



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **MONTGOMERY**

I. GENERAL INSTRUCTIONS:

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

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it 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, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="836 1171 1534 1402" style="background-color: #002060; color: white; padding: 5px; text-align: center;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at</i> http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</p> </div>

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Ailey, Alston, Higgston, Mount Vernon, Tarrytown, Uvalda, Montgomery County, Soperton, Vidalia, Montgomery County Development Authority, Mount Vernon Housing Authority, Montgomery State Prison

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

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

Aging Services, Ambulance, Cemeteries, Courts, Cultural Facilities, Elections, Emergency Management, Extension Service, Indigent Defense, Jail, Mapping/GIS, Mosquito Control, Parks, Planning and Zoning, Public Health, Public Housing, Street Lighting, Tax Assessment, Voter Registration

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

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

Animal Control
Code Enforcement
E-911
Economic Development
Fire Protection
Law Enforcement
Library
Probation
Public Welfare
Recreation
Recycling
Road and Street Construction/Maintenance
Sewer
Solid Waste Collection
Solid Waste Disposal
Tax Collection
Tourism
Water



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Aging Services

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Montgomery County**
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General and State Funds

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Ambulance

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.): **Montgomery County**

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General and State Funds

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

No change.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**

Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

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COUNTY: MONTGOMERY

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.):

- 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 Vidalia, City of Mount Vernon

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City Vidalia	General Fund
City of Mount Vernon	General Fund

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

This service was revised to reflect the addition of Mount Vernon as a service provider and their funding source used for animal control.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

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COUNTY: MONTGOMERY	Service: Cemeteries
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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:
City of Vidalia, City of Mount Vernon, City of Tarrytown, City of Uvalda

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Tarrytown	Cemetery Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund

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

No Change.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**

Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



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COUNTY: MONTGOMERY	Service: Code Enforcement
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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.): **Montgomery County, City of Ailey, City of Alston, City of Higgston, City of Vidalia, City of Mount Vernon, City of Tarrytown, City of Uvalda**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund, Insurance Premium Tax (IPT) Proceeds
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund
City of Ailey, City of Higgston	General Fund
City of Alston, City of Tarrytown	General Fund

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

The funding method has been updated to reflect the use of Insurance Premium Tax proceeds in addition to General Funds by Montgomery County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: MONTGOMERY	Service: Courts
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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.): **Montgomery County, City of Vidalia, City of Mount Vernon, City of Uvalda**

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**

Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



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COUNTY: MONTGOMERY

Service: Cultural Facilities

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: **City of Ailey, City of Alston, City of Higgston, City of Mount Vernon, City of Tarrytown, City of Uvalda, City of Vidalia**)

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City Ailey	General Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia, City of Higgston	General Fund
City of Alston	General Fund
City of Tarrytown	General Fund

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



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

COUNTY: MONTGOMERY

Service: E-911

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Montgomery County**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund and E-911 Fees

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

Montgomery County has specified E-911 service fees as a funding source. The previous Service Delivery Strategy only listed General Fund and Fees.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY	Service: <i>Economic Development</i>
---------------------------	---

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:)

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Montgomery County Development Authority**

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

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund
Montgomery County Dev. Auth.	General Fund, 1/2 mil ad valorem tax assignment

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

The service will be provided county-wide through the Montgomery County Development Authority with Montgomery County contributing funding as necessary. The Montgomery County Development Authority is allocated one-half mil of ad valorem tax for additional funding.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

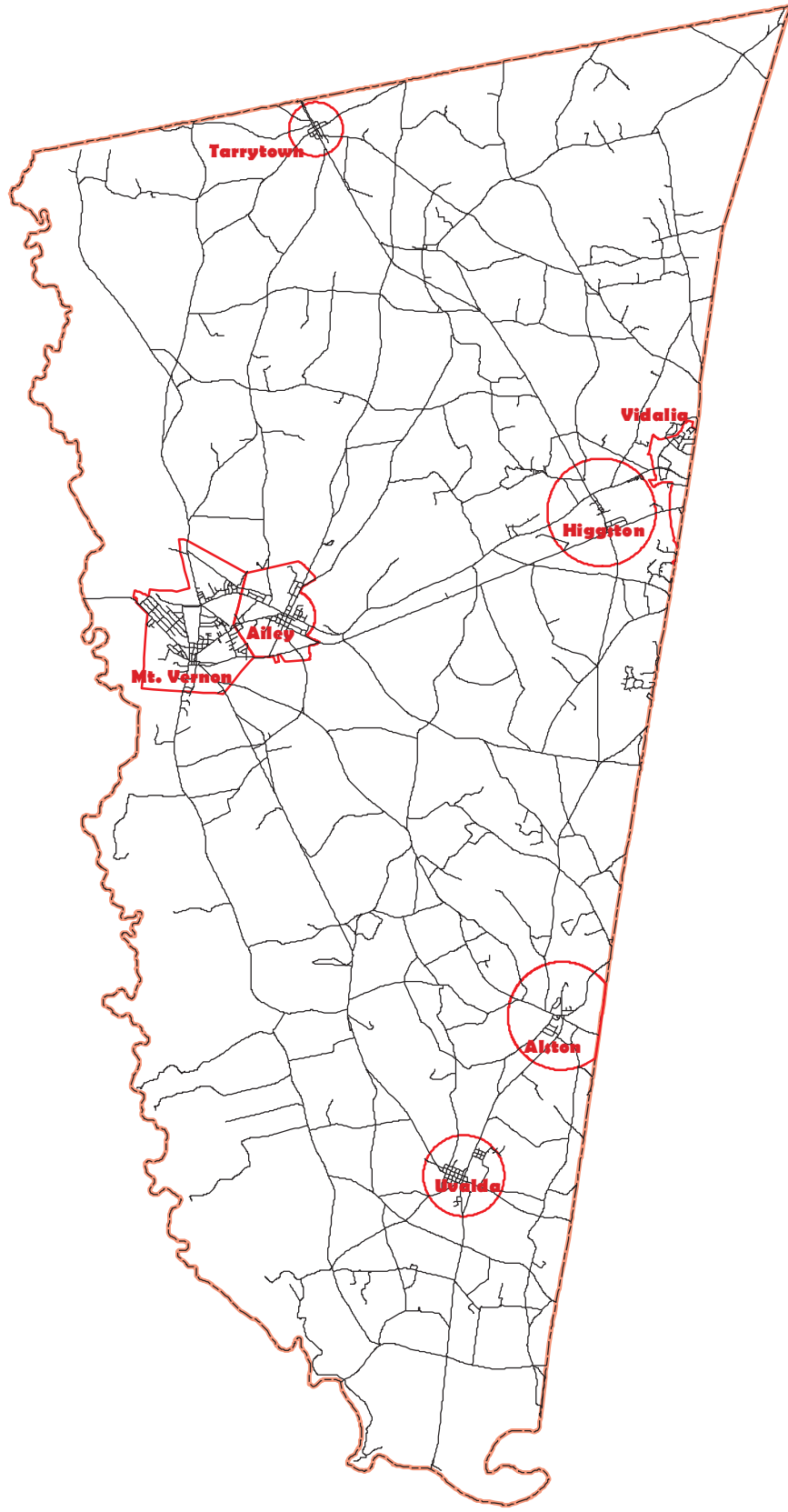
None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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

Montgomery County



Legend

- Roads
- City Limits
- County Boundary



Prepared By:
Scott Jackson, GIS Planner
Heart of Georgia Atlanta RC
9605 Oak Street
Eastman, Georgia 31023
(478) 374-4271
Source: DATA\Montgomery\MXD\
MontgomeryCountySDS.mxd
Printed: Sept 22, 2015



"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Elections

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.): **Montgomery County, City of Ailey, City of Alston, City of Higgston, City of Mount Vernon, City of Tarrytown, City of Uvalda, City of Vidalia**

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund
City of Ailey, City of Alston	General Fund
City of Higgston	General Fund
City of Mount Vernon, City of Uvalda	General Fund
City of Tarrytown	General Fund
City of Vidalia	General Fund

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY	Service: <i>Emergency Management</i>
---------------------------	---

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.): **Montgomery County**

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:)

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund and Grants

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY	Service: Extension Service
---------------------------	-----------------------------------

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Montgomery County**
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund and State Funds

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

No Change.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: *Fire Protection*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Montgomery County, City of Ailey, City of Alston, City of Higgston, City of Mount Vernon, City of Tarrytown, City of Uvalda, City of Vidalia, Montgomery State Prison**

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund, Insurance Premium Tax Proceeds (IPT)
City of Mount Vernon	General Fund
City of Ailey, City of Alston	General Fund
City of Higgston, City of Vidalia	General Fund
City of Tarrytown, City of Uvalda	General Fund
Montgomery State Prison	State

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

Each local government will continue to provide fire protection within their respective boundaries as well as the designated fire districts. The Montgomery State Prison has a mutual aid agreement with each of the local governments.

The attached map was updated to delineate the local governments providing this service and the designated fire district responsibilities.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

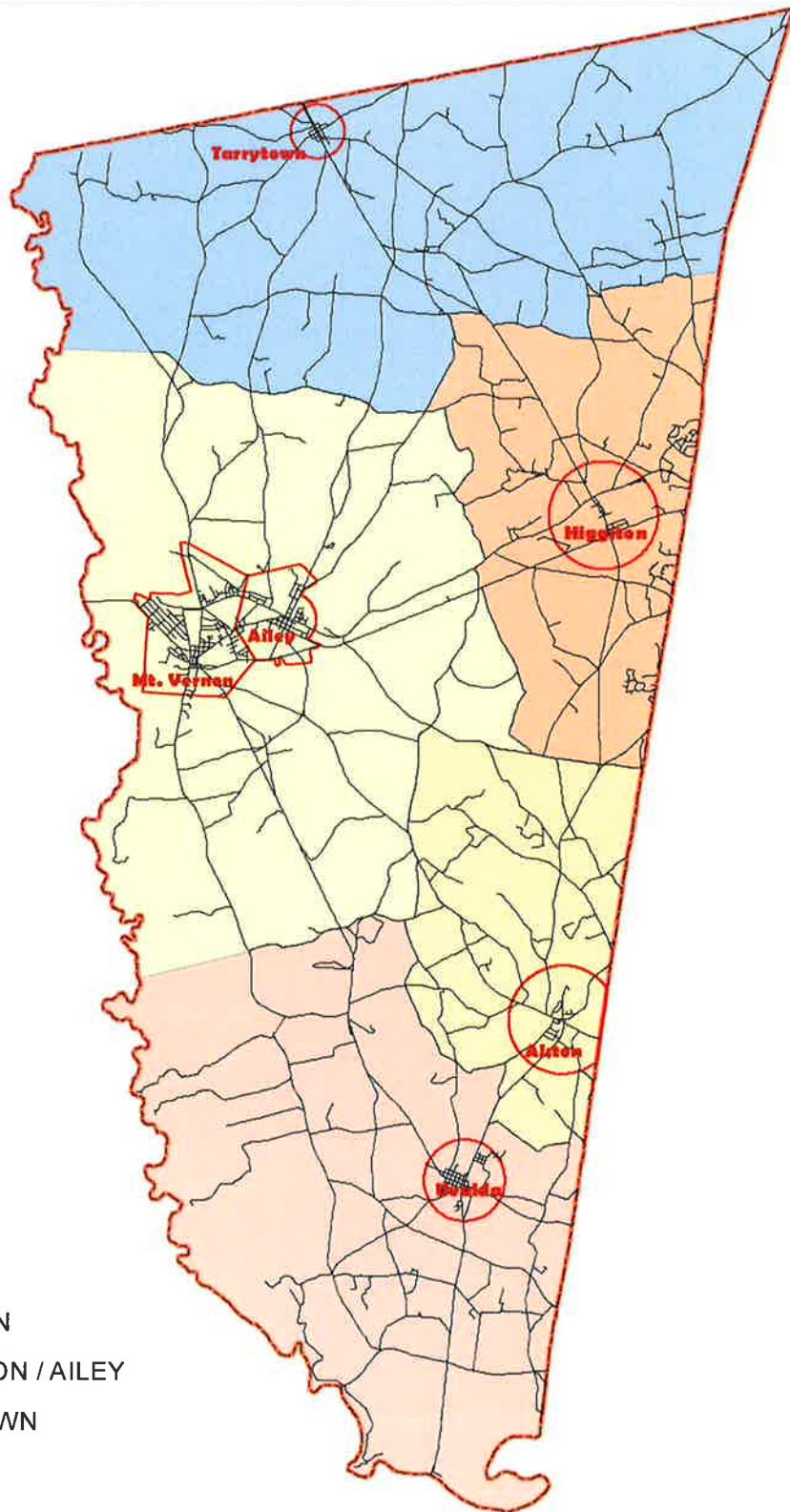
7. Person completing form: **Brandon Braddy, County Manager**

