), authority or organization providing the service.) Iquitt	his bo
Other (If the organization	is box is checke on that will provi	d, attach a legible map delineating the service area of each service provider, and identify the government, authority, de service within each service area.)	or othe
		e overlapping service areas, unnecessary competition and/or duplication of this service identified?	
yes	X no		
If these condition O C G A. 36-70-2	ns will continue (4(1)), overriding	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service areas or competition cannot be eliminated).	e (Se
If these condition responsible party	s will be elimin and the agreed u	ated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate the pon deadline for completing it.	em, the
special service dis	trict revenues, h	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general otel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.	funds
Local Governmen Miller Coun		Funding Method: General fund	4
City of Colqu		General fund	1 29
			7
			-
no change			
5 List any formal	service delivery	agreements or intergovernmental contracts that will be used to implement the strategy for this service:	
Agreement Na	me	Contracting Parties: Effective and Ending Dates.	4
			=
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6. What other med changes, etc.) and	chanisms (if any) when will they to	will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate ake effect?	or fee
		Newberry, County Administrator	
hone Number		Date completedMarch 30, 1999	
trategy? X yes	no	contacted by state agencies when evaluating whether proposed local government projects are consistent with the service deliverson(s) and phone number(s) below:	лу
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Instructions:		
Make copies of this form and comple question below, attaching additional page Department of Community Affairs.	te one for each service listed on page as necessary. If the contact person	age 1, Section III. Use exactly the same service names listed on page 1. Answer each for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: Sew	age Collection/Disposal
1. Check the box that best describes the	agreed upon delivery arrangement for	this service:
Service will be provided countywing government, authority or organizate	de (i.e., including all cities and uni ion providing the service.)	ncorporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided only in the organization providing the service.	unincorporated portion of the county)	by a single service provider. (If this box is checked, identify the government, authority or
X One or more cities will provide this checked, identify the government(s City of Colquitt	service only within their incorporated s), authority or organization providing	d boundaries, and the service will not be provided in unincorporated areas. (If this box is the service.)
One or more cities will provide this is checked, identify the government	service only within their incorporated t(s), authority or organization providi	boundaries, and the county will provide the service in unincorporated areas (If this box ng the service.)
Other. (If this box is checked, attacorganization that will provide servi	h a legible map delineating the se ce within each service area.)	ervice area of each service provider, and identify the government, authority, or other
2. In developing the strategy, were overla	pping service areas, unnecessary com	spetition and/or duplication of this service identified?
☐ yes X no		
If these conditions will continue under the O.C.G.A. 36-70-24(1)), overriding benefit	ne strategy, attach an explanation is of the duplication, or reasons that o	for continuing the arrangement (i.e., overlapping but higher levels of service (See verlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated un- responsible party and the agreed upon dear	ier the strategy, attach an implementation of the desired at the strategy of t	entation schedule listing each step or action that will be taken to eliminate them, the
3 List each government or authority that special service district revenues, hotel/mo	will help to pay for this service and tel taxes, franchise taxes, impact fees	indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, bonded indebtedness, etc.
Local Government or Authority City of Colquitt enter	Funding Method:	
4. How will the strategy change the previous	us arrangements for providing and/or	funding this service within the county?
no change		
5. List any formal service delivery agreem	ents or intergovernmental contracts the	hat will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
6. What other mechanisms (if any) will be	used to implement the strategy for th	as service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
changes, etc.) and when will they take effect	#?	(
7. Person completing form. <u>Carol Newber</u> Phone Number: (912) 758-4104	rry, County Administrator Date completed:	March 30, 1999
is this the person who should be contact strategy? X yes no no If not, provide designated contact person(s)		whether proposed local government projects are consistent with the service delivery

