GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



SERVICE DELIVERY STRATEGY FOR MILLER COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

- Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 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
- For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 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).
- Mail the completed forms along with any attachments to:

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

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.

Family Connection Public Works Agricultural

Animal Control Fire Protection & Rescue Road/Bridge Construction & Maintenance

Gas Utilities Senior Center **Building Inspection**

Code Enforcement **Head Start Center** Sewage Collection/Disposal

Courts (Other) Hospital/Nursing Home Social Services

Courts (Traffic) Indigent Defense Solid Waste Management/Disposal

E911 & Dispatching Jail

Storm-Water Management **Economic Development** Law Enforcement Tax Assessor

Elections (Mayor & Council) Tax Commissioner Library Elections (Other) Parks & Recreation **Tourism Services Emergency Management** Planning & Zoning Voter Registration **Emergency Medical Public Health Services** Water Supply/Distribution



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.

<i>County:</i> Miller <i>Service:</i> Agricul	ltura	al	l
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County: Miller Service: Agricultural
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.): Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
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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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
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If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Authority:	Funding	Method:
iller County	General Funds	
. How will the strategy change the pr	evious arrangements for providing	and/or funding this service within
No Change		
5. List any formal service delivery agr implement the strategy for this servi		tracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will resolutions, local acts of the General		
7. Person completing form:Barbie Phone number: 229/ 758-4104 Da		airman
	te completed: August 16, 2007 ntacted by state agencies when eva	uluating whether proposed local



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the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Miller Service: Animal Control 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): 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 benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

Local Government or Authority:	Funding	Method:
y of Colquitt	General Funds	
How will the strategy change the prothe county?	evious arrangements for providing	g and/or funding this service within
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Person completing form:Barbie V Phone number: 229/ 758-4104 Dat Is this the person who should be congovernment projects are consistent v	te completed: August 16, 2007 ntacted by state agencies when eva	aluating whether proposed local



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County: Miller Service: Building Inspecti	County:	Miller	Service:	Building	Inspection
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County: Miller Service: Building Inspection
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.): Joint City – County Inspection Department
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:
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Local Government or Authority:	Funding	g Method:
ty of Colquitt	General Funds	
iller County	General Funds	
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County: Miller	Service:	Code	Enforcemen	t
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County: Miller Service: Code Enforcement
1. Check the box that best describes the agreed upon delivery arrangement for this service:
XService 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.): Joint City – County Department
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:
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Local Government or Authority:	Funding	g Method:
ty of Colquitt	General Funds	
iller County	General Funds	
4. How will the strategy change the pr the county?	evious arrangements for providing	g and/or funding this service within
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County: Miller Service: County Court
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.): Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
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Local Government or Authority:	Funding	g Method:
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How will the strategy change the protection the county?	evious arrangements for providing	g and/or funding this service within
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		tc.), and when will they take effect?
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resolutions, local acts of the General 7. Person completing form:Barbie V	Womble, County Commission Chete completed: August 16, 2007	airmanairman



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names the bottom of the page) changes, this should be reported to the Department of Community Affairs.

listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at County: Miller Service: City Court 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): 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 benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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Local Government or Authority:	Funding	g Method:
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How will the strategy change the pr he county?	evious arrangements for providing	g and/or funding this service within
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What other mechanisms (if any) will resolutions, local acts of the General		gy for this service (e.g., ordinances, tc.), and when will they take effect?
Person completing form:Barbie Phone number: 229/ 758-4104 Da		airman
	ntacted by state agencies when ever	
Is this the person who should be congovernment projects are consistent v	with the service delivery strategy?	X Yes No



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County:	Miller	Service:	E911	- Disnat	ching

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 unincorporate service provider. (If this box is checked, identify the government, authority or or service.): Miller County	
Service will be provided only in the unincorporated portion of the county by a (If this box is checked, identify the government, authority or organization provid service.):	ling the
One or more cities will provide this service only within their incorporated bou will not be provided in unincorporated areas. (If this box is checked, identify the authority or organization providing the service:	government(s),
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Other (If this box is checked, attach a legible map delineating the service a provider, and identify the government, authority, or other organization that will each service area.):	
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If these conditions will continue under the strategy, attach an explanation for conarrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-2 benefits of the duplication, or reasons that overlapping service areas or competition	24(1)), overriding

Local Government or Authority:	Fundin	g Method:
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How will the strategy change the protection the county?	evious arrangements for providin	g and/or funding this service within
No Change		
5. List any formal service delivery agr implement the strategy for this servi		ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will resolutions, local acts of the General		
7. Person completing form:Barbie `Phone number: 229/ 758-4104 Da		nairman
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Instructions:

completing it.