Phone number: **912-583-2363** Date completed: 9-30-2015

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

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

Montgomery County Fire Districts



Legend

- ALSTON
- HIGGSTON
- MT VERNON / AILEY
- TARRYTOWN
- UVALDA

Legend

- Roads
- City Limits
- County Boundary



Prepared By:
 Scott Jackson, GIS Planner
 Head of Georgia Aisema, Inc.
 5403 Oak Street
 Savannah, Georgia 31023
 (478) 334-4777
 Source: OGIS/Montgomery/MKCI
 MontgomeryCountySDS.mxd
 Printed Sep 22, 2015



*This data was prepared here and is presented to the user with the understanding that because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Continuous flow from all sources based on the best data available at the time of preparation.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY	Service: <i>Indigent Defense</i>
---------------------------	---

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.): **Montgomery County, City of Mount Vernon, City of Uvalda, City of Vidalia**

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY	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.): **Montgomery County**

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

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.):

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.): **Montgomery County, City of Mount Vernon, City of Uvalda, City of Vidalia**

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund

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

No change is anticipated. The County will continue to provide the service within the unincorporated areas, as well as the cities of Ailey, Alston, Higgston, and Tarrytown. The cities of Mount Vernon, Uvalda, and Vidalia will continue to provide the service within their respective municipal boundaries.

The attached map was updated to outline the local governments providing this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

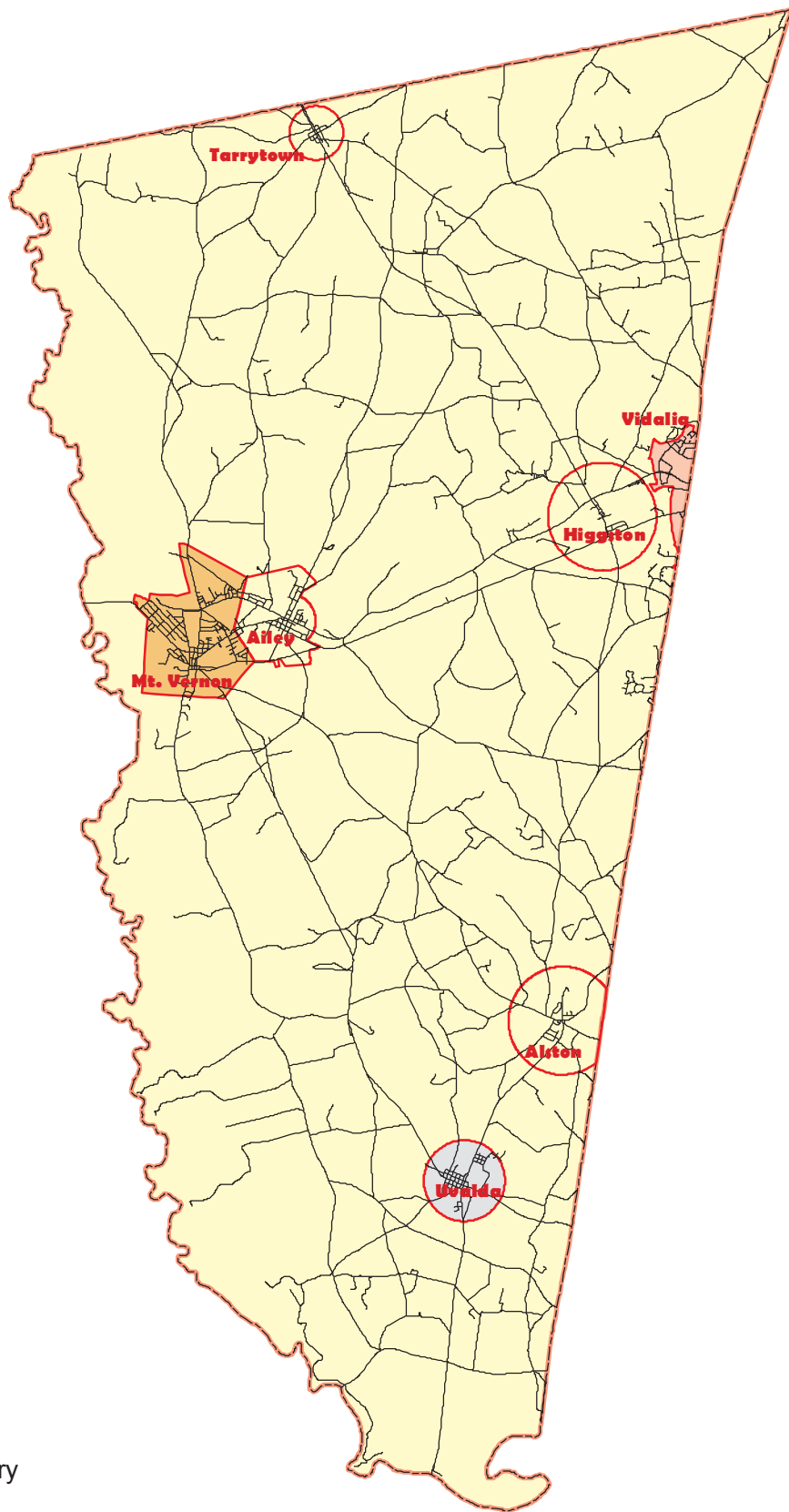
None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015





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

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




Montgomery County Law Enforcement



Legend

-  Mt Vernon
-  Vidalia
-  Uvalda
-  Montgomery

Legend

-  Roads
-  City Limits
-  County Boundary



Prepared By:
Scott Jackson, GIS Planner
Heart of Georgia Atlanta RC
9405 Oak Street
Eastman, Georgia 31023
(478) 374-4271
Source: DATAMontgomery(MXD)
MontgomeryCountySDS.mxd
Printed: Sept 22, 2015



"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Library

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.): **Montgomery County, City of Higgston**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund
City of Mount Vernon	General Fund
City of Higgston	General Fund

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

Montgomery County provides the service for the entire county with the City of Mount Vernon contributing funds as needed. The service was revised to reflect that the City of Higgston provides an additional local library for its citizens.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Mapping & GIS

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.): **Montgomery County**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund

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

No Change is anticipated.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

Regional Commission membership of Montgomery County and each municipality provides access to mapping and GIS capabilities. Utilization of strategy is effective immediately.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY	Service: Mosquito 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.):

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 Ailey, City of Mount Vernon, City of Uvalda, City of Vidalia

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Ailey	General Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund

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

No Change.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY	Service: Parks
---------------------------	-----------------------

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: **City of Ailey, City of Alston, City of Mount Vernon, City of Higgston, City of Tarrytown**)

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Ailey	General Fund
City of Mount Vernon	General Fund
City of Alston	General Fund
City of Higgston	General Fund
City of Tarrytown	General Fund

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: *Planning and 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: **City of Ailey, City of Higgston, City of Mount Vernon, City of Uvalda, City of Vidalia**)

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Ailey	General Fund
City of Mount Vernon	General Fund
City of Higgston	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund

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

No Change.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Probation

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Montgomery County, City of Mount Vernon, City of Uvalda, City of Vidalia**

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund
City of Mount Vernon	General Fund
City of Vidalia	General Fund
City of Uvalda	General Fund

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

No change is anticipated. The County will provide the service county wide through the Superior, Magistrate, and Traffic courts. The cities of Mount Vernon, Uvalda, and Vidalia provide the service through their respective Municipal Courts.

The attached map was updated to outline the local governments providing this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

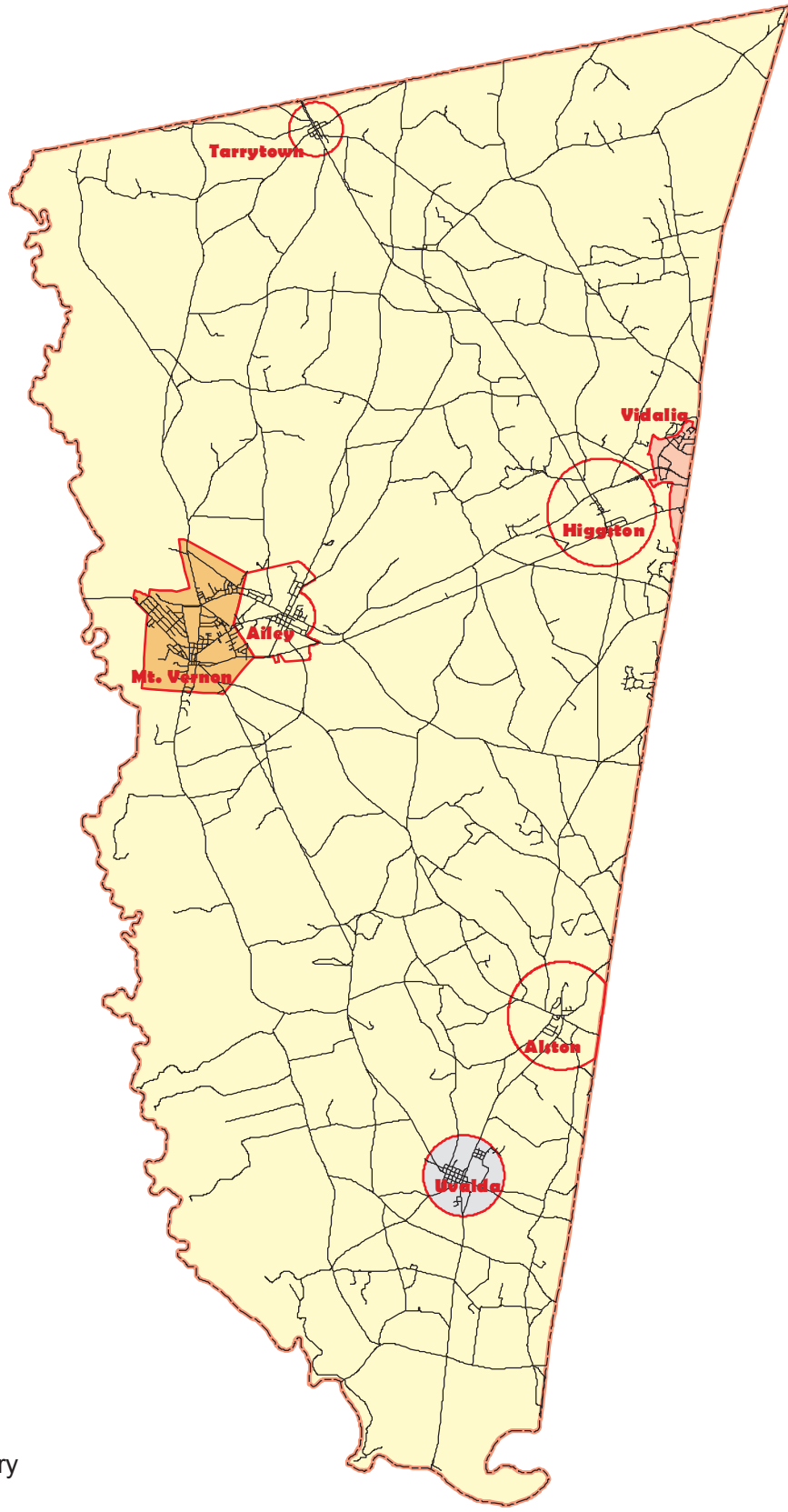
None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015





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

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




Montgomery County Probation



Legend

-  Mt Vernon
-  Vidalia
-  Uvalda
-  Montgomery

Legend

-  Roads
-  City Limits
-  County Boundary



Prepared By:
Scott Jackson, GIS Planner
Heart of Georgia Atlanta RC
9605 Oak Street
Eastman, Georgia 31023
(478) 374-4271
Source: DATA\Montgomery\MXD\
MontgomeryCountySDS.mxd
Printed: Sept 22, 2015



