GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



NOV 2 8 2005 FOR Montgomery

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

- 1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- 4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to.

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

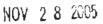
In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Alley, Alston, Higgston, Mount Vemon, Tarrytown, Uvaida, Montgomery County, Soperton, Vidalia, Montgomery County Development Authority, Mount Vemon Housing Authority, Montgomery State Prison, Vidalia Area Convention and Visitors Bureau

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate Summary of Service Dollvery Arrangements from (page 2) aust be completed.

Aging Services, Ambulance, Animal Control, Cemeteries,Code Enforcement, Courts, Cultural Facilities, E-911, Economic Development, Elections, Emergency Management, Extension Service, Fire Protection, Indigent Defense, Jail, Law Enforcement, Library, Mapping & GIS, Mosquito Control, Parks, Planning and Zoning, Probation, Public Health, Public Housing, Public Welfare, Recreation, Recycling, Road and Street Construction/Maintenance, Sewer, Solid Waste Collection, Solid Waste Disposal, Street Lighting, Tax Assessment, Tax Collection, Tourism, Voter Registration, Water



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



SERVICE DELIVERY STRATEGY

MONTGOMERY

COUNTY

1 a - 1

PAGE 1

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FOR

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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, Parrytown, Uvalda, Montgomery County, Soperton, Vidalia, Montgomery County Development Authority, Mount Vernon/Housing Authority, Vidalia Development Authority, Development Authority of Vidalia

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Aging Services, Ambularce, Animal Control, Cemeteries, Code Enforcement, Courts, Cultural, E-911, Economic Development, Elections, Emergency Management, Extension Service, Fire Protection, Indigent Defense, Jail, Law Enforcement, Library, Mapping & GIS, Mosquito Control, Parks, Planning and Zoning, Probation, Public Health, Public Housing, Public Welfare, Recreation, Recycling, Road and Street Construction/Maintenance, Sewer, Solid Waste Collection, Solid Waste Disposal, Street Lighting, Tax Assessment, Tax Collection, Tourism, Voter Registration, Water

PAGE 2

Lini rections:

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

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.) weregoing cause

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 Yes Z No

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

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

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

Local Government or Authority: Funding Method:

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:		
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 What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), an None. 	implement the strategy for this service (e.g., ordinar d when will they take effect?	ices, resolutions, local acts of the		
7. Person completing form: Keith Hamilton				
Phone number: (912) 583-2363	Date completed: 8/26/99			
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? If Yes I No If not, provide designated contact person(s) and phone number(s) below:				

Instructions:

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

County: Montgomery	Service: Ambulance		
1. Check the box that best describes	the agreed upon delivery arrangement for this service:		
	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is an, authority or organization providing the service.) — Mangamary County		
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or arganization providing the service.)		
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)		
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)		
	ittach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)		
2. In developing the strategy, were a Yes 1 No	overlapping service areas, unnecessary competition and/or duplication of this service identified?		
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).			
Local Government or Authority: Funding Method:			
Montgomery County	General Fund		
······			
4. How will the strategy change the No change.	previous arrangements for providing and/or funding this service within the county?		



 List any formal service delivery agreem service; 	ents or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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General Assembly, rate or fee changes, None.	, elc. j, und when will they lake enect?	
7. Person completing form: Keith Hami	lton	
Phone number: (912) 583-2363	Date completed: 8/26/9	9
8. Is this the person who should be contac consistent with the service delivery stri If not, provide designated contact perso		proposed local government projects are
		11

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PAGE 2

Instructions;

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

County: Montgomery

Service: Animal Control

I. Check the box that best describe	S the agreed upon delivery	arrangement for this service:
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- □ 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 Visasia
- □ 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.)
- Coher. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 D Yes Z No

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

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1. 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 Vidalia	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

 List any formal service delivery agreements or in service: 	tergovernmental contracts that will be used to imple	ement the strategy for this		
Agreement Name:	Contracting Parties: Effective and Ending Dates:			
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6. What other mechaniams (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: Keith Hamilton				
Phone number: (912) 583-2363	Date completed: <u>8/26/99</u>			
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? If Yes D No				
If not, provide designated contact person(s) and	phone number(s) below:			

PAGE 2

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County: Mo	ntgomery	۰	Service:	Cemeteries	 	 <u> </u>

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

Local Government or Authority: Funding Method:

City of Mount Vernon	General Fund
City of Tarrytown	Cernetery 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.

 List any formal service delivery agree service: 	ements or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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	be used to implement the strategy for this service es, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Keith Ha	milton	VIIIIV /
Phone number: (912) 583-2363	Date completed: 8/26/9	39
8. Is this the person who should be cont consistent with the service delivery a If not, provide designated contact per	-	r proposed local government projects are

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County: Montgomery

Service: Cemeteries

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
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 - City of Heard Vergen, City of Lived Lived A. City of Lived Vergen
 - City of Mount Vemon, City of Terrytown, City of Uvalde, City of Uvalde, City of Vedite 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.)
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Local Government or Authority: Funding Method:

	· · · · · · · · · · · · · · · · · · ·	
City of Mount Vernon	General Fund	
City of Tarrytown	Cernetery 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.

PAGE 2

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County: Montgomery

Service: Code 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.)
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 - Mentgenery County, City of Alley, City of Alben, City of Higgston, City of Manni Vonce, City of Terrytown, City of Uvaka, City of Videta Q Other. (If this box is checked, attach a legible map defineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
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Local Government or Authority: Funding Method:

	J
Montgomery County	General Fund
City of Alley, City of Alston	General Fund
	General Fund
City of Mount Vemon, City of Uvalda	General Fund
City of Tarrytown, City of Vidella	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

 List any formal service delivery agreeme service: 	nts or intergovernmental contracts that will b	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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 6. What other mechanisms (if any) will be a General Assembly, rate of fee changes, e None. 		e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Keith Hamilt	CAN	
Phone number: (912) 583-2383	Date completed; 8/25/9	79
 8. Is this the person who should be contacted consistent with the service delivery strated If not, provide designated contact person 		r proposed local government projects are
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PAGE 2

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County; Montgomery

Service: Courts

- 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.)
 - Mangement County. City at Mean Version, City of Uvelda, City of Voeta Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 D Yes Z No

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

Local Government or Authority: Funding Method:

		1
Montgomery County	General Fund	<u> </u>
City of Mount Vernon	General Fund	
City of Uvalda	General Fund	*****
City of Vidalia	General Fund	1

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

 List any formal service delivery agreements or service: 	intergovernmental contracts that will be used t	to implement the strategy for this	
Agreement Name:	ent Name: Contracting Parties: Effective and Ending Da		
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 6. What other mechanisms (if any) will be used its General Assembly, rate or fee changes, etc.), a None. 		ordinances, resolutions, local Acts of the	
7. Person completing form: Keith Hamilton		••••••••••••••••••••••••••••••••••••••	
Phone number: (912) 583-2363	Date completed; 8/26/99		
8. Is this the person who should be contacted by consistent with the service delivery strategy? If not, provide designated contact person(s) an	🗹 Yes 🗆 No	ed local government projects are	



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the context 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: Cultural

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: <u>Chy of Name</u>, Chy of Name, Chy of Materia, Chy of

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

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

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

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

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

NOV 2 8 105

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 Alston	General Fund
City of Higgston	General Fund
City of Mount Vernon	General Fund
City of Tarrytown	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.

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:
L		L

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: David Curry, County Administrator Phene number: 912-583-2363 Date completed: 6/29/05
- 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:

PAGE 2

Instructions:

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

County: Montgomery

Service: Cultural

- 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 Altion. City of Mount Ventes. City of Highering. City of Tantown. City of Velda, City of Videla.
 - City of Alation, City of Mount Vences, City of Higgston, City of Tanytown, 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority:	Funding Method:	 	
City of Alston	General Fund		
City of Mount Vernon	General/Fund		
City of Higgston	General Fund		
City of Tarrytown	General Fund		
City of Uvalda, 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.

SUD NO

 List any formal service delivery agrees service; 		
SELVICE:	ments or intergovernmental contracts that will l	be used to implement the strategy for this
	Contracting Parties:	Effective and Fedine Dates
Agreement Name:	Contacting Fattes.	Effective and Ending Dates.
		/
	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
a n Koith Han	ailton	
7. Person completing form: Keith Han		
Phone number: (912) 583-2363	Date completed: 8/26/	39
	rategy? Yes No	
If not, provide designated contact per		
		PAGE 2 (continued)

PAGE 2

Instructions:

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

	Check the box	that best	describes	the agreed	upon delivery	urrangement f	or this	service
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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.) Montgoment Cautary

- C Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund and Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

 List any formal service delivery agreements or in service: 	dergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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 6. What other mechanisms (if any) will be used to a General Assembly, rate or fee changes, etc.), an None. 	implement the strategy for this service (e.g., ordina d when will they take effect?	nces, resolutions, local acts of the
7. Person completing form: Keith Hamilton		***********
Phone number: (912) 583-2363	Date completed: 8/26/99	A.M.
 Is this the person who should be contacted by st consistent with the service delivery strategy? If not, provide designated contact person(s) and 	Yes 🔾 No	cal government projects are
	phone manoer(s) outow.	7



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names listed on page 1. Answer each question below, standing additional pages as necessary. If the contact parson for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Montgomery Service: Economic Development

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, suthority 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 boundarios, 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 meas. (If this box is checked, identify the government(s), authority or organization providing the zervice.):

✓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.):
Weter result Department is the fit.