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:	Economic	Develo	pment
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County: Miller Service: Economic Development
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.): Miller County Development Authority & Chamber of Commerce
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:
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b If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for

Local Government or Author		
evelopment Authority	User Fees	
filler County	General Funds	
ity of Colquitt	General Funds	
4. How will the strategy change the county?	e the previous arrangements for providing and/or funding	g this service within
No Change		
5. List any formal service delive	ery agreements or intergovernmental contracts that will	be used to
implement the strategy for thi	is service:	
implement the strategy for thi	is service:	
Agreement Name:	Contracting Parties: Effective	and Ending Dates:
	Contracting Parties: Effective Chamber & Miller County July 1 – Jun	
Agreement Name:	Contracting Parties: Effective	ne 30
Agreement Name: Contract for Services	Contracting Parties: Effective Chamber & Miller County July 1 – Jun	ne 30
Agreement Name: Contract for Services	Contracting Parties: Effective Chamber & Miller County July 1 – Jun	ne 30
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel



Instructions:

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Change		
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Person completing form:Barbie Phone number: 229/ 758-4104 Da		airman
	ntacted by state agencies when ever	
Is this the person who should be congovernment projects are consistent v	with the service delivery strategy?	X Yes No



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County: Miller Service: Elections (other)
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.): Miller County
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If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Authority:	Funding	Method:
iller County	General Funds	
. How will the strategy change the pr the county?	evious arrangements for providing	and/or funding this service within
o Change		
5. List any formal service delivery agr implement the strategy for this servi	ce:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will resolutions, local acts of the General		
7. Denomination forms. Denkin	Weathle County Commission Ch	
7. Person completing form:Barbie \ Phone number: 229/ 758-4104 Da		airman
7. Person completing form:Barbie \text{Phone number: 229/758-4104 Da} 3. Is this the person who should be congovernment projects are consistent value.	te completed: August 16, 2007 ntacted by state agencies when eva	uluating whether proposed local



Instructions:

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

County: Miller Service: Emergency Management
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.): Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Authority:	Fundin	g Method:
Iiller County	General Funds	
4. How will the strategy change the protection the county?	evious arrangements for providin	g and/or funding this service within
No Change		
Tro Change		
5. List any formal service delivery agree implement the strategy for this servi-		ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) wil resolutions, local acts of the General		
6. What other mechanisms (if any) wil resolutions, local acts of the General		
resolutions, local acts of the General	Assembly, rate or fee changes, e	etc.), and when will they take effect?
resolutions, local acts of the General	Assembly, rate or fee changes, e	etc.), and when will they take effect?
resolutions, local acts of the General 7. Person completing form:Barbie V	Womble, County Commission Cl te completed: August 16, 2007	nairmanaluating whether proposed local



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County: Miller	Service:	Emergency	Medical
----------------	----------	-----------	---------

County: Miller Service: Emergency Medical
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.): Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each

If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Authority:	Funding Method:	
liller County	General Funds & User Fees	
4. How will the strategy change the protection the county?	revious arrangements for providing and/or funding this s	service within
5. List any formal service delivery agr implement the strategy for this serv	reements or intergovernmental contracts that will be use ice:	d to
Agreement Name:	Contracting Parties: Effective and E	nding Dates:
ndigent Care Agreement C	ity-County	
ndigent Care Agreement C	ity-County	
ndigent Care Agreement C	ity-County	
Indigent Care Agreement C	ity-County	
6. What other mechanisms (if any) wi	Il be used to implement the strategy for this service (e.g. all Assembly, rate or fee changes, etc.), and when will the	
6. What other mechanisms (if any) wi	ll be used to implement the strategy for this service (e.g	
6. What other mechanisms (if any) wi	ll be used to implement the strategy for this service (e.g	
6. What other mechanisms (if any) wi	ll be used to implement the strategy for this service (e.g	
6. What other mechanisms (if any) wi	ll be used to implement the strategy for this service (e.g	
6. What other mechanisms (if any) wi resolutions, local acts of the Genera	Il be used to implement the strategy for this service (e.g al Assembly, rate or fee changes, etc.), and when will the work with	
6. What other mechanisms (if any) wi resolutions, local acts of the Genera 7. Person completing form:Barbie Phone number: 229/758-4104 Da	Il be used to implement the strategy for this service (e.g al Assembly, rate or fee changes, etc.), and when will the work with	ey take effect?