"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Public Health

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.): **Montgomery County**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund and State Funds

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Public Housing

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:
City of Mount Vernon, City of Uvalda, City of Vidalia)
- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes (if "Yes," you must attach additional documentation as described, below)
- No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Mount Vernon	State and Federal Funds
City of Uvalda	State and Federal Funds
City of Vidalia	State and Federal Funds

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**

Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Public Welfare

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.): **Montgomery County**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Funds and State Funds

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

The funding method has been updated to reflect the use of State Funds in addition to General Funds by Montgomery County when providing this service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Recreation

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.): **City of Mount Vernon**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Mount Vernon	General Fund
Montgomery County	General Fund and SPLOST

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

The City of Mount Vernon provides service county wide with the County providing funding as needed for capital improvements. The funding method has been updated to reflect the use of General Funds in addition to SPLOST funds by Montgomery County when the County provides funding for this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Recycling

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.): **Montgomery County, City of Mount Vernon, City of Vidalia**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund, Grants & Insurance Premium Tax (IPT) proceeds
City of Mount Vernon	General Fund & Grants
City of Vidalia	General Fund & Grants

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

The funding method has been updated to reflect the use of Insurance Premium Tax Proceeds in addition to General Funds and Grants by Montgomery County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Road and Street 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.):

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.): **Montgomery County, City of Ailey, City of Alston, City of Higgston, City of Mount Vernon, City of Uvalda, City of Tarrytown, City of Vidalia**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund and State Grants, Insurance Premium Tax, SPLOST, TSPLOST
City of Mount Vernon	General Fund and State Grants, SPLOST, TSPLOST
City of Vidalia	General Fund and State Grants, SPLOST, TSPLOST
City of Ailey	State Funds, SPLOST, TSPLOST
City of Uvalda, City of Higgston	General Fund and State Funds, SPLOST, TSPLOST
City of Tarrytown, City of Alston	General Fund and State Funds, SPLOST, TSPLOST

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

The cities of Higgston, Tarrytown and Alston were added to the list of local governments providing this service.

Funding methods were also updated to include Insurance Premium Tax (IPT) proceeds for use by Montgomery County, TSPLOST for each government, the addition of State Funds, and SPLOST funds for the City of Ailey, and the addition of General Funds, State Funds, and SPLOST funds for the cities of Higgston, Tarrytown, and Alston.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Sewer

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:
City of Ailey, City of Mount Vernon, City of Uvalda, City of Vidalia

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Ailey	Water/Sewer Fund
City of Mount Vernon	Water/Sewer Fund
City of Vidalia	Water/Sewer Fund
City of Uvalda	Water/Sewer Fund

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

No change anticipated.

The attached maps were updated to delineate the local governments and their service areas.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

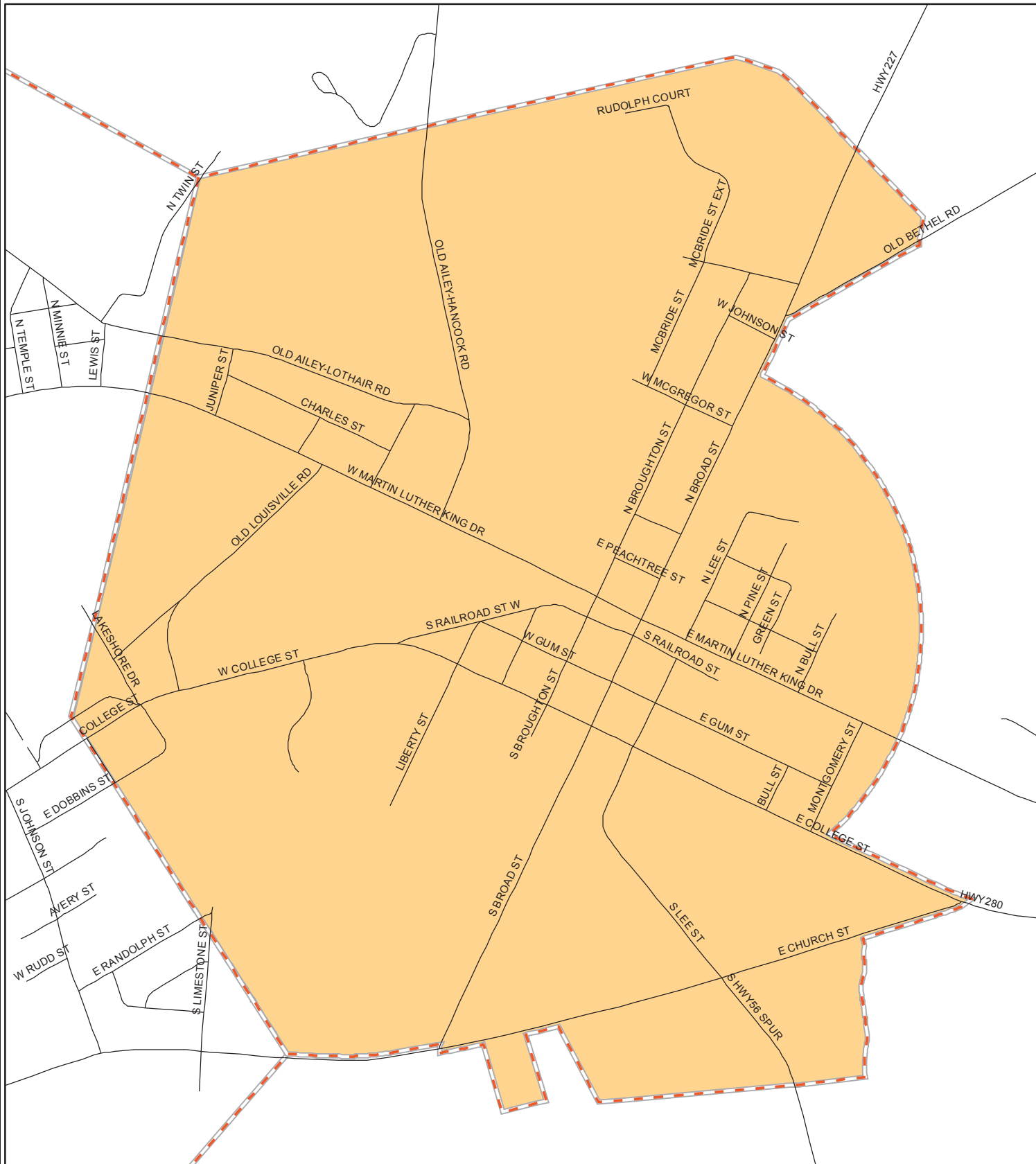
None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015




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

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

City of Ailey Sewer Service Area



Legend

-  Roads
-  City Limits
-  County Boundary

 Ailey Sewer Service Area

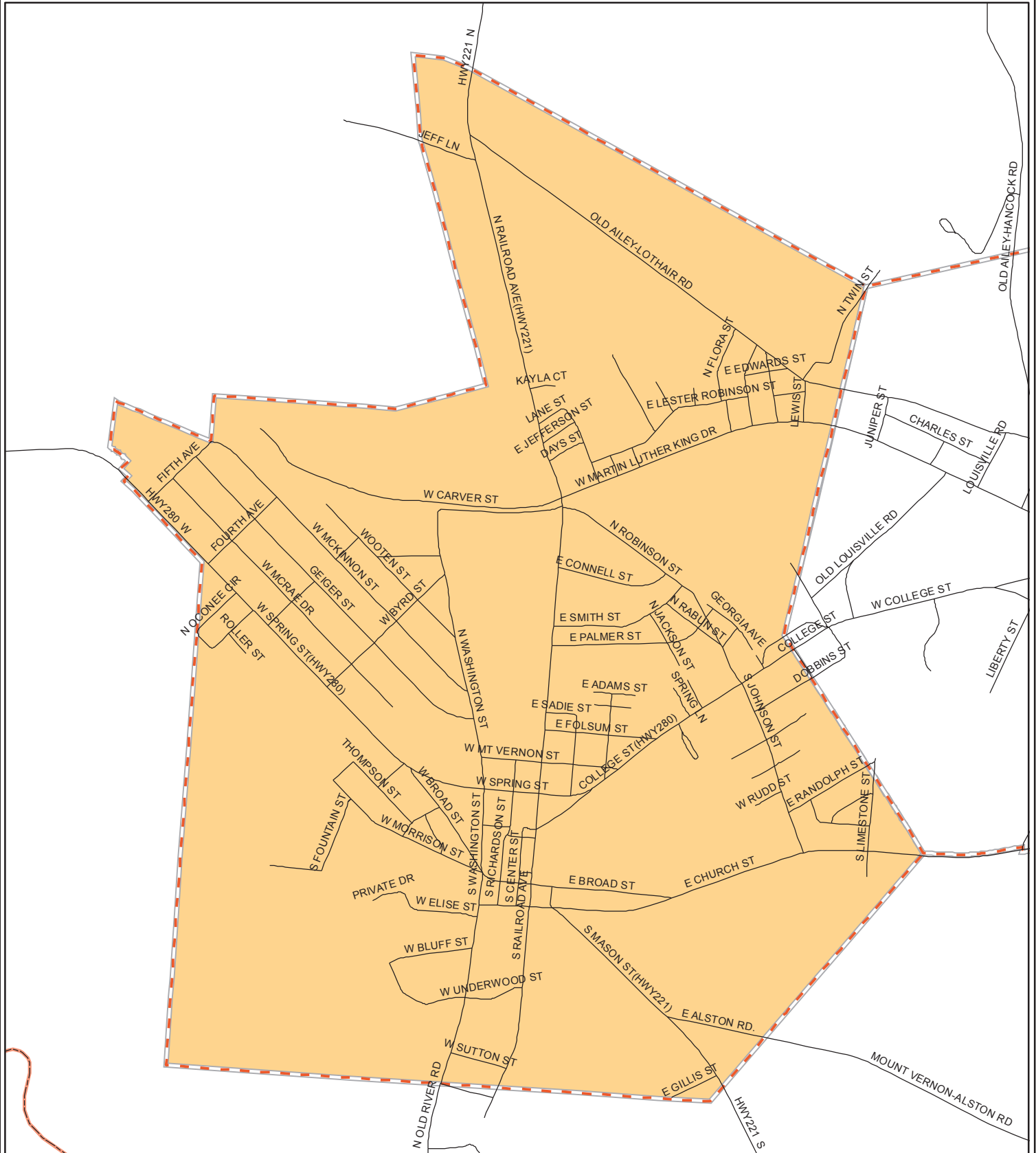


Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 6405 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
 Source: DATA\Montgomery\MXD\1
 MontgomeryCounty\SDS.mxd
 Printed: Sept 22, 2015



The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user.