Montgomery County Development Authority

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

 Yes
 Yes

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

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

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

Local Government or Authority:	Funding Method:
Montgomery County Dev. Auth.	General Fund
Montgomery County	General Fund
City of Ailey	General Fund
City of Mount Vemon	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 service will be provided county-wide through the Montgomery County Development Authority with Montgomery County and the cities of Ailey, Mount Vernon, and Vidalia contributing 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:
	· · · · · · · · · · · · · · · · · · ·	

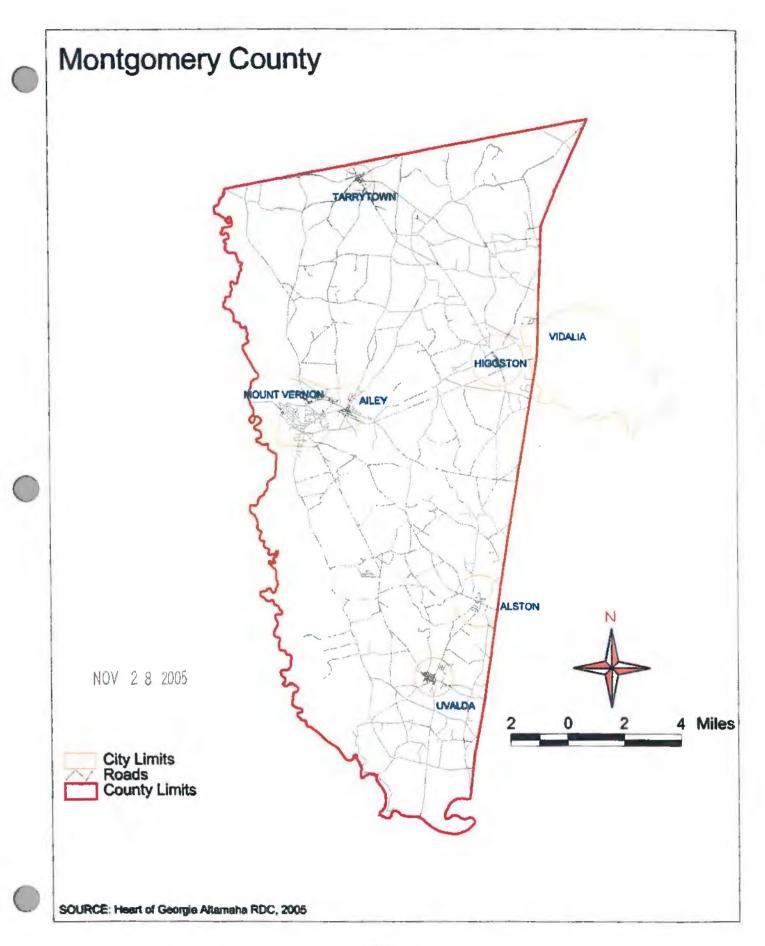
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form; David Curry, County Administrator Phone number: 912-583-2363 Date completed: 6/29/05

8. Is this the person who should he 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:



PAGE 2

Instructions:

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

County: Montgomery

Service: Economic Development

- 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.)
 - Montpomery County, City of Mount Veman, City of Vidale Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

bound of the second second	
Montgomery County	General/Fund
City of Mount Vernon	General Fund
City of Vidalla	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

 List any formal service delivery agreen service: 	nents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be General Assembly, rate or fee changes None.	e used to implement the strategy for this service (e.g. e, etc.), and when will they take effect?	, ordinances, resolutions, local acts of the
7. Person completing form: Keith Ham	ilton	<u></u>
Phone number: (912) 583-2363	Date completed: 8/26/99	
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		PAGE 2 (continued)

PAGE 2

Instructions:

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

County: Montgomery

Service: Elections

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - C 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.)
 - Cone 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.)
 - Monigomery County, City of Alley, City of Alleton, City of Higgston, City of Mount Verson, City of Tanytown, City of Uvalda, City of Vidalla Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

	·
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, 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.

Agreement Name:	Contracting Parties;	Effective and Ending Dates:
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	will be used to implement the strategy for this service (e anges, etc.), and when will they take effect?	.g., ordinances, resolutions, local acts of t
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None.		9
None.	Hamilton	۲۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
None. 7. Person completing form: <u>Keith</u> Phone number: <u>(912) 583-2365</u>	Hamilton 3 Date completed: 8/26/99 contacted by state agencies when evaluating whether pro-	oposed local government projects are

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PAGE 2 (continued)

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PAGE 2

Instructions:

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

County: Montgomery

Service: Emergency Management

- i. 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.) Margoney County
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

3. List each government or authority that will belp 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 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 service:	or intergovernmental contracts that will be used to i	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:

**************************************		NNNN YYYYYYYY MARAA A A A A A A A A A A A A A A A A A

6. What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.) None.	d to implement the strategy for this service (e.g., ord), and when will they take effect?	linances, resolutions, local acts of the
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed: 8/26/99	
 Is this the person who should be contacted to consistent with the service delivery strategy 	by state agencies when evaluating whether proposed ? If Yes D No	local government projects are
If not, provide designated contact person(s)	and phone number(s) below:	
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Instructions:

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

County: Montgomery

Service: Extension Service

1.	Check the	box	that best	describes	the a	igreed u	i po n d	lelivery	arrangement	for	this	serv	íce
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- 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

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.

PAGE 2

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
ومیت می این م این می این می		
None.	nges, etc.), and when will they take effect?	
None.		
None. 7. Person completing form: <u>Keith H</u>	lamiiton	
None.		9



Instructions:

Make copies of this form and complete one for each service listed on page 1, Serfion III. Use exectly the same service names listed on page 1. Answer each question below, sensing 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 Afflian.

County: Monigomery 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 bounderies, 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:

Due 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.):

[7]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.):

Managharany Caushy, City of Alay, City of Alaton, City of Higgston, City of Hauni Viencen, City of Transformer, City of Unada, City of Vigatia, Managamenty State Prince

2. In developing the strategy, were overlapping service areas, unnecessory competition and/or duplication of this service identified?
Yes 200

If these conditions will continue under the stratogy, 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 displication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Anthority:	Funding Method:
Montgomery County	General Fund
City of Ailey	General Fund
City of Alston	General Fund
City of Higgston	General Fund
City of Mount Vernon	General Fund
City of Tarrytown	General Fund
City of Uyalda	General Fund
City of Vidalia	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?

No change is enlicipated. Each of the local governments will continue to provide five protection within their respective boundaries as well as a summanding five-mile radius. The clipp of Alley and Mount Vernon have a mutual eld agreement to ussist such other on every fire call. The City of Higgston has a mutual eld agreement to provide fire protection for a portion of Toombs County, so needed. The Montgomery State Prison has a mutual eld agreement to provide fire protection for a portion of Toombs County, so needed. The Montgomery State Prison has a mutual eld agreement with each of the local governments.

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

Agreement Names	Contracting Partles:	Effective and Ending Dates:
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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

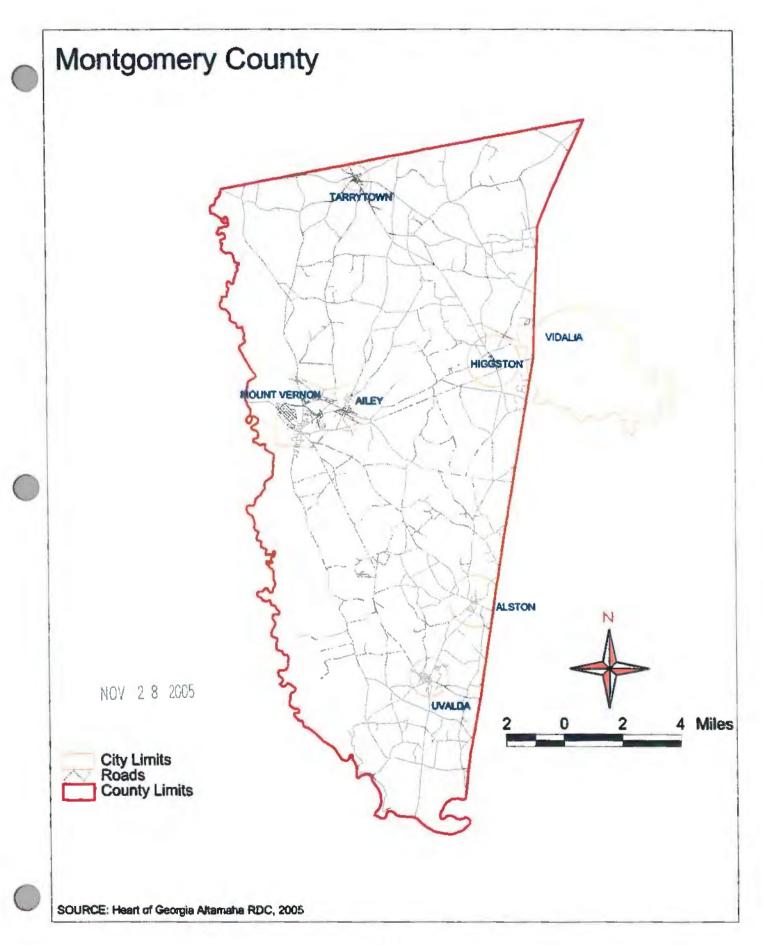
 7. Person completing form: Dovid Curry, County Administrator