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:	Family	Connection
---------	--------	----------	--------	------------

County: Miller Service: Family Connection
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.): Miller County Collaborative
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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy attach an implementation schedule listing each

Local Government or Auth	hority: Fund	ling Method:
Miller County	Grant Funds	
4. How will the strategy chang the county?	ge the previous arrangements for provio	ding and/or funding this service within
No Change		
Change		
 List any formal service deli- implement the strategy for the 	very agreements or intergovernmental his service:	contracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting Parties: Collaborative & Miller Co.	Effective and Ending Dates: July 1 – June 30
•		
•		
6. What other mechanisms (if		July 1 – June 30 ategy for this service (e.g., ordinances,
6. What other mechanisms (if resolutions, local acts of the 7. Person completing form:	Collaborative & Miller Co. any) will be used to implement the stra	July 1 – June 30 ategy for this service (e.g., ordinances, s, etc.), and when will they take effect
6. What other mechanisms (if resolutions, local acts of the 7. Person completing form: Phone number: 229/758-41 8. Is this the person who shoul	any) will be used to implement the stra General Assembly, rate or fee changes	July 1 – June 30 ategy for this service (e.g., ordinances, s, etc.), and when will they take effect. Chairman



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.	Fire	Protection	&	Rescue
country.	14111161	service.	LIIC	I I OLECHOII	Œ	Nescue

County: Miller Service: Fire Protection & Rescue
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.): Colquitt - Miller County Fire & Rescue
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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each

If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Authority:	Fundi	ng Method:
liller County	General Funds & SPLOS	T
ity of Colquitt	General Funds	
How will the strategy change the protection the county?	evious arrangements for providi	ng and/or funding this service within
No Change		
5. List any formal service delivery agr implement the strategy for this servi		ontracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
tergovernmental Agreement M	iller –Colquitt	July 1 – June 30
6. What other mechanisms (if any) will resolutions, local acts of the General		egy for this service (e.g., ordinances, etc.), and when will they take effect?



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names the bottom of the page) changes, this should be reported to the Department of Community Affairs.

listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at County: Miller Service: Gas Utilities 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): 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 benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

Local Government or Authority:	Fundin	g Method:
y of Colquitt	Enterprise Funds	
How will the strategy change the prethe county?	evious arrangements for providing	g and/or funding this service within
O Change		
List any formal service delivery agreemplement the strategy for this service Agreement Name:		ntracts that will be used to Effective and Ending Dates:
What other mechanisms (if any) will resolutions, local acts of the General		
Person completing form:Barbie V		airman
	te completed: August 16, 2007	
Is this the person who should be congovernment projects are consistent w		



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County: Mil	ler Service:	Head	Start
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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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Authority:	Funding	Method:
'GA CAC	Grant Funds	
How will the strategy change the price the county?	revious arrangements for providing	g and/or funding this service within
Change		
List any formal service delivery ago mplement the strategy for this serv		tracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
What other mechanisms (if any) wiresolutions, local acts of the Genera		y for this service (e.g., ordinances, c.), and when will they take effect?
Person completing form: Barbie	Womble County Commission Ch	airman
Person completing form:Barbie Phone number: 229/ 758-4104 Da		airman
	ate completed: August 16, 2007 Intacted by state agencies when eva	aluating whether proposed local



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County.	Miller	Service.	Hospital	/Nursing	Home
County.	14111161	Deivice.	HUSDILAI	/11u13iii2	HUHIC

County: Miller Service: Hospital/Nursing Home
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.): Miller County Hospital Authority
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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy attach an implementation schedule listing each

ospital Authority	rity: Funding . Bonded indebtedness & use.	
Miller County	General Funds	i lees
VIIII County	General Pullus	
4. How will the strategy change the county?	the previous arrangements for providing	and/or funding this service within
No Change		
implement the strategy for this		
Agreement Name:	Contracting Parties:	Effective and Ending Dates: July 1 – June 30
ndigent Care Contract ndigent Care Contract	Miller County & Hospital Auth Colquitt & Hospital Auth.	July 1 – June 30 July 1 – June 30
ndigent care contract	Colduit & Hospital Autil.	July 1 – June 30
	y) will be used to implement the strategy eneral Assembly, rate or fee changes, etc	
7. Person completing form:BaPhone number: 229/ 758-4104	eneral Assembly, rate or fee changes, etc. arbie Womble, County Commission Char Date completed: August 16, 2007	irman
7. Person completing form:Ba Phone number: 229/ 758-4104 8. Is this the person who should government projects are consistent.	eneral Assembly, rate or fee changes, etc	irmanuating whether proposed local