City of Mt. Vernon Sewer Service Area



- Legend**
- Roads
 - Mt Vernon Sewer Service Area
 - City Limits
 - County Boundary

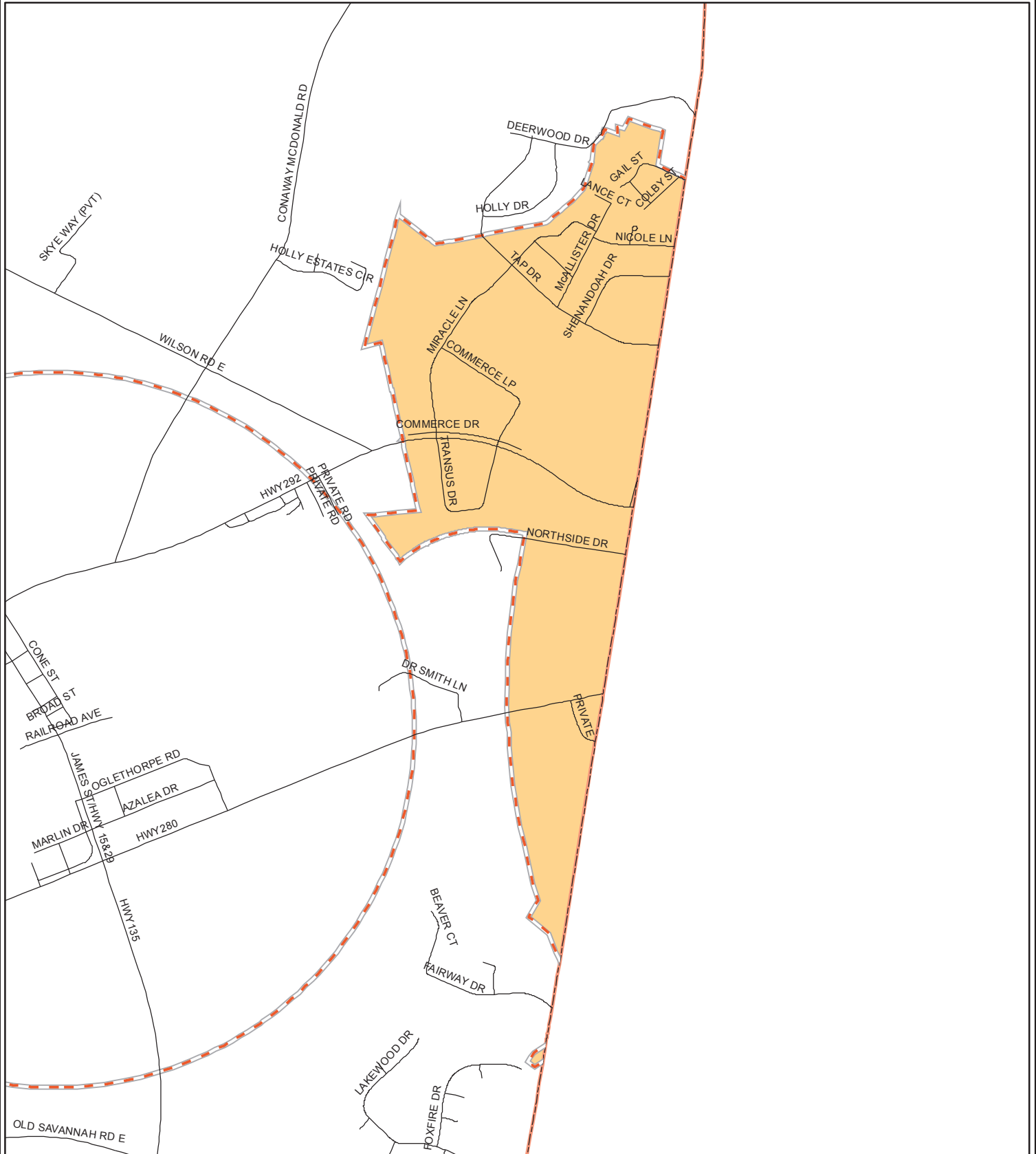


Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 6405 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
 Source: DATAMontgomery(MXD)
 MontgomeryCountySDS.mxd
 Printed: Sept 22, 2015



The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user.

City of Vidalia Sewer Service Area



Legend

- Roads
- City Limits
- County Boundary

Vidalia Sewer Service Area



Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 6005 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
 Source: DATAMontgomery(MXD)
 MontgomeryCountySDS.mxd
 Printed: Sept 22, 2015



The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Solid Waste Collection

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Montgomery County, City of Ailey, City of Higgston, City of Mount Vernon, City of Uvalda, City of Vidalia**

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund & Insurance Premium Tax Proceeds
City of Mount Vernon	General Fund
City of Vidalia	Fees
City of Uvalda	Water/Sewer Fund
City of Ailey	Water/ Sewer Fund
City of Higgston	General Fund

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

The City of Higgston now uses a green box located at city hall for solid waste collection within the city limits.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Solid Waste 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):

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.): **Montgomery County, City of Ailey, City of Higgston, City of Mount Vernon, City of Uvalda, City of Vidalia**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund & Insurance Premium Tax Proceeds
City of Mount Vernon	General Fund
City of Vidalia	General Fund
City of Uvalda	Water/Sewer Fund
City of Ailey	Water/ Sewer Fund
City of Higgston	General Fund

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

The City of Higgston now contracts with a private provider (currently Republic Services) to dispose of the solid waste collected by a green box at city hall.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: *Street Lighting*

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: **City of Ailey, City of Alston, City of Higgston, City of Mount Vernon, City of Tarrytown, City of Uvalda, City of Vidalia**)

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Ailey	General Fund
City of Mount Vernon	General Fund
City of Vidalia	General Fund
City of Uvalda	General Fund
City of Alston	General Fund
City of Higgston, City of Tarrytown	General Fund

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

No Change.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Tax Assessment

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.): **Montgomery 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.): **of Vidalia**

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund

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

No Change.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: MONTGOMERY

Service: Tax Collection

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Montgomery County, City of Ailey, City of Uvalda, City of Vidalia**

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Montgomery County	General Fund
City of Ailey	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund

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

The Montgomery County Tax Commissioner collects taxes throughout the county for Montgomery County. The tax commissioner also collects auto taxes for the cities of Ailey, Uvalda, and Vidalia. A mobile home tax levied by the City of Uvalda is collected by the Tax Commissioner for the City of Uvalda. Other taxes levied by the cities of Ailey, Uvalda, and Vidalia are collected by the individual cities.

The attached map was clarified to outline the local governments included in this service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

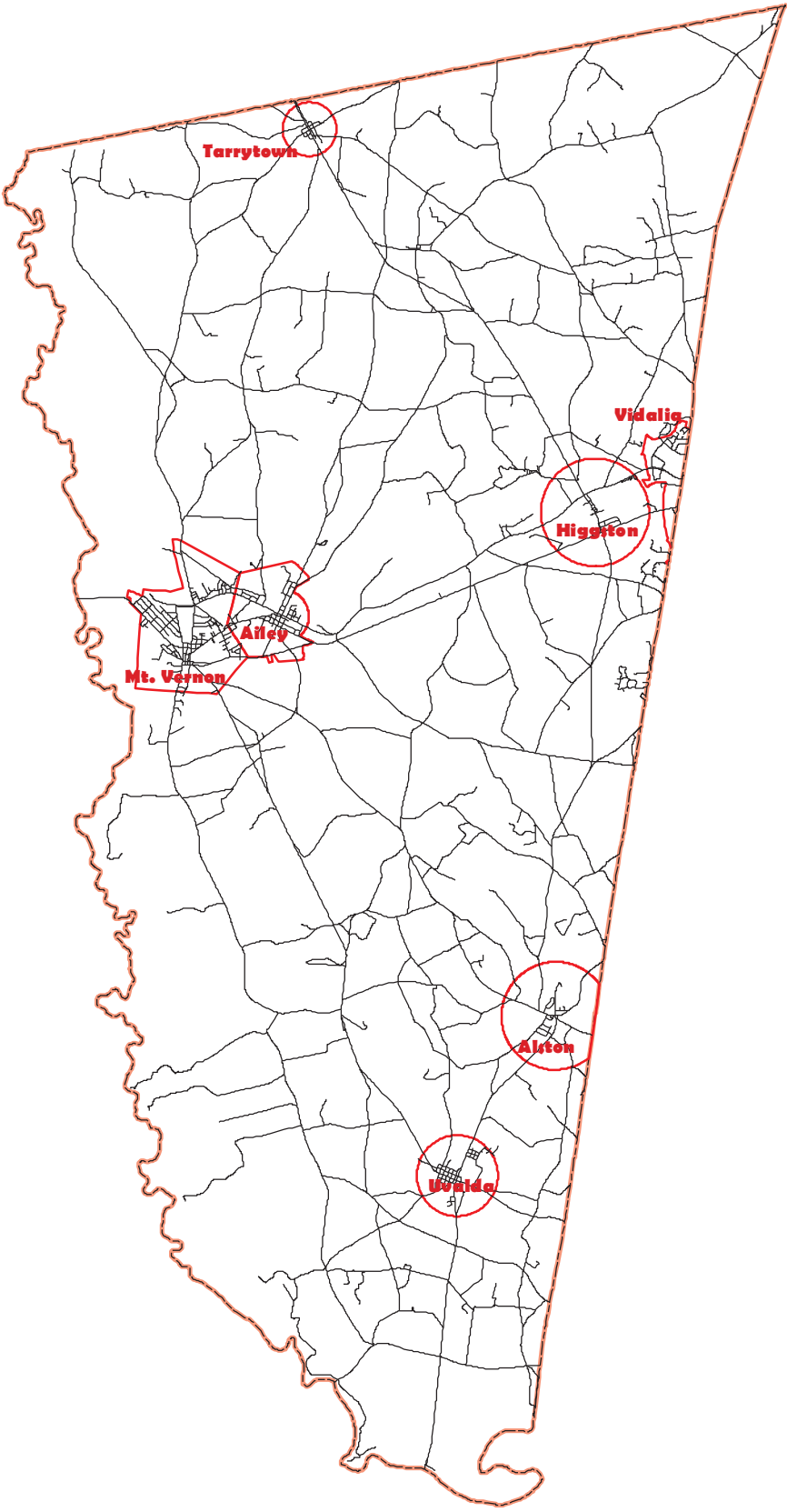
None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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

Montgomery County



Legend

- Roads
- City Limits
- County Boundary



Prepared By:
Scott Jackson, GIS Planner
Heart of Georgia Atlanta RC
9605 Oak Street
Eastman, Georgia 31023
(478) 374-4271
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MontgomeryCountySDS.mxd
Printed: Sept 22, 2015



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SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: *Tourism*

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.): **Montgomery County Development Authority, City of Mount Vernon**

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County Dev. Auth.	General Fund
City of Mount Vernon	Hotel/Motel Tax

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

Montgomery County and the cities of Ailey, Higgston, Mount Vernon, and Uvalda no longer participate or provide funding to the Vidialia Area Convention and Vistors Bureau. Tourism services are provided by the Montgomery County Development Authority and the City of Mount Vernon.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Voter Registration

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.): **Montgomery County**

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Montgomery County	General Fund

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

No Change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Brandon Braddy, County Manager**
 Phone number: **912-583-2363** Date completed: 9-30-2015

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: MONTGOMERY

Service: Water

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **City of Ailey, City of Alston, City of Mount Vernon, City of Tarrytown, City of Uvalda, City of Vidalia, City of Soperton***

***See Explanation Under Item 4 Below**

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Ailey, City of Alston	Water/Sewer Fund
City of Mount Vernon	Water/Sewer Fund
City of Tarrytown, City of Soperton	Water Fund
City of Uvalda	Water/Sewer Fund
City of Vidalia	Water/Sewer Fund

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

No change in strategy.
The attached map was updated to delineate the local governments and their service areas.

*The City of Soperton provides water to the City of Tarrytown.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Contract for Water Services	City of Tarrytown, City of Soperton	12/28/1993-None Stated