 Phone number: 012-009-000

 Date completed: 6/29/05

8. Is this the person who abould be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? [7] Yes [No

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



Instructions:

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

County: Montgomery

Service: Fire Protection

PAGE 2

- 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 p ovider. (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.)
 - Cone 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 Alley, City of Alley, City of Alley, City of Higgston, City of Mount Vemon, City of Uvalda, City of Tanytown, City of Vidalla Other. (If this box is checked, **attach a legible map** delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund
City of Ailey, City of Alston	General/Fund
City of Higgston, City of Tarrytown	General Fund
City of Mount Vernon	General Fund
City of Uvalda, 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.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
greenen Pane.	Containing I alto.	
 What other mechanisms (if any) wi General Assembly, rate or fee chan None. 	Il be used to implement the strategy for this service ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: <u>Keith H</u> Phone number: (912) 583-2363	Date completed: 8/26/9	9
consistent with the service delivery	ontacted by state agencies when evaluating whether y strategy? 2 Yes I No person(s) and phone number(s) below:	proposed local government projects are
If not, provide designated contact p		
If not, provide designated contact p	en and the second	PAGE 2 (continued)

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Instructions:

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

County: Montgomery Service: Indigent Defense

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.):
Mantgamery County, Chy of Mount Version, Chy of Uvelde, Chy of Videle

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

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

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

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

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

Local Government or Authority:	Funding Method:
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 pr	evious arrangements for providing and/or funding this service within

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 only within the unincorporated areas. The cities of Mount Vernon, Uvalda, and Vidalia will provide the service within their respective municipal boundaries.

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: David Curry,	County Administrator	
Phone mumber: 912-583-2383	Date completed: 6/29/04	5

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:

Instructions:

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

County: Montgomery

Service: Indigent Defense

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

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

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

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

Local Government or Authority: Funding Method:

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.

 List any formal service delivery agreemen service: 	ts or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u> </u>		
 What other mechanisms (if any) will be us General Assembly, rate or fee changes, et None. 	sed to implement the strategy for this service c.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7 Demos completing form. Keith Hamilto	n '	1
7. Person completing form: Keith Hamilto		
Phone number: (912) 583-2363	Date completed: 8/26/99	2
8. Is this the person who should be contacted	d by state agencies when evaluating whether	proposed local government projects are
consistent with the service delivery strate	- /	
If not, provide designated contact person(s) and phone number(s) below:	
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County:	Montgomery	Service: Joil	

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

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

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

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 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 fices, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Anthority:	Funding Method:
Monigomery County	General Fund
4. How will the strategy change the pr	evious arrangements for providing and/or funding this service within
the county?	

No change is anticipated. The County will continue to provide the service county wide, but does have an agreement with Toomba, Wheeler, and inwin counties to accept immates as needed. The County is considering the possible construction of a new county wide juit facility or a multi-county juit facility in the future.

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:
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	unnama,	

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: Qavid Carry, Courty Administrator Phone number: 912-823-2323 Date completed: 6/2305

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? [7] Yes []No

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

Instructions:

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

PAGE 2

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

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

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

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

Local Government or Authority: Funding Method:

5000

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 service:	y agreements or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee o None.	changes, etc.), and when will they take effect?	
7. Person completing form: Keit	th Hamilton	
Phone number: (912) 583-23		/
8. Is this the person who should b consistent with the service deli	be contacted by state agencies when evaluating whether p ivery strategy? Z Yes C No	roposed local government projects are
If not, provide designated conta	act person(s) and phone number(s) below:	

PAGE 2 (continued)



Instructions:

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

County: Monigomery 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.):

Denor 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 ar 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.):

Monfgomery County, City of Mount Vernon, City of Uvelda, City of Videla

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
Yes [7]No

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

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

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

Local Government or Authority:	Funding Method:
Montgomery County	General Fund
City of Mount Vemon	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, Aiston, Higgston, and Tarrytown. The cities of Mount Vemon, Uvalda, and Vidalia will continue to provide the service within their respective municipal boundaries. The County and the City of Mount Vemon have an informal agreement in place to assist each other as requested, and the City is working on developing a format policy.

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:

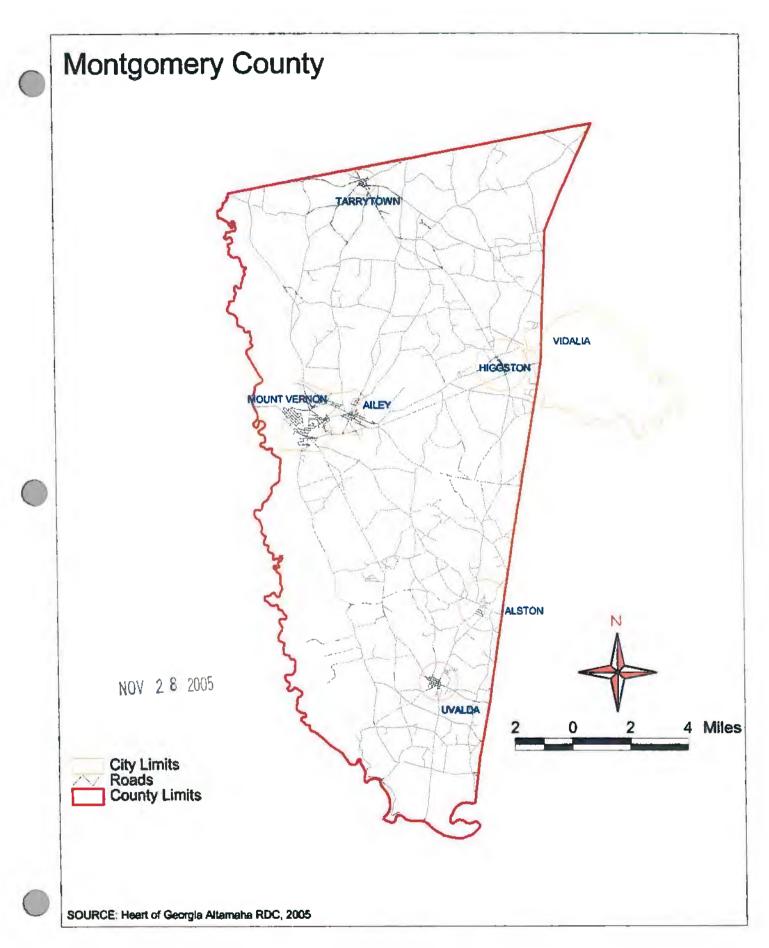
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: David	I Curry, County Administrator	
Phone number: 912-583-2363	Date completed:	6/29/05

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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PAGE 2

Instructions:

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

County: 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.)
 Horizonery Gauge, Gived Mount Venon, City of Mount Venon,
 - Montgomery County, City of Mount Version, City of Uvade, City of Videla Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

	B
Montgomery County	General Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund
	1

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change

		be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
wiw.		
5. What other mechanisms (if any) w General Assembly, rate or fee chan None.	ill be used to implement the strategy for this service ages, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of t
7. Person completing form: Keith H	lamilton	/
Phone number: (912) 583-2363	Date completed: 8/26/	99
	/	PAGE 2 (continued)

PAGE 2

instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the some service names listed on page 1. Answer each question below, stacking 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.) Management county
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 Yes Z No

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

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

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

Local Government or Authority: Funding Method;

•	
Montgomery County	Generál 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? No change.