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



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County:	Miller	Service:	Indigent	Defense

County: Miller Service: Indigent Defense
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.): Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy attach on implementation schedule listing each

Local Government or Authority:	Funding	Method:
iller County	General Funds	
. How will the strategy change the pr the county?	evious arrangements for providing	and/or funding this service within
o Change		
5. List any formal service delivery agr implement the strategy for this servi	ce:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will resolutions, local acts of the General		
7. Denomination forms. Denkin	Wantle Canata Cananiana Ch	
7. Person completing form:Barbie \ Phone number: 229/ 758-4104 Da		airman
7. Person completing form:Barbie \text{Phone number: 229/758-4104 Da} 3. Is this the person who should be congovernment projects are consistent value.	te completed: August 16, 2007 ntacted by state agencies when eva	uluating whether proposed local



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County:	Miller	Service:	Iail
Country.	111111	DUI FICE.	.,

County: Miller Service: Jail
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.): Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be aliminated under the strategy, attach an implementation schedule listing each

Local Government or Authority:	Funding	Method:
Iiller County	General Funds & SPLOST	
City of Colquitt	General Funds	
4. How will the strategy change the pr the county?	evious arrangements for providing	g and/or funding this service within
No Change		
5. List any formal service delivery agr implement the strategy for this servi		tracts that will be used to Effective and Ending Dates:
-		
6. What other mechanisms (if any) wi resolutions, local acts of the Genera		



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: Law Enforcement 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): X 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.): Miller County-wide Sheriff; City of Colquitt Police 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).

Local Government or Authority:	Funding	Method:
iller County	General Funds & SPLOST	
ity of Colquitt	General Funds	
4. How will the strategy change the pr the county?	evious arrangements for providing	and/or funding this service within
No Change		
5. List any formal service delivery agr implement the strategy for this servi Agreement Name:		tracts that will be used to Effective and Ending Dates:
(Wiles at a the sum and a least a sum of the sum of th	n de usea to implement the strateg	
6. What other mechanisms (if any) will resolutions, local acts of the General		c.), and when will they take effect?
6. What other mechanisms (if any) will resolutions, local acts of the General		c.), and when will they take effect?
		c.), and when will they take effect?
		c.), and when will they take effect?
	l Assembly, rate or fee changes, et	
resolutions, local acts of the General 7. Person completing form:Barbie	Womble, County Commission Ch te completed: August 16, 2007	airmanairmanairman



Instructions:

County: Miller Service: Library

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.

1. Check the box that best describes the agreed upon delivery arrangement for this service:	
V Carriag will be provided countywide (i.e. including all cities and unincomposed areas) by	٠ : .

	[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 th service.): Southwest Georgia Regional Library
	Service will be provided only in the unincorporated portion of the county by a single service provide (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 XNo

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).

Local Government or Authority:	Fundin	g Method:
iller County	General Funds	
ty of Colquitt	Utility Services	
. How will the strategy change the protection the county?	revious arrangements for providin	g and/or funding this service within
o Change		
-		
List any formal service delivery agr implement the strategy for this serv		ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		gy for this service (e.g., ordinances, tc.), and when will they take effect?
. What other mechanisms (if any) wi resolutions, local acts of the Genera		
resolutions, local acts of the Genera	l Assembly, rate or fee changes, e	tc.), and when will they take effect?
resolutions, local acts of the Genera	ll Assembly, rate or fee changes, e	tc.), and when will they take effect?
resolutions, local acts of the Genera . Person completing form:Barbie	Womble, County Commission Clate completed: August 16, 2007	nairmanaluating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names 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: Parks & Recreation
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.): Miller County Recreation Board & Miller County Recreation Authority
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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each