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

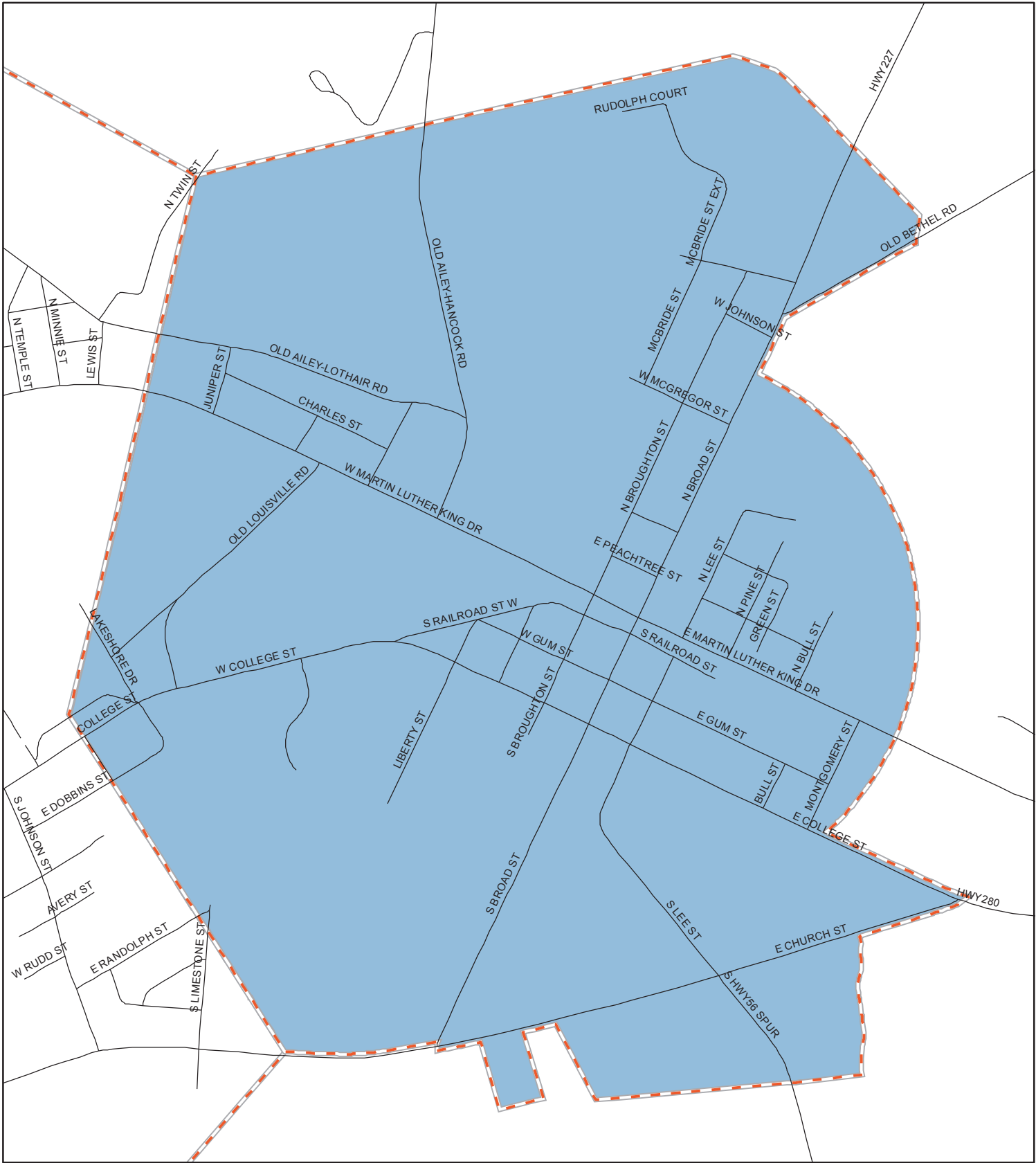
None.

7. Person completing form: **Brandon Braddy, County Manager**
Phone number: **912-583-2363** Date completed: 9-30-2015




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

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

City of Ailey Water Service Area



Legend

-  Roads
-  City Limits
-  County Boundary

 Ailey Water Service Area

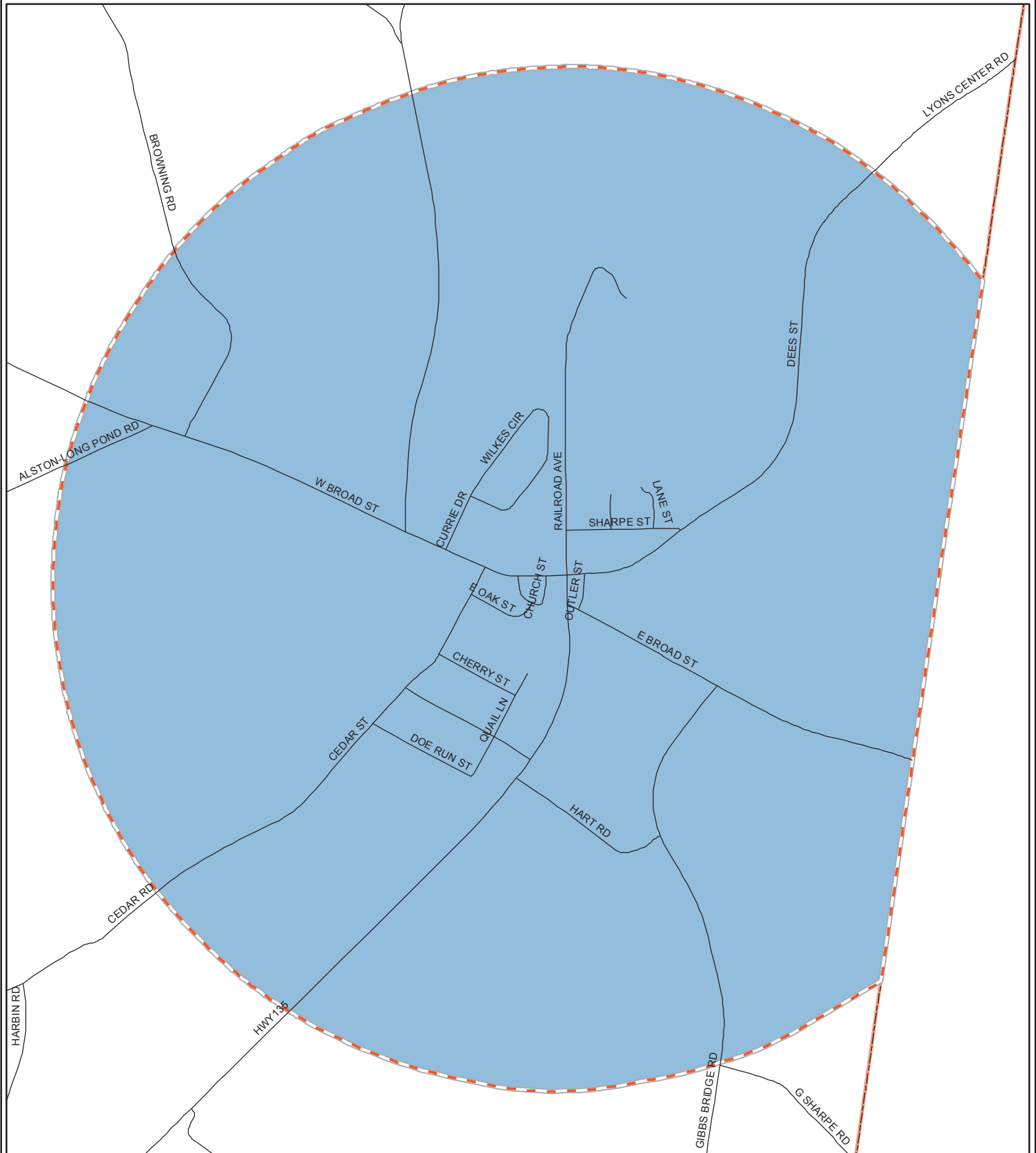


Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 6405 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
 Source: DATAMontgomery(MXD)
 MontgomeryCountySDS.mxd
 Printed: Sept 22, 2015






The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user.

City of Alston Water Service Area



Legend

-  Roads
-  City Limits
-  County Boundary

 Alston Water Service Area

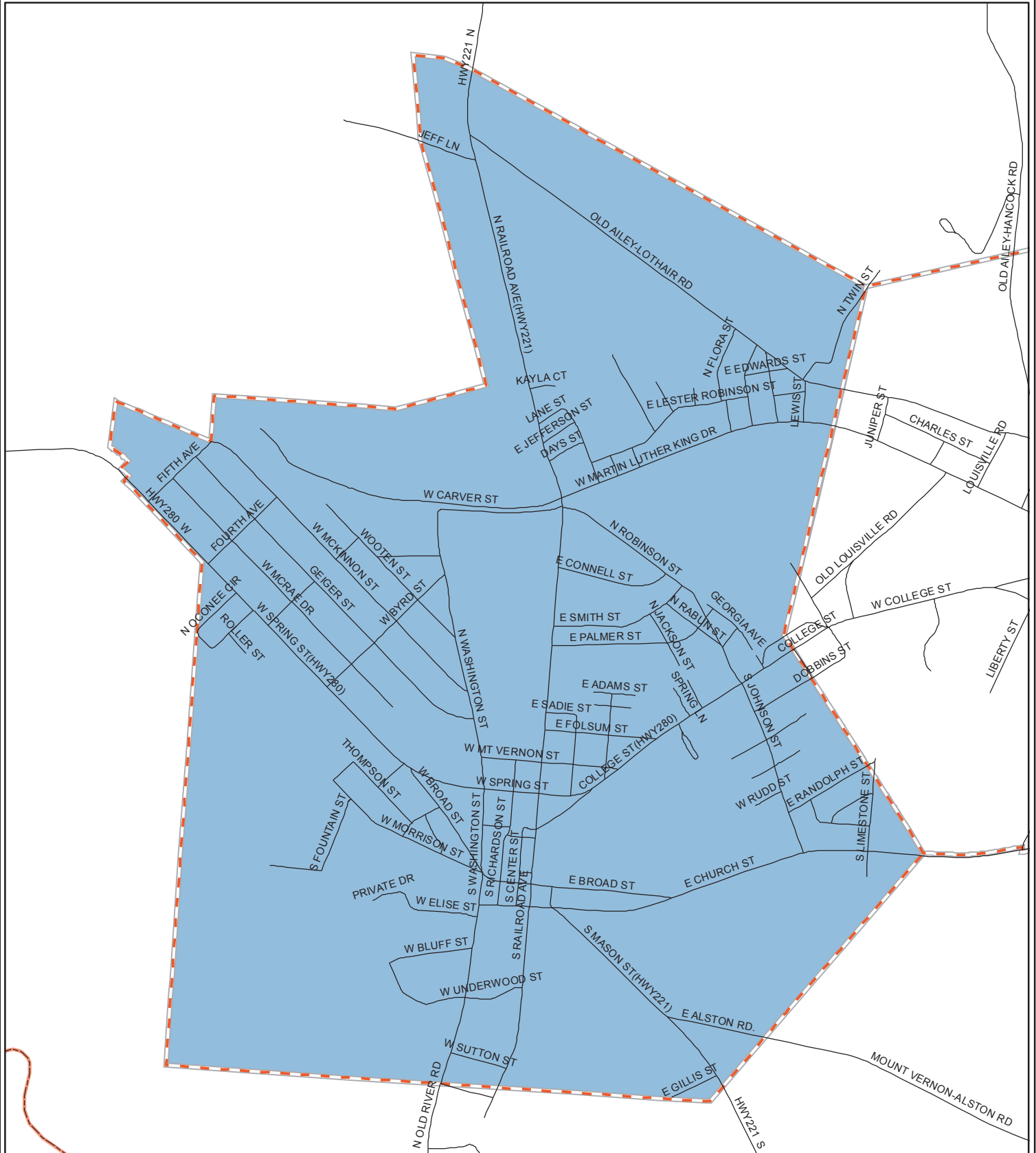


Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 6005 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
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City of Mt. Vernon Water Service Area