Instructions:			
Make copies of this form and question below, attaching additi Department of Community Affa	ional pages as necessary. If the conta	sted on page 1, Section III act person for this service (li	 Use exactly the same service names listed on page 1. Answer each sted at the bottom of the page) changes, this should be reported to the
County: Miller	Service	e: Solid Waste Ma	nagement/Disposal
I. Check the box that best descri	ribes the agreed upon delivery arrang	gement for this service:	
Service will be provided government, authority or	countywide (i.e., including all cities organization providing the service.)	s and unincorporated areas) by a single service provider. (If this box is checked, identify the
Service will be provided or organization providing the	nly in the unincorporated portion of the service.)	he county by a single service	e provider. (If this box is checked, identify the government, authority o
One or more cities will pro- checked, identify the gove	wide this service only within their in ernment(s), authority or organization	corporated boundaries, and providing the service.)	the service will not be provided in unincorporated areas. (If this box is
X One or more cities will provise checked, identify the good City of Colquitt & Miller	overnment(s), authority or organization	corporated boundaries, and to on providing the service.)	he county will provide the service in unincorporated areas (If this box
Other (If this box is checked organization that will provide the control of the c	ed, attach a legible map delineati vide service within each service area.	ng the service area of eac)	ch service provider, and identify the government, authority, or other
2. In developing the strategy, we	ere overlapping service areas, unnece	ssary competition and/or du	plication of this service identified?
☐ yes X no			
If these conditions will continue O.C.G.A. 36-70-24(1)), overriding	e under the strategy, attach an exp. ng benefits of the duplication, or reas	lanation for continuing the constitution on that overlapping service	he arrangement (i.e., overlapping but higher levels of service (See areas or competition cannot be eliminated).
If these conditions will be elimineresponsible party and the agreed	inated under the strategy, attach an upon deadline for completing it.	implementation schedule	e listing each step or action that will be taken to eliminate them, the
3. List each government or authorspecial service district revenues,	nority that will help to pay for this sen hotel/motel taxes, franchise taxes, in	rvice and indicate how the s npact fees, bonded indebted	ervice will be funded (e.g., enterprise funds, user fees, general funds, ness, etc.
Local Government or Authority City of Colquitt	Funding Meth		
Miller County	General fund & enterprise fun General fund	ıd	
How will the strategy change t	the previous arrangements for provide	ing and/or funding this servi	ce within the county?
No change			
No charge			
5 List any formal service deliver	ry agreements or interrovernments) a	contracte that will be used to	implement the strategy for this service.
Agreement Name	Contracting Parties:		implement the strategy for this service.
Solid Waste Mgmt Plan	Miller County & City		June 1, 1993 – June 30, 2003
6. What other mechanisms (if any	y) will be used to implement the stra	tegy for this service, (e.g., or	rdinances, resolutions, local acts of the General Assembly, rate or fee
changes, etc.) and when will they	take effect?		
Person completing form. <u>Caro</u>	ol Newberry, County Administrator		
Phone Number (912) 758-4104		leted: March 30, 199	99
trategy? X yes 🗖 no	person(s) and phone number(s) below	valuating whether proposed	local government projects are consistent with the service delivery