If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Authority:	Funding	g Method:
filler County	General Funds	
City of Colquitt	General Funds	
Lecreation Board	User Fees	
ecteunon Bourd		
4. How will the strategy change the pr the county?	revious arrangements for providing	g and/or funding this service within
No Change		
5. List any formal service delivery agrimplement the strategy for this servi		stracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) wi resolutions, local acts of the Genera		
6. What other mechanisms (if any) wi resolutions, local acts of the Genera		
resolutions, local acts of the Genera 7. Person completing form:Barbie	l Assembly, rate or fee changes, e	c.), and when will they take effect?
resolutions, local acts of the Genera	l Assembly, rate or fee changes, e	c.), and when will they take effect?
resolutions, local acts of the Genera 7. Person completing form:Barbie	Womble, County Commission Chate completed: August 16, 2007	airmanaluating whether proposed local



Instructions:

listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Miller Service: Planning & Zoning 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: X 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.): Miller County & City of Colquitt 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 benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

Local Government or Authority:	Funding	Method:
ty of Colquitt	General Funds	
iller County	General Funds	
How will the strategy change the pr the county?	evious arrangements for providing	g and/or funding this service within
No Change		
5. List any formal service delivery agr implement the strategy for this servi		tracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	ll be used to implement the strateg	y for this service (e.g., ordinances,
6. What other mechanisms (if any) will resolutions, local acts of the General		c.), and when will they take effect?
resolutions, local acts of the General 7. Person completing form:Barbie	Assembly, rate or fee changes, el	
7. Person completing form:Barbie Phone number: 229/758-4104 Da	Womble, County Commission Ch te completed: August 16, 2007	airman
resolutions, local acts of the General 7. Person completing form:Barbie V	Womble, County Commission Chete completed: August 16, 2007	airmanairman_luating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names 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:	Public	Health	Services
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County: Miller Service: Public Health Services
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.): State of Georgia, Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy attach an implementation schedule listing each

Local Government or Auth ller County	General Funds	ling Method:
ner County	General Tunus	
How will the strategy change the county?	e the previous arrangements for provid	ling and/or funding this service within
o Change		
List any formal service delivimplement the strategy for the	very agreements or intergovernmental of	contracts that will be used to
imprement the strategy for the	iis service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name:		
Agreement Name:	Contracting Parties:	
Agreement Name:	Contracting Parties: Dept of Human Resources &	&
Agreement Name:	Contracting Parties: Dept of Human Resources &	&
Agreement Name:	Contracting Parties: Dept of Human Resources &	&
Agreement Name: ontract for Services . What other mechanisms (if a	Contracting Parties: Dept of Human Resources &	July 1 – June 30 stegy for this service (e.g., ordinances,
Agreement Name: ontract for Services 6. What other mechanisms (if a	Contracting Parties: Dept of Human Resources of Miller County any) will be used to implement the stra	July 1 – June 30 stegy for this service (e.g., ordinances,
Agreement Name: ontract for Services 6. What other mechanisms (if a	Contracting Parties: Dept of Human Resources of Miller County any) will be used to implement the stra	July 1 – June 30 stegy for this service (e.g., ordinances,
Agreement Name: ontract for Services 6. What other mechanisms (if a resolutions, local acts of the	Contracting Parties: Dept of Human Resources of Miller County any) will be used to implement the stra General Assembly, rate or fee changes	July 1 – June 30 stegy for this service (e.g., ordinances, e, etc.), and when will they take effect?
Agreement Name: contract for Services 6. What other mechanisms (if a resolutions, local acts of the	Contracting Parties: Dept of Human Resources of Miller County any) will be used to implement the stra	July 1 – June 30 stegy for this service (e.g., ordinances, e, etc.), and when will they take effect? Chairman
Agreement Name: Ontract for Services . What other mechanisms (if a resolutions, local acts of the . Person completing form: Phone number: 229/ 758-410	Contracting Parties: Dept of Human Resources of Miller County any) will be used to implement the stra General Assembly, rate or fee changes Barbie Womble, County Commission	July 1 – June 30 stegy for this service (e.g., ordinances, etc.), and when will they take effect? Chairmanevaluating whether proposed local

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



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: Public Works 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: X 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.) City of Colquitt 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 benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

Local Government or Authority:	Funding	g Method:
y of Colquitt	General Funds	
How will the strategy change the prthe county?	evious arrangements for providing	g and/or funding this service within
Change		
List any formal service delivery agr implement the strategy for this servi	eements or intergovernmental corce:	ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
What other mechanisms (if any) will resolutions, local acts of the General		gy for this service (e.g., ordinances, tc.), and when will they take effect?
		airman
Person completing form:Barbie \text{Phone number: 229/758-4104} Da		
	te completed: August 16, 2007 ntacted by state agencies when ev	



Instructions:

each service area.): _

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: Road/Bridge Construction & Maintenance
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
\overline{X} 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.): Miller County & City of Colquitt
Other (If this box is checked, attach a legible map delineating the service area of each service

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

provider, and identify the government, authority, or other organization that will provide service within

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).