- Legend**
- Roads
 - City Limits
 - County Boundary

Mt Vernon Water Service Area

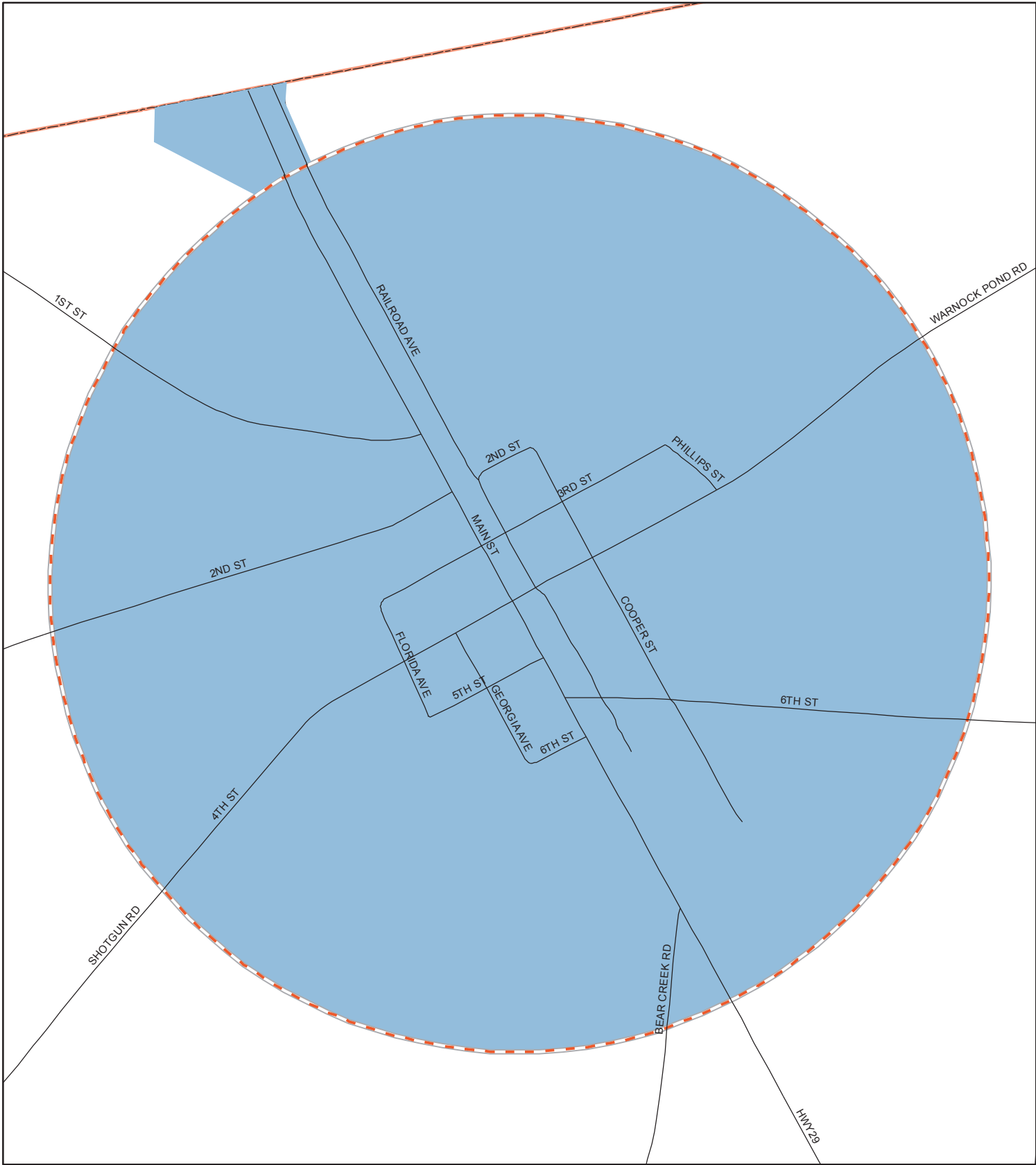





Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 6405 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
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City of Tarrytown Water Service Area



- Legend**
-  Roads
 -  City Limits
 -  County Boundary

 Tarrytown Water Service Area

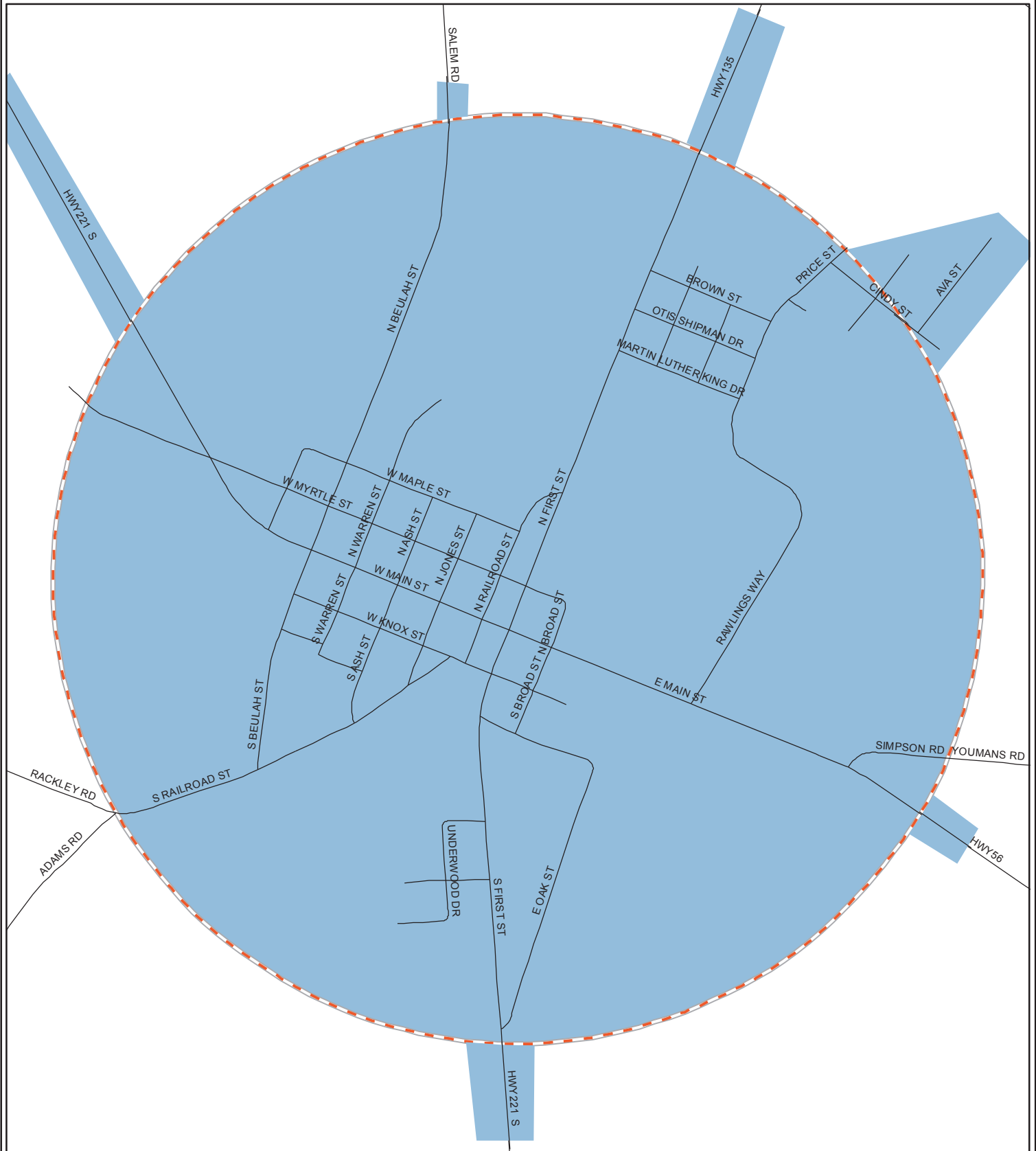


Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Alamaha RC
 6405 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
 Source: DATA\Montgomery\MXD\1
 MontgomeryCountySDS.mxd
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City of Uvalda Water Service Area



Legend

-  Roads
-  City Limits
-  County Boundary

 Uvalda Water Service Area

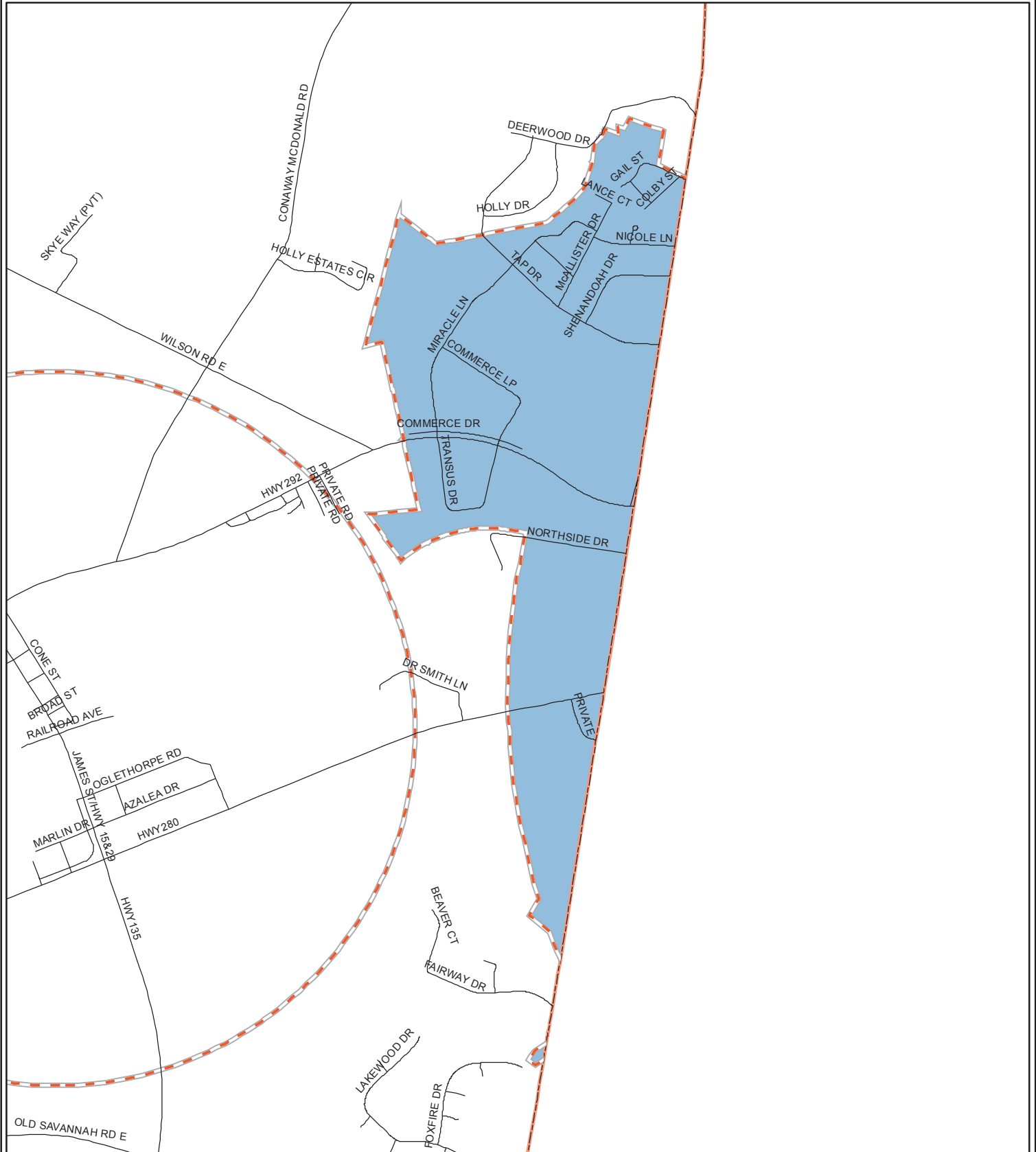


Prepared By:
 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 9405 Oak Street
 Eastman, Georgia 31023
 (478) 374-4271
 Source: DATA\Montgomery\MXD\1
 MontgomeryCountySDS.mxd
 Printed: Sept 22, 2015






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City of Vidalia Water Service Area



Legend

-  Roads
-  City Limits
-  County Boundary

 Vidalia Water Service Area



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 Scott Jackson, GIS Planner
 Heart of Georgia Atlanta RC
 9405 Oak Street
 Eastman, Georgia 31023
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CONTRACT FOR WATER SERVICES

STATE OF GEORGIA

COUNTY OF TREUTLEN

This Contract is made and entered into this 28th day of December, 1993 by and between the City of Soperton, a Municipal Corporation organized and existing under the laws of the State of Georgia, hereinafter referred to as "Soperton" and the Town of Tarrytown, also a Municipal Corporation organized and existing under the laws of the State of Georgia, hereinafter referred to as "Tarrytown".

RECITALS

(a) The City of Soperton and the Town of Tarrytown are duly and properly constituted Municipal Corporations in the State of Georgia.

(b) The City of Soperton is the owner of a water system producing and distributing water for human consumption within the City of Soperton.

(c) The Town of Tarrytown is the owner of a water system producing and distributing water for human consumption within the Town of Tarrytown.

(d) The Environmental Protection Division of the Georgia Department of Natural Resources has determined that the quality of water produced by the Town of Tarrytown through its existing well is unsuitable for human consumption. Due to the unsatisfactory quality of the water produced from other wells drilled by the Town of Tarrytown, Tarrytown deems it appropriate and in the best interest of its citizens to contract with Soperton to make available and provide water for human consumption within the corporate limits of Tarrytown.

(e) There are presently no franchise, contract, or other agreement with any other town, county, or entity for the furnishing of water within the corporate limits of the Town of Tarrytown.

(f) The City of Soperton is willing to contract with the Town of Tarrytown and the Town of Tarrytown is willing to contract with the City of Soperton for the furnishing of water for human consumption within the corporate limits of the Town of Tarrytown.

(g) This contract is entered into by and between these Municipal Corporations pursuant to Article 9, Section 3, Paragraph 1 of the Constitution of the State of Georgia authorizing intergovernmental contracts.