Country: Miller Service (Storm-Water Management) 1. Check the best that best describes the agreed upon delivery arrangement for this service. Service will be provided countrywish (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, sheatify the government, submitty or organization providing the service.) Service will be provided only in the unincorporated portion of the country by a single service provider. (If this box is checked, sheatify the government, submitty or organization providing the service.) Service will be provided that service only within their incorporated boundarins, and the service will not be provided in unincorporated areas. (If this box is checked, sheatify the government(s), submitty or organization providing the service.) One or more cities will provide that service only within their incorporated boundarins, and the country will provide the service in unincorporated areas. (If this box is checked, sheatify the government), submitty or organization providing the service.) One or more cities will provide that service only within their incorporated breaking and the country will provide the service in unincorporated areas. (If this box is checked, sheatify the government, authority or organization providing the service in excess of excess and in the country of the service identified? One or more cities will provide that service areas of each service area of each service provider, and identify the government, authority, or other organization but will provide service service area.) In developing the strategy, were overlapping service areas, sunnecessary competition under duplocation of this service identified? Yes		Commi	Storm Woton Mor-
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, subcrity 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, subcrity 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, subcrity or organization providing the service.) One or more cities will provide this service only within the importance becomes and the county will provide the service area. (If this box is checked, identify the government, or observed.) Other if (if this box is checked, strate) is egipted and distinction providing the service. Other or more cities will provide the service only which the importance providing the service. Other if (if this box is checked, strate) is egipted and distinction providing the service. (If this box is checked, strate) is egipted and distinction providing the service. (If this box is checked, strate) is egipted and distinction of the service in the service area. (If this box is checked, strate) is egipted and service area. If the box is checked, strate) is egipted and service area. If the service is checked, strate is egipted and service area. If the service is checked, strate is egipted and service area. If the service is checked, strate is egipted and service area. If the service is checked, strate is egipted service area. If the service is equipment is expected by the service is equipment in the service is equipmen	1 Charlesha handa ta a ta a		
Service will be provided only in the unaccoprossed portions of the country by a single service provider. (If this box is checked, ideasify the government, subhority or expansation providing the service.) **X**Che or more other 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), subhority or expansations providing the service.) **One or more others 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), subhurity or organizations providing the service.) **Other (If this box is checked, statch a) legible map delineating the service area of each service provider, and identify the governments, authority, or other organization the will provide survive within each service area. **Other (If this box is checked, statch a) legible map delineating the service area of each service provider, and identify the governments, authority or other organization the will provide survive within each service area. **Other (If this box is checked, statch a) legible map delineating the service.**) **Other (If this box is checked, statch a) legible map delineating the service provider, and identify the governments, authority or other organization to the service area of each service provider, and identify the governments, authority or other organization or the strategy was considered.** **It developing the strategy were overlapping service area, unaccessary competition and for deplication of this service identified?** **It developing the strategy on deedline for the delicition or reasons the overlapping service are competitive that will be taken to diministe them, the operation or another organization or under the strategy for this service deliver previous, benefits the service and indidate how the service will be finished (e.g., enterprise flund, user fee, general flund,	r. Check the box that best descri	bes the agreed upon delivery arrange	ment for this service:
X 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 checked, staintify the government(s), suthertry or organization providing the service.) One or more cities will provide the service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, sheafth a legible map deliberating the service.) Other (If this box is checked, statish a legible map deliberating the service) Other (If this box is checked, statish a legible map deliberating the service) In developing the strengt, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes: X no In developing the strengt, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes: X no Yes	Service will be provided or government, authority or or	ountywide (i.e., including all cities rganization providing the service.)	and unincorporated areas) by a single service provider. (If this box is checked, identify the
Cry of Colquit One or more cities will provide the service only will interceptonate doubles, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(), sub-ority or organization providing the service area of each service provider, and identify the governments, authority, or other organization that will provide service within each service area.) Other (If this box is checked, attach a legible reap delineating the service area of each service provider, and identify the governments, authority, or other organization that will provide service within each service area.) In developing the strategy, were overlapping service areas, unaccessary competition and/or deplication of this service identified? Yes. Xino. These conditions will constinue under the strategy, statch an explanation for continuing the arrangement (i.e., norshpping but higher levels of service (See 2.0. A. 3-0.70-24(1)), overriding benefits of the deplication, or rescore that overlapping service area or competition cannot be eliminated.) These conditions will be eliminated under the strategy, attach an implementation schedule listing each step or ection that will be taken to eliminate them, the special service distinct revenues, host-bridge intensity. The service is consistent revenues, host-bridge intensity, attach an implementation schedule listing each step or ection that will be taken to eliminate them, the special service distinct revenues, host-bridge intensity. The service is distingtion of a calculation of the service is distinct revenues, host-bridge intensity. The service is distinct revenues, host-bridge intensity in the service is distinct revenues, host-bridge intensity. Funding Method: List say formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service. Agreement Name. Contracting Parties: Effective and Ending Dates: Fernon completing form: Cerol Newborn, County Administrator Delice Cerol Newborn, Coun	Service will be provided only organization providing the	y in the unincorporated portion of the service.)	e county by a single service provider. (If this box is checked, identify the government, authority of
Cher (If this box is checked, statach 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.) It is developing the strategy, were overlapping service steas, unnecessary competition and/or duplication of this service identified? If these conditions will continue under the strategy, statech an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See CO.A.) 36-70-24(1), overriding benefits of the deplication, or reserve that overlapping service areas or competition cannot be eliminated under the strategy, statech an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See CO.A.) 36-70-24(1), overriding benefits of the deplication, or reserve that overlapping service areas or competition cannot be eliminated under the service, and the secondary of these conditions will be eliminated under the strategy and the service will be funded (e.g., enterprise funds, user fees, general funds sproved service distorts revenues, headmonthy that will be revenue, headmonted taxes, functions taxes, impact fees, bonded indebtedness, etc. Cell of continues or Authority Funding Method: City of Celquitt general fund Agreement Name. Contracting Parties: Effective and Ending Dates: Effective and Ending Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect?	The Borner	de this service only within their inco nment(s), authority or organization p	orporated boundaries, and the service will not be provided in unincorporated areas. (If this box roviding the service.)
□ yes	One or more cities will provi is checked, identify the gov	de this service only within their inco ernment(s), authority or organization	rporated boundaries, and the county will provide the service in unincorporated areas. (If this bo providing the service.)
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Se OC GA 36-70-34(1)), overriding benefits of the deplication, 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 the proposal power and the agreed upon deadline for completing it. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds proposal service distinct revenues, hotel/motel taxes, funds taxes, impact fees, bonded indebtedness, etc. Coal Covernment or Authority Funding Method: City of Colquitt general fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? to change List say formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name. Contracting Parties: Effective and finding Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator per Carol Newberry, County Administrator per Number (2)2) 758-4104 Date completed: March 30, 1959	Other (If this box is checked organization that will provide	l, attach a legible map delineating de service within each service area.)	g the service area of each service provider, and identify the government, authority, or other
If these conditions will continue under the strategy, attach as explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Ser O. C. G. A 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated. On the destination of these conditions will be eliminated under the strategy, attach as implementation schedule listing each step or action that will be taken to eliminate them, the seponal benying and the agreed upon deadline for completing it. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, peculiary to distinct revenues, interfered taxes, impact fees, bonded indebtedness, etc. Oncoll Government or Authority Funding Method: City of Coleguitt	2 In developing the strategy, were	e overlapping service areas, unnecess	sary competition and/or duplication of this service identified?
If these conditions will be eliminated under the strategy, statech an implementation schedule listing each step or action that will be taken to eliminate them, the seponable party and the agreed upon deadline for completing it. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, provided interprises funds, user fees, general funds, and provided interprises funds, user fees, general funds, and funded for the strategy of the service within the county? City of Celquitt Reneral fund	🗖 yes X no		
If these conditions will be eliminated under the strategy, stach an implementation schedule listing each step or action that will be taken to eliminate them, the sepredup on deadline for completing it. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, pecial service district revenues, hotel/motel taxes, funchine taxes, impact fees, bonded indebtedness, etc. Clay of Celegatit	f these conditions will continue to C.G.A. 36-70-24(1)), overriding	under the strategy, attach an expla benefits of the duplication, or reason	nation for continuing the arrangement (i.e., overlapping but higher levels of service (Sec
Cold Government or Authority Funding Method: City of Colquitt general fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? To change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name. Contracting Parties: Effective and Ending Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator one Number: (212) 758-4104 Date completed: March 30, 1999	f these conditions will be elimina	ited under the strategy attach an in	
City of Celquitt general fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? To change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name. Contracting Parties: Effective and Ending Dates: Effective and Ending Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator me Number: (12) 758-4104 Date completed: March 30, 1999		mention taxes, transmise taxes, imp	act rees, bonded indebtedness, etc.
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name. Contracting Parties: Effective and Ending Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999	City of Colquitt		i:
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name. Contracting Parties: Effective and Ending Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name. Contracting Parties: Effective and Ending Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name. Contracting Parties: Effective and Ending Dates: What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999			
Agreement Name. Contracting Parties : Effective and Ending Dates:	How will the strategy change the	previous arrangements for providing	g and/or funding this service within the county?
What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee anges, etc.) and when will they take effect? Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999		previous arrangements for providing	g and/or funding this service within the county?
Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999	o change		
Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999	to change List any formal service delivery a	agreements or intergovernmental con	stracts that will be used to implement the strategy for this service:
Person completing form: Carol Newberry, County Administrator one Number (912) 758-4104 Date completed: March 30, 1999	to change List any formal service delivery a	agreements or intergovernmental con	stracts that will be used to implement the strategy for this service:
one Number(912) 758-4104 Date completed: March 30, 1999	List any formal service delivery a	agreements or intergovernmental con Contracting Parties:	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
one Number(912) 758-4104 Date completed: March 30, 1999	List any formal service delivery a Agreement Name. What other mechanisms (if any)	Contracting Parties:	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
one Number(912) 758-4104 Date completed: March 30, 1999	List any formal service delivery a Agreement Name. What other mechanisms (if any)	Contracting Parties:	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
one Number(912) 758-4104 Date completed: <u>March 30, 1999</u>	List any formal service delivery a Agreement Name. What other mechanisms (if any)	Contracting Parties:	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
one Number(912) 758-4104 Date completed: <u>March 30, 1999</u>	List any formal service delivery a Agreement Name. What other mechanisms (if any)	Contracting Parties:	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
one Number(912) 758-4104 Date completed: <u>March 30, 1999</u>	List any formal service delivery a Agreement Name. What other mechanisms (if any)	Contracting Parties:	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
one Number(912) 758-4104 Date completed: March 30, 1999	List any formal service delivery a Agreement Name. What other mechanisms (if any)	Contracting Parties:	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
	List any formal service delivery a Agreement Name. What other mechanisms (if any) anges, etc.) and when will they tak	Contracting Parties: Contracting Parties: will be used to implement the stratege effect?	stracts that will be used to implement the strategy for this service: Effective and Ending Dates:
	List any formal service delivery at Agreement Name. What other mechanisms (if any) vanges, etc.) and when will they take	Contracting Parties: Contracting Parties: will be used to implement the stratege effect?	Effective and Ending Dates: Effective and Ending Dates: gy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee

Make copies of question below, Department of C	arracumB agging	nai pages as necessary. If the contact pers	n page 1, Section III. Use exactly the same service names listed on page 1. Answer each son for this service (listed at the bottom of the page) changes, this should be reported to the
County:	Miller	Service: W	ater Supply/Distribution
1. Check the box	x that best descri	bes the agreed upon delivery arrangement	for this service:
Service wil	l be provided cont, authority or o	ountywide (i.e., including all cities and rganization providing the service)	unincorporated areas) by a single service provider. (If this box is checked, identify the
Service will organization	be provided onl on providing the	y in the unincorporated portion of the cou service.)	nty by a single service provider. (If this box is checked, identify the government, authority or
X One or more checked, in City of Co	general are Rover	de this service only within their incorpora	ated boundaries, and the service will not be provided in unincorporated areas. (If this box is ling the service.)
One or more is checked	e cities will provi , identify the gov	de this service only within their incorpora ternment(s), authority or organization prov	ated boundaries, and the county will provide the service in unincorporated areas. (If this box riding the service.)
Other (If the organization	s box is checked on that will provi	i, attach a legible map delineating the de service within each service area.)	e service area of each service provider, and identify the government, authority, or other
2. In developing	the strategy, wer	e overlapping service areas, unnecessary o	competition and/or duplication of this service identified?
yes	X no		
If these condition O.C.G.A. 36-70-2	ns will continue (4(1)), overriding	under the strategy, attach an explanation of the duplication, or reasons the	on for continuing the arrangement (i.e., overlapping but higher levels of service (See at overlapping service areas or competition cannot be eliminated).
If these condition	s will be elimin		ementation schedule listing each step or action that will be taken to eliminate them, the
 List each gove special service dis 	mment or author strict revenues, h	nty that will help to pay for this service a otel/motel taxes, franchise taxes, impact for	nd indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, ees, bonded indebtedness, etc.
City of Colq		Funding Method: Enterprise Fund	
4 77 31 4			
No change		provide and an armine and	Vor funding this service within the county?
5 T C 1			
Agreement Na			s that will be used to implement the strategy for this service:
Agreement Iva	mc.	Contracting Parties :	Effective and Ending Dates:
6. What other med changes, etc.) and	chanisms (if any) when will they to	will be used to implement the strategy fo ke effect?	r this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
Person completi	ng form. Carol	Newberry, County Administrator	
hone Number	(912) 7 58-4104_	Date completed:	March 30, 1999
trategy? X yes	no no	contacted by state agencies when evaluations of state agencies when evaluations of state agencies when evaluations are stated as a stated agencies when evaluations are stated as a stated agencies when evaluations are stated as a stated agencies when evaluations are stated agencies are stated agencies are stated agencies.	ng whether proposed local government projects are consistent with the service delivery