Local Government or Authority:	Fund	ing Method:
iller County	General Funds	
ity of Colquitt	General Funds	
. How will the strategy change the the county?	previous arrangements for provid	ing and/or funding this service within
To Change		
. List any formal service delivery a implement the strategy for this ser Agreement Name:		contracts that will be used to Effective and Ending Dates:
		tegy for this service (e.g., ordinances, , etc.), and when will they take effect?
. Person completing form:Barbi		Chairman
Phone number: 229/758-4104 I	•	evaluating whether proposed local
government projects are consisten		



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:	Senior	Center
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County: Miller Service: Senior Center
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.): Sowega Council on Aging, 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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each

If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Author	rity: Fu	nding Method:
Miller County	General Funds / User I	
4. How will the strategy change t the county?	the previous arrangements for prov	viding and/or funding this service within
No Change		
No Change		
5. List any formal service deliver implement the strategy for this	ry agreements or intergovernments	al contracts that will be used to
implement the strategy for this	service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Contracting Parties: Sowega Counci & Miller	
6. What other mechanisms (if an	Sowega Counci & Miller y) will be used to implement the s	
6. What other mechanisms (if an	Sowega Counci & Miller y) will be used to implement the s	Co. July 1 – June 30 trategy for this service (e.g., ordinances,
6. What other mechanisms (if an	Sowega Counci & Miller y) will be used to implement the s	Co. July 1 – June 30 trategy for this service (e.g., ordinances,
6. What other mechanisms (if an	Sowega Counci & Miller y) will be used to implement the s	Co. July 1 – June 30 trategy for this service (e.g., ordinances,
6. What other mechanisms (if an resolutions, local acts of the Go	y) will be used to implement the seneral Assembly, rate or fee change	Co. July 1 – June 30 trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect?
6. What other mechanisms (if an resolutions, local acts of the Go	Sowega Counci & Miller y) will be used to implement the s	trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect?
6. What other mechanisms (if any resolutions, local acts of the General Phone number: 229/758-4104 8. Is this the person who should be a serviced as the person who should be	y) will be used to implement the seneral Assembly, rate or fee change arbie Womble, County Commission Date completed: August 16, 20	Co. July 1 – June 30 trategy for this service (e.g., ordinances, ges, etc.), and when will they take effect? on Chairman or en evaluating whether proposed local



Instructions:

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

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: Sewage Collection / Disposal
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
\overline{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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

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

Local Government or Authority:	Fundin	g Method:
y of Colquitt	Enterprise Funds	
How will the strategy change the prethe county?	evious arrangements for providin	g and/or funding this service within
Change		
List any formal service delivery agreemplement the strategy for this service Agreement Name:		ntracts that will be used to Effective and Ending Dates:
What other mechanisms (if any) wil resolutions, local acts of the General		gy for this service (e.g., ordinances, etc.), and when will they take effect?
Person completing form:Barbie V		nairman
Phone number: 229/ 758-4104 Dat	te completed: August 16, 2007	aluating whether proposed local
government projects are consistent w	uth the ceruice delivery strategy's	ZIXIYESI INO



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: DFACS
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. 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 to service.): Miller County & State of Georgia
Service will be provided only in the unincorporated portion of the county by a single service provide (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 coun 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.):
. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐ Yes ☒ No
f these conditions will continue under the strategy, attach an explanation for continuing the rrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding enefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated

	General Funds	g Method:
ller County	General Pullus	
How will the strategy chang the county?	e the previous arrangements for providing	g and/or funding this service within
o Change		
C		
	very agreements or intergovernmental cor	ntracts that will be used to
implement the strategy for the	nis service:	
A	Continuation Duration	Effective and Frading Dates
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
ntract for Services	Department of Human Resour	
	& Miller County	July 1 – June 30
What other mechanisms (if	any) will be used to implement the strateg	gy for this service (e.g., ordinances,
	any) will be used to implement the strateg General Assembly, rate or fee changes, e	
resolutions, local acts of the	General Assembly, rate or fee changes, e	tc.), and when will they take effect?
resolutions, local acts of the Person completing form:		tc.), and when will they take effect?
Person completing form:Phone number: 229/ 758-410	General Assembly, rate or fee changes, e Barbie Womble, County Commission Ch O4 Date completed: August 16, 2007	airman
Person completing form:Phone number: 229/ 758-410	Barbie Womble, County Commission Ch 04 Date completed: August 16, 2007 d be contacted by state agencies when even	airmanaluating whether proposed local
Person completing form:Phone number: 229/ 758-410	General Assembly, rate or fee changes, e Barbie Womble, County Commission Ch O4 Date completed: August 16, 2007	airmanaluating whether proposed local
Person completing form: Phone number: 229/ 758-410 Is this the person who shoulgovernment projects are con	Barbie Womble, County Commission Ch 04 Date completed: August 16, 2007 d be contacted by state agencies when even	airmanaluating whether proposed local

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



Instructions:

of this service identified?

Yes X No

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: Solid Waste Management / Disposal			
1. Check the box that best describes the agreed upon delivery arrangement for this service:			
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):			
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:			
\overline{X} 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.): City of Colquitt & Miller County			
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.):			

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).

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication

Local Government or Author iller County	General Funds & Enterp	ing Method:
ty of Colquitt	General Funds & Enterp	
it, or corganic	Sometan Famas es Enterp	TIDE I WINGS
1. How will the strategy change t the county?	the previous arrangements for provid	ling and/or funding this service within
No Change		
5. List any formal service deliver	ry agreements or intergovernmental c	contracts that will be used to
implement the strategy for this		Total and the state to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Miller County & City of	
		Effective and Ending Dates: July 1 – June 30
	Miller County & City of	
	Miller County & City of	
	Miller County & City of	
olid Waste Management 6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances,
olid Waste Management 6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30
6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances,
Solid Waste Management 6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances,
6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances,
Solid Waste Management 6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances,
Solid Waste Management 6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances,
Solid Waste Management 6. What other mechanisms (if any	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances,
6. What other mechanisms (if any resolutions, local acts of the Go	Miller County & City of Colquitt y) will be used to implement the stra	July 1 – June 30 tegy for this service (e.g., ordinances, etc.), and when will they take effect
6. What other mechanisms (if any resolutions, local acts of the Go	Miller County & City of Colquitt y) will be used to implement the stra eneral Assembly, rate or fee changes arbie Womble, County Commission Date completed: August 16, 2007	July 1 – June 30 tegy for this service (e.g., ordinances, etc.), and when will they take effect
6. What other mechanisms (if any resolutions, local acts of the Go	Miller County & City of Colquitt y) will be used to implement the stra eneral Assembly, rate or fee changes arbie Womble, County Commission	July 1 – June 30 tegy for this service (e.g., ordinances, etc.), and when will they take effect Chairmanevaluating whether proposed local

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



Instructions:

completing it.

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

the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
County: Miller Service: Storm-Water Management		
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):		
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.):		
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for		

	Fundin	g Method:
Local Government or Authority: ity of Colquitt	General Funds	
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	l Assembly, rate or fee changes, e	tc.), and when will they take effect?
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Instructions:

each service area.): _

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.

C	County: Miller Service: Tax Assessor		
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.): Miller County		
	Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):		
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		

2	. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication
	of this service identified?
	Yes XNo

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

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).

Local Government or Authority:	Funding	Method:
iller County	General Funds	
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Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will resolutions, local acts of the General		
7. Person completing form:Barbie Phone number: 229/ 758-4104 Da		airman
	te completed: August 16, 2007 ntacted by state agencies when eva	uluating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names 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:	Tax	Commissioner
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County: Miller Service: Tax Commissioner
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.): Miller County
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
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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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be aliminated under the strategy, attach an implementation schedule listing each

Local Government or Authority:	Funding	Method:
iller County	General Funds	
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Instructions:

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

County: N	Miller	Service:	Tourism	Services
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County: Miller Service: Tourism Services
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.): Chamber of Commerce & Colquitt/Miller County Arts Council & Miller County Development Authority
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.):
 In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each