Now therefore, in consideration of the mutual covenants set forth herein, and the above stated premises, is hereby contracted and agreed as follows:

1.

The foregoing Recitals, each being true, are made a part of the contract by reference.

2.

Soperton does hereby contract and agree to sell and deliver to Tarrytown water from its existing public water system subject to the terms and conditions hereinafter stated. Tarrytown agrees to purchase and pay Soperton for this water, subject to the terms and conditions hereinafter stated.

3.

Tarrytown agrees to pay for all water supplied by Soperton at such rate or rates as Soperton may establish from time to time, it being mutually understood that such rates shall always be reasonable in relation to the cost incurred by Soperton for the supply of

water. The initial rate for this water shall be equal to the rate charged to the water customers outside the City of Soperton, less 10 cents per thousand gallons of water consumed over the volume provided for in the minimum basic rate. Tarrytown shall be considered one customer for the purpose of applying the basic rate. Soperton shall give 90 days notice of any change in the rates and such notice shall be in writing and shall be delivered in person or by mail to the Town Clerk of Tarrytown. Bills for water service shall be rendered monthly and delivered to the City Clerk for the Town of Tarrytown and shall be payable on or before the due date shown thereon, which shall be not less than 15 days from such delivery. There shall be a further charge of 5% of the amount of the bill if not paid on or before the due date. All delinquent balances remaining unpaid for one year or more shall be subject to an additional charge of 10% per annum until paid. Water service to the Town of Tarrytown may be discontinued if any bill is not paid within 60 days of the due date.

4.

Soperton will make this water available from a six-inch main line that will end at the city limits of Soperton on Georgia Highway 29 south. This point is hereinafter referred to as "the designated point of connection." Soperton, to the best of its ability, shall provide and the Town of Tarrytown shall take water at the designated point of connection in sufficient quantities to meet all reasonable requirements of Tarrytown's customers as hereinafter provided. The maximum rate at which the Town of Tarrytown may take water from Soperton's water system is fixed as that rate which, if maintained constantly through a period of 24 hours, will provide the total quantity of water necessary to supply the maximum day requirements of all of the customers regularly supplied with Soperton's

water through Tarrytown's facilities. The Town of Tarrytown shall provide and utilize sufficient controlled storage facilities so that the Town of Tarrytown shall be in a position to meet the demands of its customers without drawing upon Soperton's water system at any rate in excess of the above stated rate. Initially, the maximum rate at which the Town of Tarrytown may take water from Soperton's system is hereby established as the rate of seven thousand (7000) gallons per day.

5.

The Town of Tarrytown shall maintain suitable records of the numbers and sizes of service connections, the numbers of persons supplied, and the daily rates of consumption of Soperton's water through Tarrytown's facilities. These records shall be available to Soperton at all reasonable times. Annually, or on or about April 1st, if it shall appear that either the number of persons supplied by the Town of Tarrytown with Soperton's water, or the average per capita maximum day requirements of those persons, or both, are such as to change significantly, the last determined maximum rate shall be redetermined on the bases of the latest data available. If after April 1st in the year the situation should be materially changed by reason of increase users or usage, or both, which could not have been foreseen or determined on April 1st, then such redetermination shall be made at that time.

6.

The distribution of Soperton's water by the Town of Tarrytown should be limited to the area within the limits of the Town of Tarrytown, provided that Tarrytown may be permitted to supply water to such specific customers or areas beyond its limits as from time to time may be approved by the City of Soperton.

7.

Tarrytown shall be responsible for and shall construct at the expense of Tarrytown such water lines, pumps, and other fixtures as may be necessary to transport this water from the designated point of connection to Tarrytown. In addition, a meter shall be furnished and installed at the designated point of connection at the expense of Tarrytown, and under the supervision and inspection of Soperton. Said meter shall be of a size and make satisfactory to Soperton and subject to its inspection. Tarrytown agrees to maintain said meter and call such repairs and/or adjustments as may from time to time be necessary, to be promptly made. Such repairs shall be made at no expense to Soperton unless it can be shown that the necessity for such repair was brought about by an improper act or neglect on the part of Soperton. The Town of Tarrytown agrees to accept Soperton's estimate of quantities of water supplied during all periods in which the meter fails to measure correctly all water supplied to Tarrytown by Soperton, provided there is a reasonable basis for such estimate.

In addition, Tarrytown, at its cost and expense, will install at the designated point of connection, a check valve so as to prevent the backflow of water from this pipeline back into the water system of Soperton. All such pipelines, pumps, and other fixtures constructed and installed between the city limits of Soperton and Tarrytown shall remain the property of Tarrytown. In addition, Tarrytown shall be responsible for maintaining the same in reasonable working condition and order.

8.

It is contemplated between the parties hereto that Tarrytown will utilize its existing water system together with such improvements as may be made from time to time within this water system for the distribution of the water from Soperton to the customers of Tarrytown. It is understood and agreed that Tarrytown will not, under any circumstances, permit water from any other source or supply to be introduced into its water system, nor any part thereof or to be mixed or mingled with water from the water system of Soperton, without the prior written consent or approval of Soperton. The existing Tarrytown wells will be blocked off or otherwise disconnected from this water system and the Town of Tarrytown will not hook up any new wells to the water system without the prior written consent of Soperton.

It is specifically understood and agreed that the water so provided by Soperton shall be for the purposes of human consumption and not for fire protection. The Town of Tarrytown may, at its own expense, provide such fire protection from its wells as they may desire. However, nothing set forth herein shall impose any duty upon Soperton to provide sufficient water or water pressure to provide fire protection to any person or entity situated outside the corporate limits of the City of Soperton. In addition, the parties recognize that the primary responsibility of Soperton is to provide water for all purposes to the citizens within the city limits of Soperton and that the provision of water to all other persons, including those served by Tarrytown will be secondary to this first priority. Should the water supply for the City of Soperton for any reason become so low as to present a danger to the citizens of Soperton, or significantly reduce the ability of Soperton to provide adequate water for fire protection to its citizens, then the water flow to Tarrytown may be

limited or temporary interrupted as may be necessary to restore the water quantities. No claims for damages for such discontinuance or limitation shall be made by Tarrytown against the City of Soperton.

9.

All such water provided by Soperton shall be treated at the well with such chemicals as are normally provided in the drinking water system for Soperton. However, the Town of Tarrytown shall be responsible for and shall assure the quality of the water distributed to its citizens within the Town of Tarrytown. To that end, the Town of Tarrytown shall construct, install, and maintain such equipment as is necessary to test, treat, and deliver water to its customers of such quality as is acceptable under the then existing standards of the Environmental Protection Division of the State of Georgia Department of Natural Resources. Further, the Town of Tarrytown agrees to hold harmless and indemnify Soperton from any claims for damages arising out of or related to the water provided to the customers of the Town of Tarrytown from Soperton pursuant to this agreement.

10.

There are presently approximately 45 customers now on the Tarrytown water system. It is contemplated that the six-inch water line will be sufficient to provide water to these customers. However, should the demand for water for Tarrytown significantly increase, Soperton makes no guarantees or warranties that it will be able to provide any greater volume of water to the Town of Tarrytown.

11.

Tarrytown recognizes and agrees that it shall be responsible for maintaining in reasonably good working order its existing water distribution system as well as the pipeline from the city limits of Soperton and the associated pumps, fixtures, and equipment. Tarrytown agrees that it will make such repairs as may be required from time to time to keep the system leak free. Should there develop a leak in the system, the Town of Tarrytown agrees to make such repairs as may be necessary within a reasonable period of time. Further, if such leaks are significant, Tarrytown agrees to notify Soperton of the existence of the leak so that measures can be taken to conserve water and prevent the loss of water by Soperton to an extent that may present a danger to its citizens. Should a significant leak occur, Soperton reserves the right to stop the flow of water to Tarrytown until such time as the leak is repaired. Thereafter, the supply of water will be immediately turned back on.

12.

The parties hereto recognize that the citizens of Soperton shall receive first priority in the provision of water from the wells in Soperton. Should any condition occur that may require the rationing or the limitation of water, the needs of the citizens of Soperton shall take first priority. Soperton will thereafter make such provisions for Tarrytown as are reasonably possible.

13.

The Town of Tarrytown is in the process of making an application for a grant from the United States Government to cover the cost of construction of this pipeline and the improvements to the existing water system. This contract is contingent upon the approval

and funding of this grant to the Town of Tarrytown for this purpose. Should the Town of Tarrytown not be approved for this grant, or should the funding of this grant be withheld for any reason, then this contract shall be deemed null and void.

14.

Soperton shall supply and sell water from the system of Soperton to the Town of Tarrytown, and Tarrytown shall receive and purchase such water in accordance with the terms of this agreement, for an indefinite period of time but at least for a period of 25 years from the date hereof. This agreement may be terminated by either party after expiration of said 25 year period, upon one years written notice served upon the other party or at anytime by mutual consent of both parties.

15.

The Town of Tarrytown agrees that no extensions or additions of water mains or pipes shall be made and no pumping, regulating, storage, or other facilities shall be installed in the water system of the Town of Tarrytown, other than those improvements contemplated in conjunction with this agreement, until clear and complete plans in specification of such work have been submitted to and approved by Soperton. This approval shall not be unreasonably withheld by Soperton.

16.

It is understood and agreed that Soperton shall have the right to inspect all water pipes, taps, service connections, fittings, meters, and appurtenances during installation, installed or intended for use in the system, during the continuance of this contract, for the purpose of insuring a uniform standard of construction for all areas served by Soperton's water supply, and to avoid any damage to Soperton's system as a whole, arising from

inferior material or workmanship in the component parts; with the understanding, however, that such inspection shall not relieve the Town of Tarrytown from full responsibility for the conformance of finished work to reasonable standards and with approved plans and specifications. Tarrytown will provide Soperton with such maps and records as may exist or may be obtained from time to time showing the location and other specifications of the existing water system for the Town of Tarrytown or any extensions thereof.

17.

No failure or delay in the performance of this contract by either party shall be deemed to be a breach thereof when such failure or delay is occasioned by or due to any act of God, strikes, lockouts, wars, rites, epidemics, explosions, sabotage, breakage, or accident to machinery or lines of pipe. The binding order of any court of governmental authority or any other causes or contingencies shall relieve the parties of their obligations under this contract.

18.

The parties hereto agree to submit any controversy arising under this Agreement to arbitration pursuant to the provisions of O.C.G.A. Sec. 9-9-30. Such arbitration shall in all respects be governed by the provisions of the arbitration code and the parties hereto agree to comply with and to be governed by the provisions of said arbitration code as to any controversy so submitted to arbitration.

19.

This document is executed by the Mayor and Clerk of the respective Municipal Corporations on behalf of such corporations. By their signatures, the undersigned do

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hereby certify that this contract has been duly approved and that they have been authorized to execute and deliver this contract by their respective city or town councils.

In witness whereof, the undersigned have set their hands and affixed the seals of the respective Municipal Corporations on the date first set forth above.

THE CITY OF SOPERTON

By: Bobby Joe Moxley
Mayor

Attest: Becky Hooks
City Clerk

TOWN OF TARRYTOWN

By: J. Chester Hilton
Mayor

Attest: Dale W. Parish
Clerk

ADDENDUM TO CONTRACT FOR WATER SERVICES

**STATE OF GEORGIA
COUNTY OF TREUTLEN**

This Addendum to the Contract for Water Services between the City of Soperton, a Municipal Corporation organized and existing under the laws of the State of Georgia, hereinafter referred to as "Soperton", and the Town of Tarrytown, also a Municipal Corporation organized and existing under the laws of the State of Georgia, hereinafter referred to as "Tarrytown", is made and entered into this 19th day of June, 1995. Upon the request of the Town of Tarrytown, the parties listed above have agreed to modify their existing Water Contract to include the following changes:

1.

Replace four (4) flushing hydrants with four (4) standard fire hydrants and add an additional four (4) standard fire hydrants with fittings and appurtenances for the total of eight (8) hydrants. One of the eight (8) fire hydrants will be located inside the City limits of Soperton at the corner of Georgia Highway 29 and Hughes Street. A second fire hydrant will be located at the Soperton-Treutlen County Development Authority Property known as the "Wood yard tract" between Soperton and Tarrytown. All other hydrants shall be located as Tarrytown may direct.