Instructions:		
Make copies of this form and question below, attaching addition Department of Community Affa	onal pages as necessary. If the contact person for this	Section III. Use exactly the same service names listed on page 1. Answer eac service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: Social Se	rvices
1 Check the box that best descr	ribes the agreed upon delivery arrangement for this ser	rvice;
X Service will be provided government, authority or of State of Georgia	countywide (i.e., including all cities and unincorpor organization providing the service.)	rated areas) by a single service provider. (If this box is checked, identify th
Service will be provided on organization providing the	uly in the unincorporated portion of the county by a sin eservice.)	ngle service provider. (If this box is checked, identify the government, authority o
One or more cities will prove checked, identify the gove	vide this service only within their incorporated bound enument(s), authority or organization providing the ser	laries, and the service will not be provided in unincorporated areas. (If this box i vice.)
One or more cities will provise checked, identify the go	vide this service only within their incorporated bounds overnment(s), authority or organization providing the s	aries, and the county will provide the service in unincorporated areas. (If this box service.)
Other, (If this box is checked organization that will prove	ed, attach a legible map delineating the service a ride service within each service area.)	rea of each service provider, and identify the government, authority, or other
	ere overlapping service areas, unnecessary competition	n and/or duplication of this service identified?
yes X no		
O C.G.A. 36-70-24(1)), overriding	under the strategy, attach an explanation for con g benefits of the duplication, or reasons that overlapp	atinuing the arrangement (i.e., overlapping but higher levels of service (See ing service areas or competition cannot be eliminated).
responsible party and the agreed t	upon deadline for completing it	a schedule listing each step or action that will be taken to eliminate them, the
 List each government or authorspecial service district revenues, I 	ority that will help to pay for this service and indicate hotel/motel taxes, franchise taxes, impact fees, bonder	how the service will be funded (e.g., enterprise funds, user fees, general funds, d indebtedness, etc.
Local Government or Authority Miller County	Funding Method:	
	he previous arrangements for providing and/or funding	g this service within the county?
no change		
5. List any formal service delivery	y agreements or intergovernmental contracts that will	be used to implement the strategy for this service:
Agreement Name Contract for Services	Contracting Parties	Effective and Ending Dates:
Contract for Services	Department of Human Resources & Mi County	ller July 1 – June 30
6 What other mechanisms (if any changes, etc) and when will they t	y) will be used to implement the strategy for this servi	ce, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
Person completing form: Caro	l Newberry, County Administrator	
hone Number: (912) 758-4104	Date completed: Ma	rch 30, 1999
trategy? X yes 🗍 no	e contacted by state agencies when evaluating whether person(s) and phone number(s) below:	r proposed local government projects are consistent with the service delivery