 List any formal service delivery agreements or service: 	intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc.), at None.	implement the strategy for this service (e.g., ordina ad when will they take effect?	
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed: 8/26/99	аннани ч
 8. Is this the person who should be contacted by s consistent with the service delivery strategy? If not, provide designated contact person(s) and 		al government projects are

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PAGE 2

Instructions:

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

- 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.)
- Give or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Monigomery County	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

 List any formal service delivery agreements or in service: 	ntergovernmental contracts that will be used to impl	ement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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<ol> <li>6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), an None.</li> </ol>	implement the strategy for this service (e.g., ordinar d when will they take effect?	ces, resolutions, local acts of the
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed: 8/26/99	
<ol> <li>Is this the person who should be contacted by st consistent with the service delivery strategy?</li> </ol>	ate agencies when evaluating whether proposed foce	il government projecis are
If not, provide designated contact person(s) and	phone number(s) below:	

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### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

#### Instructions:

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

County: 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 Alley, City of Mount Vernon, City of Uralda, City of Vitalia

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

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

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

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

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

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 facs, general funds, special service district revenues, hole/motel taxes, franchise taxes, impact fees, bonded indebtedness, otc.).

	ority: Funding Method:	
Xity of Ailey	General Fund	
City of Mount Vernon	General Fund	
City of Uvakia	General Fund	
Sity of Vidalia	General Fund	
A Library will this atvations: about	e the previous arrangements for providing and/or funding this service	
4. How will the strategy change the county?	e me freedore arrangements or proving attrost torong mit service	5 WIUHEI

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

Agreement Name:	<b>Contracting Parties:</b>	Effective and Ending Dates:
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

7. Person completing form: David Curry, County Administrator Phone number: \$12:593-2361 _____ Date completed: 622505

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? If Yes INo

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

### Instructions:

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County: Montgomery

Service: Mosquito Control

PAGE 2

- 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.)
  - Cone 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 Max, City of Max, City of Maximum City of Uvakia
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

City of Ailey	General Fund
City of Mount Vernon	General Fund
City of Uvalda	General Fund
	1

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

greement Name:	Contracting Parties:	Effective and Ending Dates:
		/
What other mechanisms (if any) will be General Assembly, rate or fee changes, None.	used to implement the strategy for this service (e.g., or etc.), and when will they take effect?	remances, resolutions, local acts of the
Person completing form: Keith Hamil	ton	/
Phone number: (912) 583-2363	Date completed: 8/26/99	
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PAGE 2

#### Instructions:

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

County: Montgomery	Service: Parks
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is imment, authority or organization providing the service.)
	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
unincorporated areas. (If the City of Alley, City of Alston, City of Higo	ride this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization providing the service.) ston, City of Mount Vemon, City of Tarrytown vide this service only within their incorporated boundaries, and the county will provide the service in
unincorporated areas. (If th	is box is checked, identify the government(s), authority or organization providing the service.)
	d, attach a legible map delineating the service area of each service provider, and identify the the the the organization that will provide service within each service area.)
2. In developing the strategy, we □ Yes 2 No	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or d).
	nated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	ority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	Funding Method:
City of Ailey	General Fund
City of Alston	General Fund
City of Higgston	General Fund
City of Mount Vernon	General Fund
City of Tarrytown	General Fund
4. How will the strategy change No change.	the previous arrangements for providing and/or funding this service within the county?



<ol> <li>List any formal service delivery agreements service:</li> </ol>	s or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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General Assembly, rate or fee changes, etc None.		
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed: 8/26/99	
8. Is this the person who should be contacted consistent with the service delivery strateg	by state agencies when evaluating whether property?	osed local government projects are
If not, provide designated contact person(s	s) and phone number(s) below:	



#### Instructions:

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

County: Monigomery 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: Lay a May, City of Meeting, City of Mount Verson, City of Worlds, City of Mount Verson, City of Worlds, City of Mount Verson, City of Worlds, City of Mount Verson, City of Mount Verson, City of Worlds, City of Mount Verson, City of Mount Verson, City of Version

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, attack a legible map defineating the service area of each service provider, and identify the government, sufficiently, or other organization that will provide service within each service area.):

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

∐Yes ℤNo

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 35-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
City of Ailey	General Fund
City of Higgston	General Fund
City of Mount Vemon	General Fund
City of Uvalda	General Fund
City of Vidalia	General Fund
4. How will the strategy change the pr the county?	evious arrangements for providing and/or funding this service with

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:

Contracting Parties:	Effective and Ending Dates:
	Contracting Parties:

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:
   Devid Curry, County Administrator

   Phone number:
   912-583-2363

   Date completed:
   6/29/05
- 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:

PAGE 2

#### Instructions:

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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 Alley, City of Higgston, City of Mount Verson, City of Tarrytown, City of Vidalla
  - City of Alley, City of Hilggston, City of Mount Vemon, City of Tarrytown, City of Vidalla One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: F	unding	Method:
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Local Obvernment of Automy.	Tunung Menos. /
City of Alley	General Fund
City of Higgston	General Fund
City of Mount Vernon	General Fund
City of Tarrytown	General Fund
City of Vidalia	General Fund
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

	eements or intergovernmental contracts that will b	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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	I be used to implement the strategy for this service ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of
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<ol> <li>Person completing form: Keith Ha Phone number: (912) 583-2363</li> </ol>	Date completed: 8/26/9	9
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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 legithle map defineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

Monfgomery Caurity, Eity of Mount Vernon, City of Livelde, City of Videlia

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

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

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

3. List each government or authority that will belp 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, holol/motel taxes, franchise taxes, impact fees, honded indebtedness, etc.).

Local Government or Authority:	Funding Method:
Mantgomery 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 provide the service county wide through its State Count. The cities of Mount Vernon, Uvalda, and Videlia provide a higher level of service through their respective Municipal Count.

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

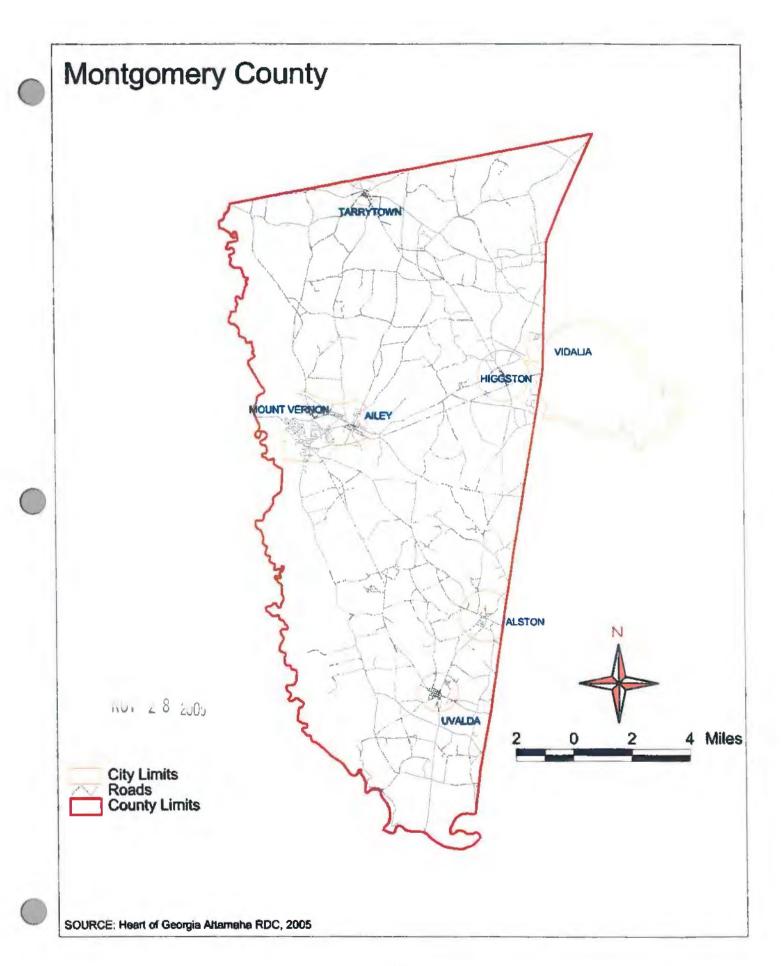
Agreement Name:	<b>Contracting Parties:</b>	Effective and Ending Dates:
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None		<b>19999</b>
ху 2		********
7. Person completing form: Devid Cury, Case	nty Administrator	
Phone munber; 912-683-2303	Date completed: 6/29/05	

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? [2] Yes [1] No

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



#### Instructions:

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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.)
  - Montgomery County, City of Mount Vemon, City of Uvalda, City of Videlia Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

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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.

PAGE 2

greement Name:	Contracting Parties:	Effective and Ending Dates:
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	ll be used to implement the strategy for this servinges, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of t
	1	
Person completing form: Keith H	amilton	
Phone number: (912) 583-2363	Date completed: 8/26/	99
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Make copies of this form and complete one for each service listed on page 1. Socilon III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: 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.) Montpowery County

- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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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,

<ol> <li>List any formal service delivery agreen service:</li> </ol>	nents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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<ol> <li>What other mechanisms (if any) will be General Assembly, rate or fee changes None.</li> </ol>	e used to implement the strategy for this service (e.g., etc.), and when will they take effect?	, ordinances, resolutions, local acts of the
7. Person completing form: Keith Ham	ilton	567777777878.6
Phane number: (912) 583-2363	Date completed: 8/26/99	
<ol> <li>Is this the person who should be contac consistent with the service delivery str</li> </ol>	cted by state agencies when evaluating whether propa ategy? 27 Yes I No	osed local government projects are
If not, provide designated contact persi	on(s) and phone number(s) below:	

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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 at Nouri Yonon, City at Unable, City of Weaks
  - 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.)
  - C) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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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 Mount Vernon	State and Federal Funds
City of Uvalda	State and Federal Funds
City of Vidalia	State and Federal Funds
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change.