2.

Replace a portion of the proposed six-inch PVC water main with eight-inch PVC water main between the railroad yard and a proposed connection to Soperton's water system.

3.

Replace the proposed two-inch water meter with a three-inch or four-inch water meter, as may be required.

It is specifically understood that these modifications of the water facilities and equipment are being made upon the request of Tarrytown in order that Tarrytown may additionally provide fire protection to its citizens. However, nothing herein shall impose any duty upon Soperton to

provide fire protection to any person or entity situated outside the corporate limits of the City of Soperton. The parties recognize that the primary responsibility of Soperton is to provide the water for all purposes to the citizens within the city limits of Soperton, and that the provision of water to all other persons, including those served by Tarrytown, will be secondary to this first priority. Should the water supply for the City of Soperton for any reason become so low so as to present a danger to the citizens of Soperton, or significantly reduce the ability of Soperton to provide adequate water for fire protection to its citizens, then the water flow to Tarrytown may be limited or temporarily interrupted as may be necessary to restore the water quantities.

In understanding and contemplation of the above agreement, and as part of the consideration and inducement for this contract, the Town of Tarrytown agrees to hold indemnify and hold harmless the City of Soperton its officers, employees or agents against any claims of damages, or other relief, arising out of the Contract for Water Services, or any duty, right, or responsibility provided for therein including the above Addendum, between the City of Soperton and the Town of Tarrytown. As a part of this indemnity, the Town of Tarrytown agrees that it will be responsible for and shall pay any reasonable attorney's fees, costs, or expenses incurred by the City of Soperton in defending against any such claims.

IN WITNESS WHEREOF, the undersigned have set their hands and affixed the seals of the respective Municipal Corporations on the date first set forth above.

THE CITY OF SOPERTON

By: *Frank Radford* (SEAL)
Mayor

Attest: *Becky Hooks* (SEAL)
City Clerk

TOWN OF TARRYTOWN

By: _____ (SEAL)
Mayor

Attest: _____ (SEAL)
Clerk

SECOND ADDENDUM TO CONTRACT FOR WATER SERVICES

STATE OF GEORGIA,
COUNTY OF TREUTLEN.

This Second Addendum to Contract for Water Services between the City of Soperton, a Municipal Corporation organized and existing under the laws of the State of Georgia, hereinafter referred to as "Soperton", and the Town of Tarrytown, also a Municipal Corporation organized and existing under the laws of the State of Georgia, hereinafter referred to as "Tarrytown", is made and entered into this 31st day of January, 1996, and is intended to supplement that certain Contract for Water Services entered into between the parties hereto on December 28, 1993, and subsequently amended by an Addendum to Contract for Water Services dated the 19th day of June, 1995, by and between the same parties.

As of this date, the waterline connecting the water system from the City of Soperton to the Town of Tarrytown has been completed. As a part of the construction of said waterline, a by-pass line was constructed so as to by-pass the metering devices installed in this waterline. The parties recognize and agree that the intended purpose of this by-pass line was to allow for the repair of the metering devices that have been installed. The parties recognize that if this by-pass line is opened, the metering devices cannot meter the water sent from Soperton to Tarrytown. The parties further recognize and agree that even though fire hydrants have been installed in the water system from Soperton to Tarrytown, the parties have been advised by the consulting engineers for this project, Tribble and Richardson, Inc., that the system will not support fire flow and that they did not recommend installation of the fire hydrants.

NOW, THEREFORE, in consideration of these matters and Ten (\$10.00) Dollars and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties do hereby contract and agree as follows:

The Contract for Water Services between Tarrytown and Soperton is hereby further amended by adding the following paragraphs:

1.

That the by-pass valves located with the metering devices in the waterline from Soperton to Tarrytown shall remain closed at all times except for the purpose of maintenance on the water metering device or as necessary for other maintenance on the line. Said by-pass valves will not be opened without the consent of proper authorities from the City of Soperton.

2.

The parties recognize that the fire hydrants were placed in the waterline with full knowledge that the system will not support fire flow and that the consulting engineers did not recommend the installation of these fire hydrants. By their acquiescences in the installation of these fire hydrants, Soperton in no way alters its obligations to Tarrytown or any persons served by this waterline. Further, the parties recognize and agree that the purpose of this waterline was to provide potable water for human consumption to Tarrytown and specifically not for fire protection. The parties understand and recognize that the fire plugs were placed for the purpose of flushing the system and to avoid future cost in the event that the system can be upgraded to provide fire protection.

3.

Except as provided herein, all terms and conditions of the Water Contract and the

Addendum to Contract for Water Services referred to herein shall remain in full force and effect.

IN WITNESS WHEREOF, the undersigned parties have set their hands and affixed the seals of the respective municipal corporations on the date first set forth above.

CITY OF SOPERTON

BY: Frank Radford Jr. (SEAL)
FRANK RADFORD, JR., MAYOR

Attest: Becky Hooks (SEAL)
BECKY HOOKS, CITY CLERK

TOWN OF TARRYTOWN

BY: Charles Hilton (SEAL)
MAYOR

Attest: Betty Calhoun (SEAL)
CLERK



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: MONTGOMERY

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

NONE

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

- Amendments to existing comprehensive plans
- Adoption of a joint comprehensive plan
- Other measures (amend zoning ordinances, add environmental regulations, etc.)

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

Describe "Other" Measures Here

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. 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 all cities have adopted a joint resolution to insure that proposed extraterritorial water and sewer service is compatible with land use plans and ordinances of the territory of the adjoining local government in which the new service is to be extended. This joint resolution is still in effect.

4. Person completing form: **Brandon Braddy**

Phone number: **912-583-2363** Date completed: 9/30/2015

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

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

**MONTGOMERY COUNTY
INTERGOVERNMENTAL AGREEMENT
Process to Insure Compatibility with Applicable Land Use Plans and Ordinances
Pursuant to the Provision of New Extraterritorial Water and Sewer Services**

WHEREAS, the respective member governments of Montgomery County, the City of Soperton and the City of Vidalia, which include the Montgomery County Board of Commissioners and the Mayor/Councils of the cities of Ailey, Alston, Higgston, Mount Vernon, Tarrytown, Uvalda, Soperton and Vidalia have, pursuant to Georgia Laws and Acts, prepared and adopted a service delivery strategy including compatible future land use plans; and

WHEREAS, the respective governments party to this agreement have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of a new extraterritorial water and sewer service is consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

NOW THEREFORE BE IT RESOLVED THAT: The Montgomery County Board of Commissioners of Montgomery County, Georgia and the governing bodies of the cities of Ailey, Alston, Higgston, Mount Vernon, Tarrytown, Uvalda, Soperton and Vidalia hereby agree to implement the following process for the provision of extraterritorial water and sewer services effective immediately upon the adoption of this Resolution by the respective governments.

1. Prior to initiating any extension of water or sewer services outside the boundaries of that respective local government, the city seeking such an extension will notify the county government of the proposed extension. The notification will provide information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use), and the existing land use classification of the property. Official notification of the county as required by this agreement shall be achieved by delivery of the required information to the county clerk.
2. Within thirty (30) working days following receipt of the above information, the county will forward to the city proposing the extension a statement:
 - (a) indicating that the proposed extraterritorial water or sewer extension is deemed compatible with the county's land use plan and all applicable ordinances and that the county has no objection to the proposal; or
 - (b) describing its bona fide objections to the proposed water or sewer extension stating why the proposal is incompatible with the land use plan or ordinances, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;
3. If the county has no objection, or fails to respond within thirty (30) working days, to the city's proposed extraterritorial water or sewer extension, the city is free to proceed with the provision of the service.

4. If the county notifies that city that it has a bona fide objection, the city will respond to the county in writing within thirty (30) working days by either:
 - (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer service extension;
 - (b) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection;
 - (c) requesting a meeting and informal resolution of the issues, including discussing a formal change, if necessary to the land use plan;
 - (d) disagreeing that the county's objection is bona fide and asking for county reconsideration, or requesting a meeting and informal resolution as in step 4(c);
 - (e) if the informal dispute resolution process in steps 4(c) or 4(d) do not result in agreement, the city or county may initiate a formal mediation process.

5. If the city and county reach agreement as described in step 4(c) or 4(d), the city is free to proceed with the extraterritorial service extension as agreed.

6. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.

7. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process, or have been taken to mediation.

8. If no resolution of the county's objection(s) occurs even after mediation, the city may:
 - (a) drop the proposal and not proceed with the extension; or
 - (b) take court action to obtain a declaratory judgment or otherwise take appropriate action which would lawfully allow the extension.

9. However, the final determination of the compatibility of the proposed extension with the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension, unless court action determines that the county's objection(s) is not bona fide and a declaratory judgment is obtained.

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this 7th day of September, 1999.

Montgomery County Board of Commissioners

By: Arnie Calhoun
Arnie Calhoun, Chairman

Attest:

Belinda Clifton
Belinda Clifton, County Clerk

Mayor and Council, Ailey, Georgia

By: T.A. Peterson
T.A. Peterson, Mayor

Attest:

Sheryl Thompson
Sheryl Thompson, City Clerk

Mayor and Council, Alston, Georgia

By: Edwin McBride
Edwin McBride, Mayor

Attest:

Joel Outler
Joel Outler, City Clerk

Mayor and Council, Higgston, Georgia

By: Deborah R. Henry
Deborah R. Henry, Mayor

Attest:

Beth Morris
Beth Morris, City Clerk

Mayor and Council, Mount Vernon, Georgia

By: J. M. Fountain
J.M. Fountain, Mayor

Attest:

Maudell Coursey
Maudell Coursey, City Clerk

Mayor and Council, Tarrytown, Georgia

By: David Warnock
David Warnock, Mayor

Attest:

Betty Calhoun
Betty Calhoun, City Clerk

Mayor and Council, Uvalda, Georgia

By: Johnny Corley
Johnny Corley, Mayor

Attest:

Betty Carpenter
Betty Carpenter, City Clerk

Mayor and Council, Soperton, Georgia

By: Greg Higgs
Greg Higgs, Mayor

Attest:

Becky Hooks
Becky Hooks, City Clerk

Mayor and Council, Vidalia, Georgia

By: *Ronnie Dixon*
Ronnie Dixon, Mayor

Attest:

Kim Barnes - Deputy Clerk
Kim Barnes, City Clerk



SERVICE DELIVERY STRATEGY

FORM 4: Certifications

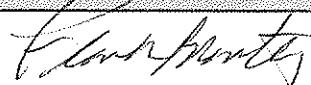

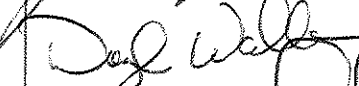

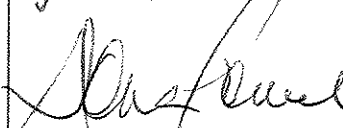
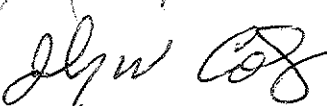

Instructions:

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

COUNTY: MONTGOMERY

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

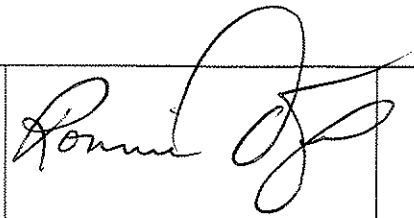
1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, 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)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>MONTGOMERY COUNTY</u>	Chairman	Frank Brantley		9/29/15
<u>CITY OF AILEY</u>	Mayor	James Fulmer, Jr.		9-29-15
<u>CITY OF ALSTON</u>	Mayor	Doyle Waller		9/29/15
<u>CITY OF MOUNT VERNON</u>	Mayor	Joey Fountain		9/29/15
<u>CITY OF HIGGSTON</u>	Mayor	Donna Powell		9/29/15
<u>CITY OF UVALDA</u>	Mayor	JOHNNY CORLEY		9/29/15
<u>CITY OF TARRYTOWN</u>	Mayor	LYNETTE COLEMAN		9/29/15

CITY OF VIDALIA

Mayor

Ronnie Dixon

A handwritten signature in black ink, appearing to read "Ronnie Dixon", is written in the top right corner of the table. The signature is stylized and cursive.