Instructions:		
Make copies of this form a question below, attaching ad Department of Community A	arctorial pages as necessary. If the contact betson	age 1, Section III. Use exactly the same service names listed on page 1. Answer each for this service (listed at the bottom of the page) changes, this should be reported to the
County: Miller	Service: Vote	er Registration
1. Check the box that best de	escribes the agreed upon delivery arrangement for	r this service;
X Service will be provide government, authority Miller County	ed countywide (i.e., including all cities and uni or organization providing the service.)	incorporated areas) by a single service provider. (If this box is checked, identify th
Service will be provided organization providing	only in the unincorporated portion of the county the service.)	by a single service provider. (If this box is checked, identify the government, authority of
One or more cities will p checked, identify the go	rovide this service only within their incorporated overnment(s), authority or organization providing	d boundaries, and the service will not be provided in unincorporated areas. (If this box s the service.)
	government(s), audiority of organization provide	
Other (If this box is che organization that will pr	cked, attach a legible map delineating the se rovide service within each service area.)	ervice area of each service provider, and identify the government, authority, or other
2 In developing the strategy,	were overlapping service areas, unnecessary com	spetition and/or duplication of this service identified?
☐ yes X no		
If these conditions will contin O.C.G.A. 36-70-24(1)), overrie	tue under the strategy, attach an explanation (for continuing the arrangement (i.e., overlapping but higher levels of service (See verlapping service areas or competition cannot be eliminated).
If these conditions will be elir		entation schedule listing each step or action that will be taken to eliminate them, the
B. List each government or au special service district revenue	thority that will help to pay for this service and i s, hotel/motel taxes, franchise taxes, impact fees,	indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, bonded indebtedness, etc
ocal Government or Authority Miller County	Funding Method:	
Miner County	general lund	
No change		
		nat will be used to implement the strategy for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates:
What other mechanisms (if a nanges, etc.) and when will the	ny) will be used to implement the strategy for thiny take effect?	is service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee
Person completing form Ca	rol Newberry, County Administrator	
one Number (912) 758-410		March 30, 1999
Is this the person who should stegy? X yes no		whether proposed local government projects are consistent with the service delivery

Instructions:	14-117						701 = 10		111	OB I
Make copies of the question below, atta Department of Com	ecumb agging	omplete one for each al pages as necessary.	service listed on p If the contact person	page 1, Section for this servi	on III. Use e ice (listed at th	exactly the sar	ne service na he page) char	mes listed o nges, this sh	n page 1. Answould be reporte	wer each ed to the
County:	Miller		Service: Tax	Commis	sioner					
l. Check the box th	at best describe	s the agreed upon deli	ivery arrangement for	r this service:						
X Service will be government, a Miller County	aumonity of off	untywide (i.e., includi anization providing the	ing all cities and un e service.)	incorporated	arcas) by a si	ngle service j	provider. (If	this box is	checked, ider	ntify the
Service will be organization p	provided only providing the se	in the unincorporated parvice.)	portion of the county	/ by a single s	ervice provide	r. (If this box	is checked, id	entify the go	vernment, auth	hority or
One or more cit checked, iden	ies will provid	e this service only with ment(s), authority or or	hin their incorporate rganization providing	ed boundaries, g the service.)	and the service	ce will not be	provided in u	nincorporate	ed areas. (If thi	is box is
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Other (If this b	ox is checked, hat will provide	attach a legible map service within each so	o delineating the securice area.)	ervice area o	f each servic	e provider, a	nd identify ti	ne governme	ent, authority, o	or other
		overlapping service are	eas, unnecessary con	npetition and/	or duplication	of this service	identified?			
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O.C.G.A. 36-70-24(1)), overnaing t	nder the strategy, atta cenefits of the duplicat	ion, or reasons that o	overlapping se	rvice areas or	competition c	annot be elim	inated).		
If these conditions we responsible party and	rill be eliminate the agreed upo	ed under the strategy, in deadline for comple	attach an implementing it.	entation sch	edule listing e	each step or a	ction that wil	l be taken to	o eliminate the	em, the
3. List each government special service district	nent or authorit it revenues, hot	y that will help to pay el/motel taxes, franchi	for this service and se taxes, impact fees	indicate how s, bonded inde	the service wi btedness, etc.	ll be funded (e.g., enterpris	se funds, use	er fees, general	l funds,
Local Government or			nding Method:							
Miller County		general fund								_
								77-17		
										_
4. How will the strate	egy change the	previous arrangements	for providing and/or	r funding this	service within	the county?				
no change										
5 List any formal ser	vice delivery a	greements or intergove	ernmental contracts ti	hat will be us	ed to impleme	nt the strategy	for this servi	ce:		
Agreement Name		Contracting P	Parties :		Effective and	Ending Date	S:			
6. What other mechan	usms (if any) v	rill be used to impleme	ent the strategy for th	nis service (e	g ordinances	resolutions 1	ocal age of the	o Conord A		
changes, etc.) and whe	n will they take	effect?	210 523105) 151 2	.a.s ser vice, (e.	g., ordinarices,	, resolutions, i	ocar acts of tr	ie General A	ssembly, rate o	or iee
Damos and 1-4	farm (2 12)									
		ewberry, County Adm			d .					
hone Number: (91)			Date completed:	March 30			, 4			
trategy? X yes	J no	ontacted by state agenc on(s) and phone numb		whether prop	osed local gov	ernment proje	cts are consis	tent with the	service delive	ry
									_	