<ol> <li>List any formal service delivery agreement service:</li> </ol>	ts or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
φημικατικά του το πολογιστικό το πολογιστικό το πολογιστικό το πολογιστικό το πολογιστικό το πολογιστικό που τ Το πολογιστικό το πολογιστικό ποι πολογιστικό ποι πολογιστικό ποι πολογιστικό ποι πολογιστικό ποι πολογιστικό πο		
General Assembly, rate or fee changes, etc None.		e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Keith Hamilton	D	
Phone number: (912) 583-2363	Date completed: 8/26/3	99
8. Is this the person who should be contacted consistent with the service delivery strateg If not, provide designated contact person(s	gy? 🗹 Yes 🗅 No	r proposed local government projects are

## PAGE 2

### Instructions:

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

County: Monigomery

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.) Management 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.)
- Coher. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund

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:
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ν, <b>, μ</b>		
6. What other mechanisms (if any) will be used to i General Assembly, rate or fee changes, etc.), and None.		ces, resolutions, local acts of the
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed: 8/26/99	
8. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed loca Yes 🗅 No	il government projects are
If not, provide designated contact person(s) and phone number(s) below:		



#### Instructions:

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

County: 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 Vemon

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

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

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

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

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

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

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

NUV 28 JUS NU' 28 2005

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

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

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

No change is anticipated, Recreation service is now provided county wide through the City of Mount Vernon, with the County providing SPLOST funding as needed for capital improvements.

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 mochanisms (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

- Person completing form:
   David Curry, County Administrator

   Phone number:
   612-583-2363
   Date completed;
   6/26/05
- 8. Is this the person who should be contacted by state agencies when evaluating whother proposed local government projects are consistent with the service delivery strategy? [7] Yes []No

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



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## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

#### Instructions:

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

County: 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.)
  - 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.)
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  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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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:

	<u> </u>		
Montgomery County	General Fund		
City of Mount Vernon	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 and Montgomery County will jointly operate the Recreation Department for all of the residents of Montgomery County. The J.M. Fountain Memorial Recreation Park is located within the City Limits of Mount Vernon.

		/
5. List any formal service delivery agreemen service:	ts or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, et	sed to implement the strategy for this service (e. c.), and when will they take effect?	.g., ordinances, resolutions, local acts of the
7. Person completing form: Ryan Waldre	p	
Phone number: 478-374-4771	Date completed: 09/03/Ø2	
consistent with the service delivery strate		pposed local government projects are
If not, provide designated contact person( Keith Hamilton (912) 583-2363	s) and phone number(s) below:	
		PAGE 2 (continued)
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PAGE 2

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

County: Montgomery

Service: Recreation

- I. 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.) Montography County
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund	

<ol> <li>List any formal service delivery agreement service:</li> </ol>	s or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<ol> <li>6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, etc None.</li> </ol>		
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Bate completed: 8/26/99	9
8. Is this the person who should be contacted consistent with the service delivery strateg If not, provide designated contact person(s	gy? 2 Yes No	proposed local government projects are
	1	
		PAGE 2 (continued)

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### Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, araching additional pages as necessary. If the context person for this service (listed at the buttom 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.)
  - Monigenery County, Cay of Nouri Version, City of Vicalia Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund & Grants
City of Mount Vernon	General Fund & Grants
City of Vidalia	General Fund & Grants

<ol> <li>List any formal service delivery agreements or in service:</li> </ol>	tergovernmental contracts that will be used to imple	ement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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<ul> <li>6. What other mechanisms (if any) will be used to i General Assembly, rate or fee changes, etc.), and None.</li> </ul>		ces, resolutions, jocal acts of the
7. Person completing form: Keith Hamilton		: ۲۰۰۰
Phage number: <u>(912) 583-2363</u>	Date completed; 8/26/99	
<ul> <li>B. Is this the person who should be contacted by strategy:</li> <li>Consistent with the service delivery strategy?</li> <li>If not, provide designated contact person(s) and</li> </ul>	Yes D No	al government projects are



#### Instruction:

Make copies of this term and complete one for each service listed on page 1. Section III. Use anothy the same service names fated on page 1. Assure each question below, attaching soliditional pages as accessory. If the contact provem for this service (listed at the bottom of the page) shanges, this should be reported to the Department of Community Affairs.

Country, Montgomery Service: Road and Street Construction/Meintenance

1. Check the box that best doscribes 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, sutherity 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.): Masharar Caush, City of Mars. (By at Mars. Sity of Wash. City of Visite.)

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

2. In developing the strategy, were overlapping service areas, manacessary competition and/or duplication of this service identified?
Types [7]No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for comploting it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority:	Funding Method:
Montgomery County	General and State Funds, SPLOST
City of Ailey	Prison Contract
City of Mount Vernon	General and State Funds, SPLOST
City of Uvalda	General and State Funds
City of Vidalia	General and State Funds, SPLOST

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

No change is anticipated. The City of Alley utilizes the Montgomery State Prison to assist in maintaining its roads

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: David Curry, County Administrator Phone number: 912-583-2363 Date completed: 6/29/05
- 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? [7]Yes []No

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

#### Instructions:

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

County: Montgomery

Service: Road and Street Construction/Maintenance

PAGE 2

- 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.)
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  - 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 Uvada, City of Vitalia Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, anthority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

Local Government or Authority: Funding Method:

Montgomery County	General and State Funds, SPLOST
City of Uvalda	General and State Funds
City of Vidalia	General and State Funds, SPLOST

eement Name:	Contracting Parties:	Effective and Ending Date
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. What other mechanisms (if any) will be us General Assembly, rate or fee changes, etc	ed to implement the strategy for this service (e.g.,	ordinances, resolutions, local acts o
None.	.), all when will bey lake cheer?	
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7. Person completing form: Keith Hamilton	n	
Phone number: (912) 583-2363	Date completed: 8/26/99	
8 Is this the person who should be contacted	by state agencies when evaluating whethe propos	ed local government projects are
consistent with the service delivery strates	gy? 🗹 Yes 🗅 No	
If not, provide designated contact person(s	s) and phone number(s) below:	
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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, suaching 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.)
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  - 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.) Cay of Many, Cay of Many,
  - 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, suthority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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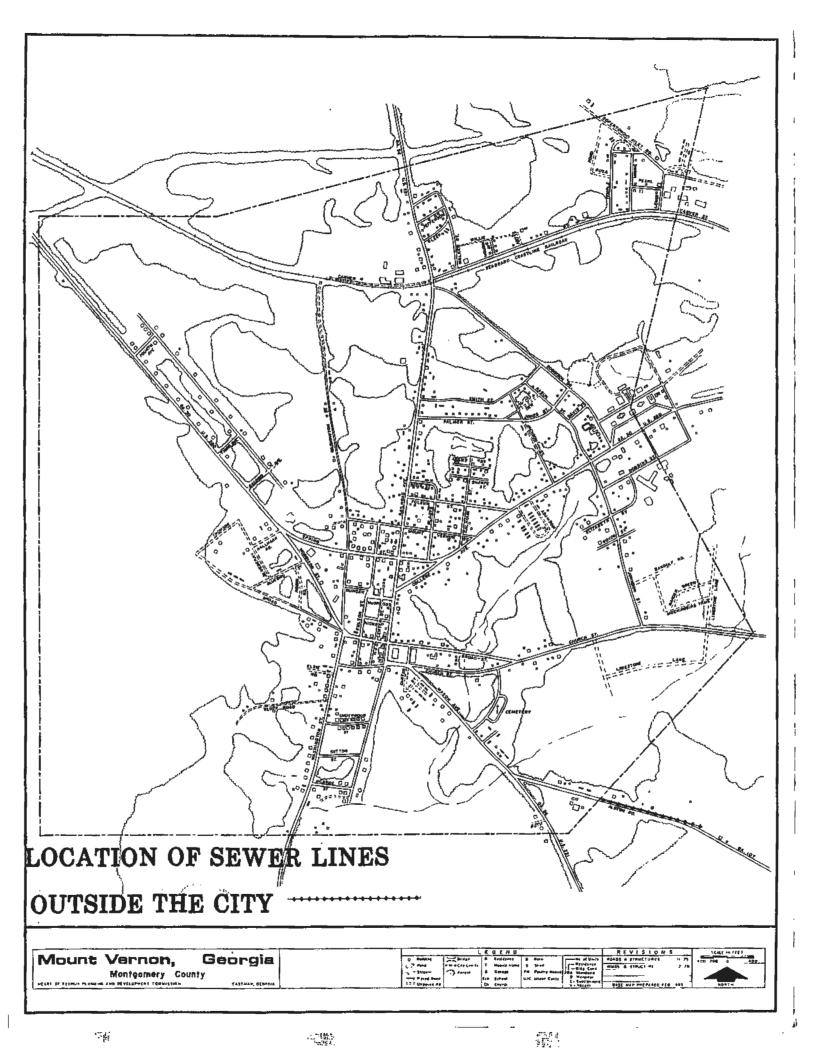
3. List each government or anthority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