If step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Auth			g Method:
iller County	General General		
ty of Colquitt	General	I Fullus	
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the county?	•		
No Change			
5. List any formal service deliv		r intergovernmental co	ntracts that will be used to
implement the strategy for the	nis service:		
4 . 37			T00 1 1 T 1 T
Agreement Name:		ntracting Parties:	Effective and Ending Dates
ontract for Services	Chamber &	& Miller County	July 1 – June 30
ontract for Services	Chamber &		
	Chamber &	& Miller County	July 1 – June 30
Contract for Services	Chamber &	& Miller County	July 1 – June 30
Contract for Services	Chamber &	& Miller County	July 1 – June 30
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel



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:	Voter	Registration

Local Government or Authority:	Funding Method:		
iller County	General Funds		
. How will the strategy change the pr	evious arrangements for providing	g and/or funding this service within	
o Change			
5. List any formal service delivery agr implement the strategy for this servi	ce:	tracts that will be used to Effective and Ending Dates:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
6. What other mechanisms (if any) will resolutions, local acts of the General			
7. Person completing form:Barbie \ Phone number: 229/ 758-4104 Da		airman	
7. Person completing form:Barbie \text{Phone number: 229/758-4104 Da} 3. Is this the person who should be congovernment projects are consistent value.	te completed: August 16, 2007 ntacted by state agencies when eva	aluating whether proposed local	



Instructions:

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

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: Water Supply/Distribution 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): 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).

Local Government or Authority:	Funding Method:		
y of Colquitt	Enterprise Funds		
How will the strategy change the protection that the county?	evious arrangements for providing	g and/or funding this service within	
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Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
What other mechanisms (if any) will resolutions, local acts of the General		gy for this service (e.g., ordinances, tc.), and when will they take effect?	
	Womble, County Commission Ch	airman	
Person completing form:Barbie Phone number: 229/758-4104 Da Is this the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person who should be congovernment projects are consistent when the person when th	te completed: August 16, 2007 ntacted by state agencies when ev		

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS



PAGE 3

Instructions:

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

County: Miller County

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 have reviewed their respective land use plans for incompatibilities and or conflicts and no major plan imcompatibilities or conflicts were identified pursuant to the respective land use plans.

Moreover, Miller County and the City of Colquitt formally adopted a consolidated comprehensive plan in 2006 where land uses were jointly considered and appropriately addressed.

- 2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
 - amendments to existing comprehensive plans
 - **X** adoption of a joint comprehensive plan
 - ⁻ other measures (amend zoning ordinances, add environmental regulations, etc.

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

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

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

Miller County and the City of Colquitt 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?

The County and the City governments have both adopted a joint resolution which established a formal process to insure that new extraterritorial water and sewer service extensions are consistent with applicable land use plans.

5. Person completing form: **Barbie Womble, County Commission Chairman**

Phone number: <u>229/758-4104</u> Date completed: <u>August 16, 2007</u>

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

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



SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR 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)); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Barlie Womble	Barbie Womble	County Commission Chairman	Miller County	August 16, 2007
	Jerry Chapman	Mayor	City of Colquitt	August 16, 2007
	, & -			
		7		

A RESOLUTION FORMALLY ADOPTING THE UPDATES TO THE MILLER COUNTY SERVICE DELIVERY STRATEGY AS REQUIRED BY STATE LAW

Whereas, the local governments of Miller County are required to review their existing Service Delivery Strategy concurrently with the update to the Miller County/City of Colquitt Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Miller County and the City of Colquitt have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the County Commission of Miller County, Georgia that the revised Miller County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Commission Chairman be authorized to sign the Service Delivery Strategy document of behalf of the County.

Be it further resolved, by the County Commission of Miller County, Georgia to approve and adopt these revisions to the Miller County Service Delivery Strategy.

Duly enacted this day of September, 2007

Barbie Womble, Commission Chairman,

Miller County

Witness V

A RESOLUTION FORMALLY ADOPTING THE UPDATES TO THE MILLER COUNTY SERVICE DELIVERY STRATEGY AS REQUIRED BY STATE LAW

Whereas, the local governments of Miller County are required to review their existing Service Delivery Strategy concurrently with the update to the Miller County/City of Colquitt Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Miller County and the City of Colquitt have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and Council of Colquitt, Georgia that the revised Miller County Service Delivery Strategy to be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

Be it further resolved, by the Mayor and Council of Colquitt, Georgia to approve and adopt these revisions to the Miller County Service Delivery Strategy.

Duly enacted this $28^{\frac{1}{2}}$ day of September, 2007

-City of Colquitt

Witness