Ma	ructions: ke 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 stion 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 artment of Community Affairs.
Co	unty: Miller Service: Tax Assessor
1. (theck the box that best describes the agreed upon delivery arrangement for this service:
x	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify government, authority or organization providing the service.) Miller County
0	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 organization providing the service.)
0	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 bo checked, identify the government(s), authority or organization providing the service.)
0	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 is checked, identify the government(s), authority or organization providing the service.)
0	Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or of 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?
\square_y	es X no
If the O.C.	se conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (S.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If the	se conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, to say and the agreed upon deadline for completing it.
3. Li specia	st each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
	Government or Authority Funding Method: Funding Method: Fundi
. Lis	t any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service
	reement Name: Contracting Parties: Effective and Ending Dates:
F	Effective and Ending Dates
Wh	at other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee s, etc.) and when will they take effect?
Pers	on completing form. Carol Newberry, County Administrator
	Number: (912) 758-4104 Date completed: March 30, 1999
ategy	is the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery X yes no no rovide designated contact person(s) and phone number(s) below:

Make copies of this form and complete one for question below, attaching additional pages as nece Department of Community Affairs.	r each service listed on page 1, Secsary. If the contact person for this se	ection III. Use exactly the same service names listed on page service (listed at the bottom of the page) changes, this should be	Answer each reported to the
County: Miller	Service: Seni	ior Center	
Check the box that best describes the agreed up			
X Service will be provided countywide (i.e., government, authority or organization provided Sowega Council on Aging, Inc.	including all cities and unincorporate ling the service.)	ted areas) by a single service provider. (If this box is check	ed, identify the
Service will be provided only in the unincorpe organization providing the service.)	orated portion of the county by a single	le service provider. (If this box is checked, identify the government	ent, authority or
One or more cities will provide this service of checked, identify the government(s), authorities.	nly within their incorporated boundari ty or organization providing the service	ries, and the service will not be provided in unincorporated areas ice.)	s. (If this box is
checked, identify the government(s), authori	ty or organization providing the service		
Other (If this box is checked, attach a legib organization that will provide service within	le map delineating the service are each service area.)	ea of each service provider, and identify the government, aut	hority, or other
2. In developing the strategy, were overlapping ser	vice areas, unnecessary competition a	and/or duplication of this service identified?	
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If these conditions will continue under the strateg O C.G.A. 36-70-24(1)), overriding benefits of the d	y, attach an explanation for continuplication, or reasons that overlapping	inuing the arrangement (i.e., overlapping but higher levels of ag service areas or competition cannot be eliminated).	of service (See
If these conditions will be eliminated under the st responsible party and the agreed upon deadline for of	rategy, attach an implementation s completing it	schedule listing each step or action that will be taken to elimi	inate them, the
special service district revenues, hotel/motel taxes,	franchise taxes, impact fees, bonded in	now the service will be funded (e.g., enterprise funds, user fees, indebtedness, etc.	general funds,
Local Government or Authority Miller County general fund	Funding Method:		
4 How will the strategy change the previous arrangeno change	ements for providing and/or funding the	this service within the county?	
			31 31
			- 1
5. List any formal service delivery agreements or in	tergovernmental contracts that will be	e used to implement the strategy for this service:	
	acting Parties	Effective and Ending Dates:	
Contract for Services 50W	ega Council & Miller County	July 1 – June 30	
6. What other mechanisms (if any) will be used to it changes, etc.) and when will they take effect?	nplement the strategy for this service,	e, (e.g., ordinances, resolutions, local acts of the General Assemb	ly, rate or fee
Person completing form: <u>Carol Newberry, Count</u>	y Administrator		
Phone Number: (912) 758-4104		sh 30, 1999	
It is this the person who should be contacted by state trategy? X yes \square no f not, provide designated contact person(s) and phon		proposed local government projects are consistent with the service	e delivery

Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer 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 Department of Community Affairs.	each o the
County: Miller Service: Tourism Services	BX
Check the box that best describes the agreed upon delivery arrangement for this service:	
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify government, authority or organization providing the service.) Chamber of Commerce & Colquitt/Miller County Arts Council	, the
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, authori organization providing the service.)	ty or
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 be checked, identify the government(s), authority or organization providing the service.)	ox is
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 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 organization that will provide service within each service area.)	other
2 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?	
□ yes X no	
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).	(See
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 responsible party and the agreed upon deadline for completing it.	, the
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funded service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.	ınds,
Local Government or Authority Funding Method: Miller County general fund	
City of Colquitt general fund	
4 How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
no change	11
no diale	
	9
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:	ж
Agreement Name: Contracting Parties: Effective and Ending Dates:	
Contract for Services Chamber & Miller County July 1-June 30 Contract for Services Chamber & City of Colquitt July 1-June 30	
Contract for services Channel & City of Conquiti July 1-June 50	
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or changes, etc.) and when will they take effect?	fee
7 Person completing form: Carol Newberry, County Administrator	
Phone Number:(912).758-4104	1
8 Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery	у
strategy? X yes no no If not, provide designated contact person(s) and phone number(s) below	

A Resolution Establishing a
Process to Insure Compatibility with Applicable Land Use Plans and Ordinances
And to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies
Pursuant to the Provision of New Extra Territorial Water and Sewer Services

WHEREAS, the Miller County Board of Commissioners and the Mayor and the City Council of the City of Colquitt have found it necessary, desirable and in the public interest to establish a formal process, hereto attached, to insure that the provisions of new extraterritorial water and sewer service is consistent with all applicable land uses plans and ordinances of adjoining local governments, and

WHEREAS, the Miller County Board of Commissioners and the City Council have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

WHEREAS, the Miller County Board of Commissioners and the City Council have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordinances,

BE IT THEREFORE RESOLVED by the Miller County Board of Commissioners of Miller County Georgia and the City Council of the City of Colquitt and, the same HEREBY RESOLVES IT:

Section 1. Effective immediately upon the adoption of this Resolution by the respective governments, the following process for insuring that proposed extraterritorial water and sewer service is compatible with the land use plan/ordinances of the new territory shall be implemented:

Prior to initiating the development of water and sewer services in
 Extraterritorial boundaries, the local government proposing the new
 service will notify the adjacent government of the proposed new service

by providing information on location of property, size of area and existing/proposed land use associated with the property.

- Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension a statement either: (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.
- 3. If the community desiring to extend the water or sewer services receives a Notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b) agreeing with the content of the notification and stopping action on the proposed service extension.
- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.
- A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

6. However, the final determination of the land use plan or land use
Ordinances will be accorded to the governing body receiving the proposed
service extension.

Section 2. All ordinances and resolutions in conflict herewith are hereby repealed.

DATE: 5-21-99

ATTEST:

Miller County Board of Commissioners

Secretary

Chairperson

DATE: 5/21/99

ATTEST:

Mayor and Council, Colquitt, Ga.

City Clerk

Mayor

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 1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? Miller County and the City of Colquitt governments have reviewed the respective communities land use plans for incompatibilities and or conflicts and no major plan incompatibilities or conflicts were identified pursuant to the respective land use plans. Moreover, Miller County and the City of Colquitt governments formally adopted a consolidated comprehensive plan in 1994 where land use issues were jointly considered and appropriately addressed 2. Check the boxes indicating how these incompatibilities or conflicts were addressed: $\hfill \square$ amendments to existing comprehensive plans Note: If the necessary plan amendments, regulations, ordinances, etc. have not X adoption of a joint comprehensive plan yet been formally adopted, indicate when each of the affected local governments will adopt them. other measures (amend zoning ordinances, add environmental regulations, etc.) If "other measures" was checked, describe these measures: 3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process. Miller County and the City of Colquitt governments have jointly adopted a land dispute resolution to address land use disputes arising from annexation proposals. The dispute resolution provides for inter-jurisdictional notification, mediation, and a forum for resolution of land use conflicts. 4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Miller County and the City of Colquitt governments have all adopted a joint resolution that established a formal process to insure that new extra territorial water and sewer service extensions are consistent with applicable land use plans 5. Person completing form: Carol Newberry, County Administrator

Date completed: March 30, 1999

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of

Phone number: ___(912) 758-4104

X yes

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

no no

applicable jurisdictions?

SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions

institutions.

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 population 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 ____ Miller ___ COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3));
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24-(4)).

SIGNATURE:	NAME:	TITLE:	JURISDICTION:	DATE:
Franki Placey Lethery learner	(Please print or type) Frankie Phillips Luther Clearman	Chairperson Mayor	Miller County City of Colquitt	5/21/99 5/21/99