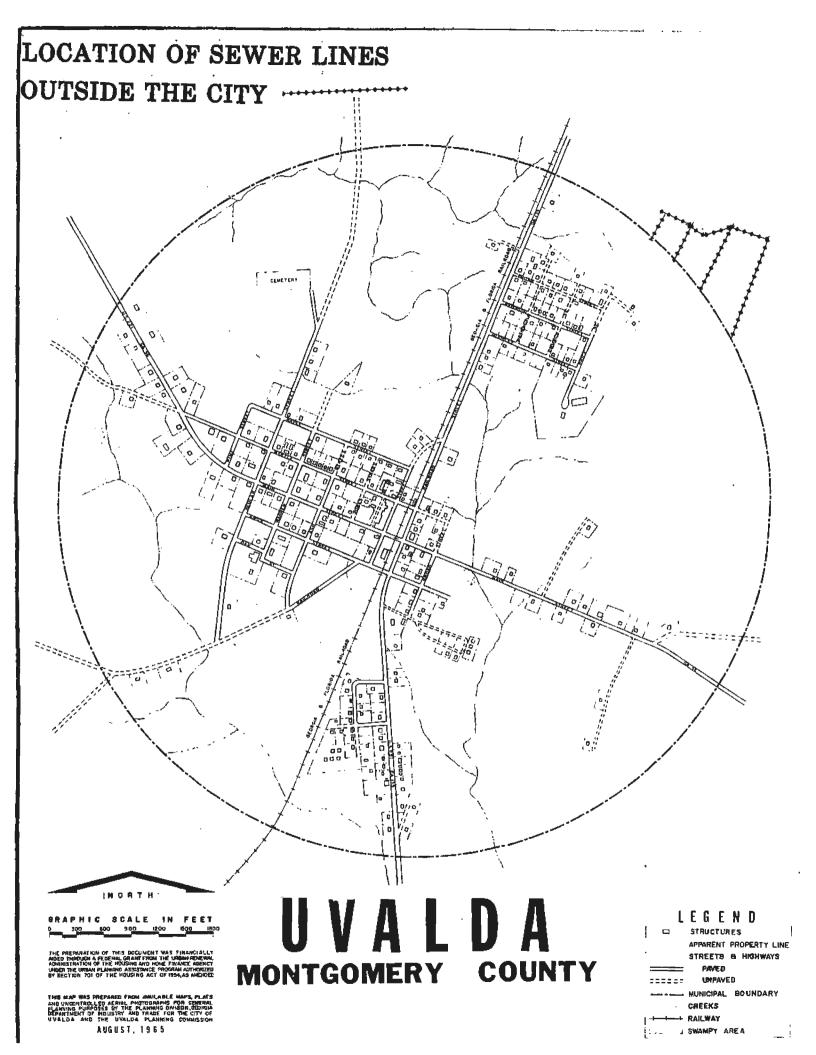
Local Government or Authority: Funding Method:

City of Ailey	Water/Sewer Fund
City of Mount Vernon	Water/Sewer Fund
City of Uvalda	Water/Sewer Fund
City of Videlia	Water/Sewer Fund

<ol> <li>List any formal service delivery agreements or in service;</li> </ol>	tergovernmental contracts that will be used to impl	ement the strategy for this	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
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6. What other mechanisms (if any) will be used to i General Assembly, rate or fee changes, etc.), and None.		nces, resolutions, local acts of the	
7. Person completing form: Keith Hamilton			
Phone number: (912) 583-2363	Date completed: 8/26/99		
8. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed loca Yes 🗅 No	al government projects are	
If not, provide designated contact person(s) and	phone number(s) below;		

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County: Montgomery Service: Solid Weste 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.)
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  - 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.)
     Monigonery County, City of Alley, City of Mount Vense, City of Vesida, City of Vesida.
     Other, (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the
  - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, nonecessary competition and/or duplication of this service identified?

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

Funding Method:
General Fund & Fees
Water/Sewer Fund
General Fund
Water/Sewer Fund
Fees

<ol> <li>List any formal service delivery agreements or in service;</li> </ol>	tergovernmental contracts that will be used to impl	ement the strategy for this	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
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General Assembly, rate or fee changes, etc.), and None.	i when will they take effect?		
7. Person completing form: Keith Hamilton			
Phone number: (912) 583-2363	Date completed: 8/26/89		
<ul> <li>8. Is this the person who should be connected by st consistent with the service delivery strategy?</li> <li>If not, provide designated contact person(s) and</li> </ul>		al government projects are	
	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		

### Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III, Use exactly the same service cames listed on page 1. Answer each question below, sucching 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.)
  - Moniporenty County. City of Alley, City of Mount Vernar, City of Meeter, City of Meeter City of Meeter, City of Alley, City of Mount Vernar, City of Meeter, City of Meeter Other, (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority:	Funding Method:
Montgomery County	General Fund & Fees
City of Alley	Water/Sewer Fund
City of Mount Vernon	General Fund
City of Uvalde	Water/Sewer Fund
City of Vidalia	General Fund
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<ol> <li>List any formal service delivery agreements or in service:</li> </ol>	tergovernmental contracts that will be used to imp	plement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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<u>1999</u> t		
6. What other mechanisms (if any) will be used to a General Assembly, rate or fee changes, etc.), and None.		inces, resolutions, local acts of the
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed; 8/26/99	
8. Is this the person who should be contacted by sta consistent with the service delivery strategy?		cal government projects are
If not, provide designated contact person(s) and	phone number(s) below:	1999

## PAGE 2

#### Instructions:

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

County: 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, anthority 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 Alexa, City of Alexan, City of Higgston, City of Monte Vencer, City of Terrytown, City of Usada.
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority:Funding Method:City of Alley, City of AlstonGeneral FundCity of HiggstonGeneral FundCity of Mount VemonGeneral FundCity of TarrytownGeneral FundCity of Uvalda, City of VidaliaGeneral Fund



<ol> <li>List any formal service delivery agreements or in service:</li> </ol>	tergovernmental contracts that will be used to impl	ement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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6. What other mechanisms (if any) will be used to i General Assembly, rate or fee changes, etc.), and None.	mplement the strategy for this service (e.g., ordinar I when will they take effect?	ces, resolutions, local acts of the
7. Person completing form: Keith Hamilton	N. A comparation of the	
Phone number. (912) 583-2363	Date completed: 8/26/99	
<ul> <li>8. Is this the person who should be contacted by st consistent with the service delivery strategy?</li> <li>If not, provide designated contact person(s) and</li> </ul>		al government projects are
ti not, provide designated condict person(s) and		uuuuu

### Lastractions:

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

County: Montgomery					Service:	Tax Assessment	
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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.) Monteomy county
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (if this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - Other, (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund

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:	
<u></u>	na		
₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	╡ ╕ ┑ ┑ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓ ┓	······	
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6. What other mechanisms (if any) will be used to it General Assembly, rate or fee changes, etc.), and None.		nces, resolutions, local acts of the	
7. Person completing form: Keith Hamilton			
Phone number: (912) 583-2363	Date completed; 8/28/99	name.	
8. Is this the person who should be contacted by su consistent with the service delivery strategy?		al government projects are	
If not, provide designated contact person(s) and	phone number(s) below:		



Instructions:

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

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 Alley, City of Uvalda, City of Vidalla

In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 Yes [7]No

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

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

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

City of Ailey Ger City of Uvalda Ger	neral Fund
City of Uvalda Ger	
	neral Fund
City of Vidalia Ger	
	neral Fund
4. How will the strategy change the previou tha county?	is arrangements for providing and/or funding this service within
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:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
· · · · · · · · · · · · · · · · · · ·		

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

7. Person completing form:	Devid Curry, County Administrator

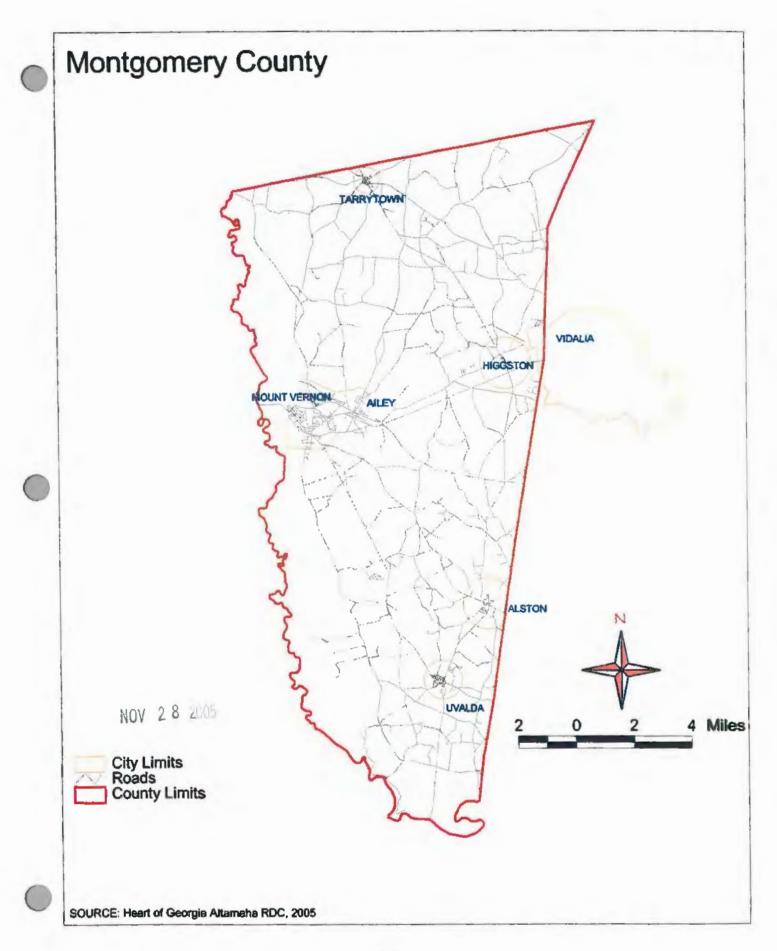
Date completed: 6/29/05

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? 2 Yes No

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

None

Phone mimber: 912-563-2363



### PAGE 2

#### Instructions:

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

County: 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.)
     Montgomery County, City of Alley, City of Unada, City of Videna
     Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the
  - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund
City of Ailey	General Fund
City of Uvalda	General Fund
City of Vidalia	Genéral Fund

<ol> <li>List any formal service delivery agrees service:</li> </ol>	cements or intergovernmental contracts that will t	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: Keith H	amilton	/
Phone number: (912) 583-2363	Date completed: 8/26/	99
<ol> <li>Is this the person who should be consistent with the service delivery</li> </ol>	ntacted by state agencies when evaluating whethe strategy? If Yes I No	er proposed local government projects are
If not, provide designated contact p	erson(s) and phone number(s) below:	

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#### Instructions:

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

County.	Montgamory	Service: Tourism	

I. 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 bax is checked, identify the government, authority or organization providing the service.): Vidaila Area Convention and Visitora Burgau

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, sufficiently, or other organization that will provide service within each service area.):

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

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority:	Funding Method:
Vidalia Area CVB	General Fund
Montgomery County Dev. Auth.	General Fund
Montgomery County	General Fund
City of Alley	General Fund
City of Higgston	General Fund
City of Mount Vernon	Géneral 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 Videlia Area CVB is the main entity for providing tourism services in the county, with the Montgomery County Development Authority providing funding and assistance as needed. The County and the clies of Alley, Higgston, Mount Vemon, and Uvalda also contribute funding.

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:
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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 offect?

7. Person completing form : Dewid Clary, Ca	unty Administration	
Phone number: 912-583-2363	Date completed: 6/29/05	

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

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

None

#### Instructions:

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

PAGE 2

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.) Monitornery County, 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority: Funding Method:

2 10 00

Montgomery County	General Fund
City of Vidalia	Hotel/Motel Tax

service:	Contracting Parties:	Effective and Ending Dates:
greement Name:	Contracting Fattes.	Enective and Exiding Dates.
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5. What other mechanisms (if any) will General Assembly, rate or fee chang None.	l be used to implement the strategy for this service ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Keith Ha	amilton	
Phone number: (912) 583-2363	Date completed: 8/26/9	9
consistent with the service delivery If not, provide designated contact po	erson(s) and phone number(s) below:	
	erson(s) and phone number(s) below:	PAGE 2 (continued)
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#### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

#### Liver actions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exercity the same service names listed on page 1. Answer each question below, attaching additional pages as accessary. If the contact person for this service (listed of 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.) Management carmy
  - 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 defineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   Yes Z No

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

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

Local Government or Authority: Funding Method:

Montgomery County	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the couply? No change.

<ol> <li>List any formal service delivery agreements or service:</li> </ol>	intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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6. What other mechanisms (if any) will be used a General Assembly, rate or fee changes. etc.), a None.	o implement the strategy for this service (e.g., ordina and when will they take effect?	nces, resolutions, local acts of the
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed: 8/26/99	-
<ol> <li>8. Is this the person who should be contacted by consistent with the service delivery strategy? If not, provide designated contact person(s) and</li> </ol>		al government projects are
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### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

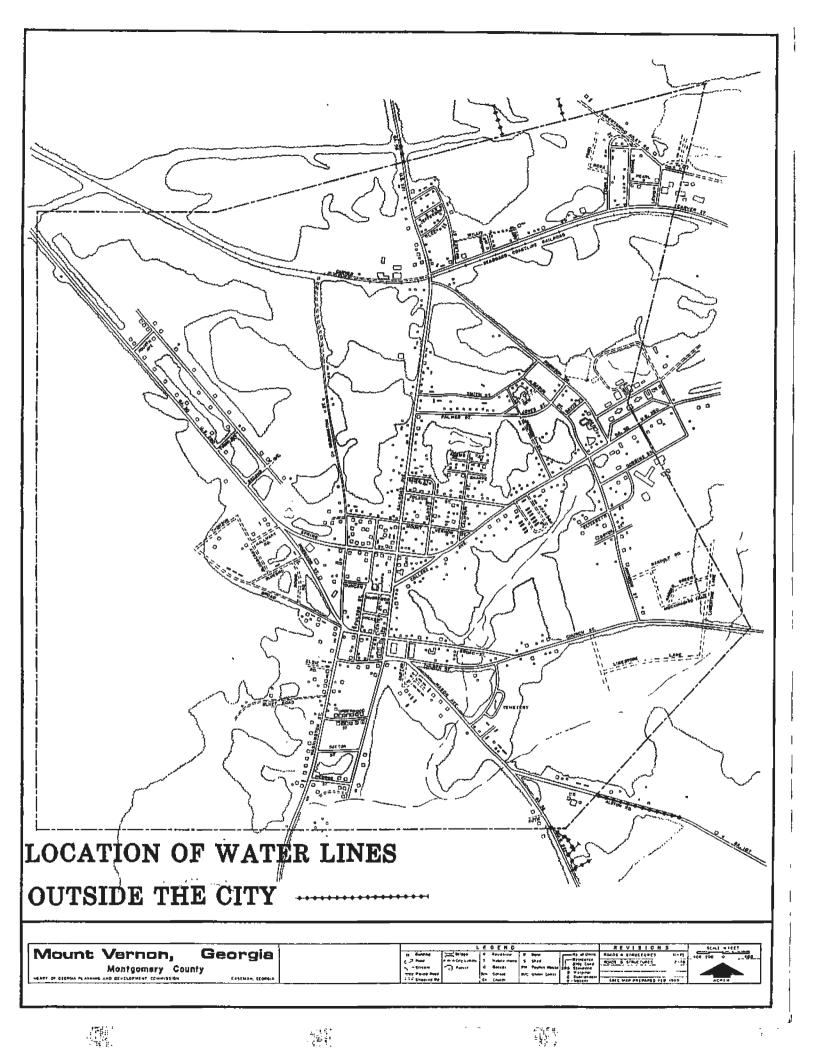
#### Instructions:

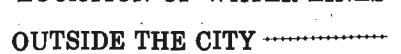
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each quersion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

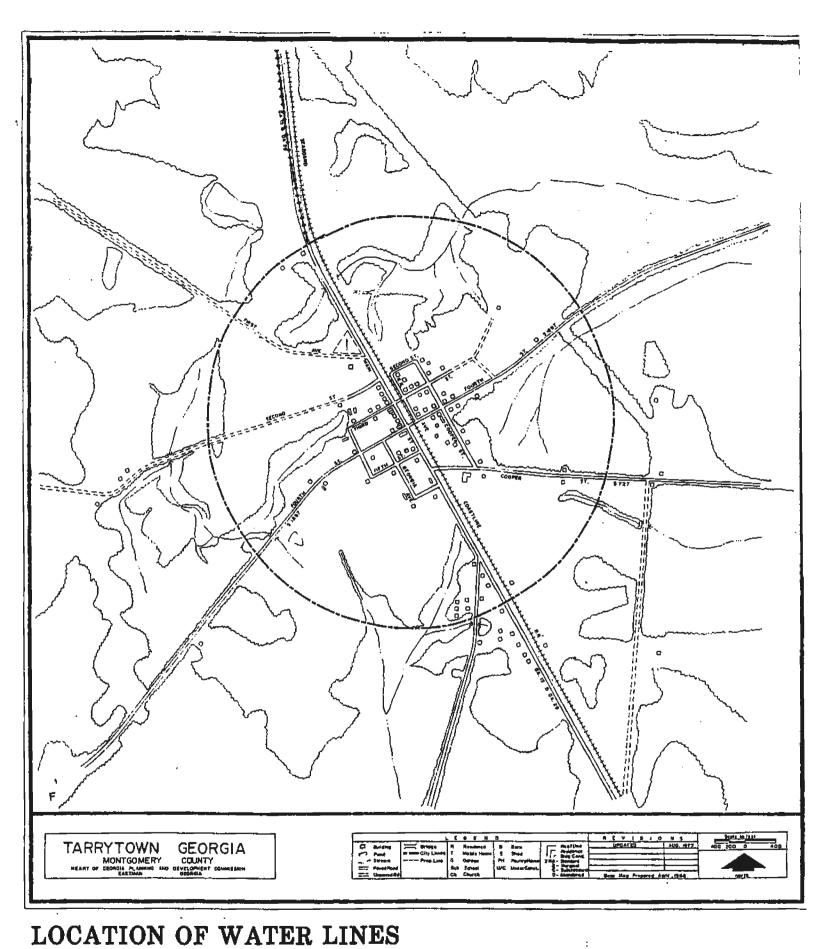
County: Montgomery	Service: Waler
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
unincorporated areas. (If this b City of Mary, City of Attact, City of Marsa W One or more cities will provide	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.) won, City of Targiann, City of United Billy of Vidate this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
government, authority, or othe Cay of Alley, Cay of Alston, Cay of Mover	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.) Yerron, City of Tanyown, City of Uvada, City of Vidala, City of Separaton — Size explanaton below overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ter the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be fible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, botel/motel taxes, franchise usxes, impact fees, bonded
Local Government or Authority:	Funding Method:
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
No change,	previous arrangements for providing and/or funding this service within the county? s water to the City of Tarrylown.

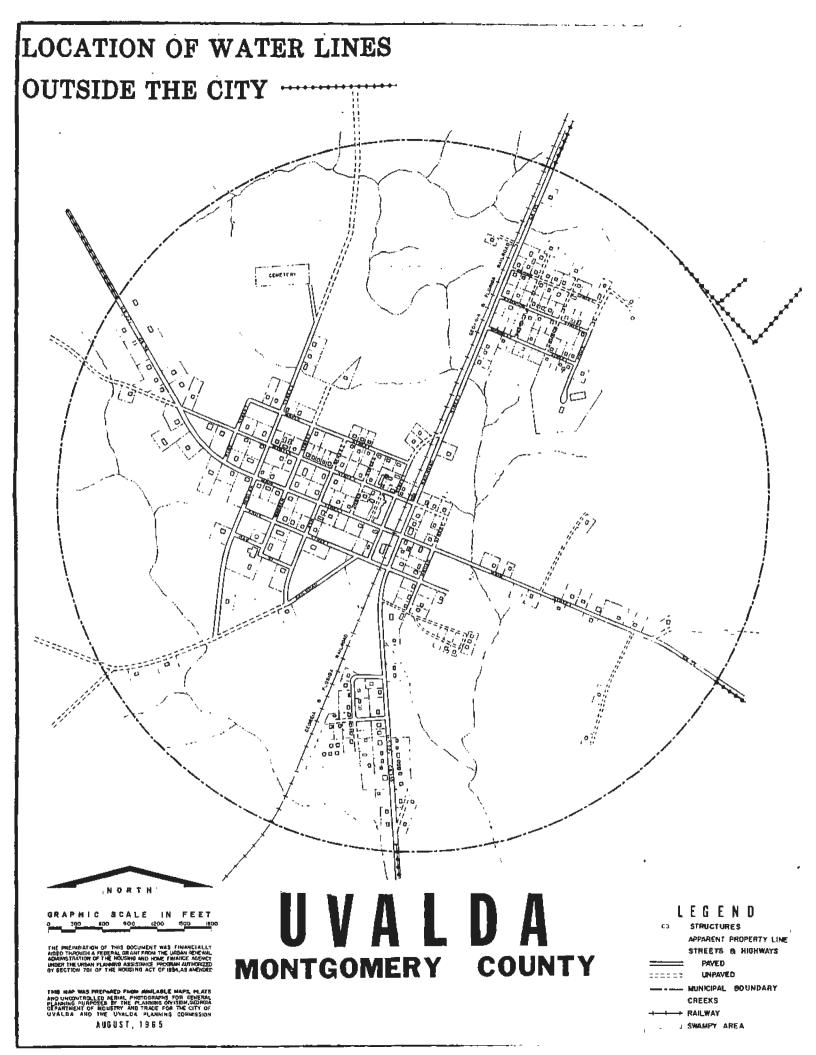
<ol> <li>List any formal service delivery agreements or in service:</li> </ol>	ergovernmental contracts that will be used to impl	ement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	······································	
	<u> </u>	ана <mark>н</mark> анияния түзү,
999		
		ин на
<ol> <li>What other mechanisms (if any) will be used to in General Assembly, rate or fee changes, etc.), and None.</li> </ol>		ces, resolutions, local acts of the
7. Person completing form: Keith Hamilton		
Phone number: (912) 583-2363	Date completed: 8/26/99	
8. Is this the person who should be contacted by sta consistent with the service delivery strategy?		al government projects are
If not, provide designated contact person(s) and p	ohone number(s) below:	

PAGE 2 (continued)









#### SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

#### Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require opdating of the service delivery strategy. If the contact person for this service (listed at the borrors 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:

Is 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:

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

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

The county will notify the cify that it has a bona fide land use classification objection; the city will respond to the county in writing within 30 days by either (a) agreeing to implement the county's stipulations, (b) agreeing with the county and stopping the action, or (c) disagreeing with the county's objections and initiating a joint meeting. Madiation will follow if needed.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

The county and 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.

5. Person completing form: Keith Hamilton

Phone number; (912) 583-2363

Date completed: 6/26/99

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

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

367-3640

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# NOV 2 8 2005

	SERVICE DELIVERY STRATEGY UPDATE CERTIFICATIONS			
	Instructions: This two page 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 oftics 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.			
UPDA	TED SERVICE DELIVERY STRATEGY FOR			
We, the unde	rsigned authorized representatives of the jurisdictions listed below, certify that:			
	reviewed our existing Service Delivery Strategy and have determined that: nly one box for question #1)			
□ A.	Our Strategy continues to accurately reflect our preferred arrangements for providing local services throughout our county and no changes in our Strategy are needed at this time; or			
ъ в.	Our Strategy has been revised to reflect our preferred arrangements for providing local services.			
f Option A is	selected, only this form, signed by the appropriate local government representatives must be provided to DCA.			
lf Option B is with:	selected, this form, signed by the appropriate local government representatives, must be submitted to DCA along			
• an t • an y • an t prov	apdated "Summary of Service Arrangements" form (page 2) for each local service that has been revised/updated; supporting local agreements pertaining to each of these services that has been revised/updated; and updated service area map depicting the agreed upon service area for each provider if there is more than one service rider for each service that has been revised/updated within the county, and if the agreed upon service areas do not update with local political boundaries.			
resolution	or governing bodies (County Commission and City Councils) that are a party to this strategy have adopted is agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for station of our service delivery strategy (O.C.G.A. 36-70-21);			
<ol> <li>Our servic and respo</li> </ol>	e delivery strategy continues to promote the delivery of local government services in the most efficient, effective, nsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));			
geographi	ce delivery strategy continues to provide that water or sewer fees charged to customers located outside the to boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers ithin the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));			
those join	be delivery strategy continues to ensure that the cost of any services the county government provides (including the finded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the e borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. (3));			
	Page 1 of 2			
	725			

# NOV 2 8 2005

- Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));
- 7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- 8. Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))³ and;
- DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

'If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:

JURISDICTION: SIGNATURE: NAME: TITLE: DATE: (Please print or type) City of UUDIdo Charles F. Truck In Cham, Coun Johnny W Corley MAYOr Thompson City Clark City of A! mesei MAYOR City of fountain Mayor City of

# Page 2 of 2

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NOV 2 8 2005

# SEP



#### SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

#### Instructions:

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

#### SERVICE DELIVERY STRATEGY FOR Montgomery

COUNTY

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

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

SIGNATURE:	NAME: (Please point or type)	TITLE:	JURISDICTION:	DATE:
ble	Amie Calhoun	Chairman	Montgomery County	913/22
TH. Peterson Edwi Messier	T.A. Peterson	Mayor	City of Ailey	913/22 9/3/22 9/3/02
Edwi MeBide	Edwin McBride	Mayor	City of Alston	4/5/02
Clock Blenn	Deborah R. Henry	Mayor	City of Higgston	4/3/02 4/3/02
Joey o. tomoton	Joey B. Fountain	Mayor	City of Mount Vernon	4/3/2L
	Joy O. Hilton	Mayor	City of Tarrylown	
July w los	Johnny Corley	Mayor	City of Uvalda	9/3/32
		1		

# SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4



#### Instructions:

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

SERVICE DELIVERY STRATEGY FOR	MONTGOMERY	COUNTY

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

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

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
autice	Amie Calhoun	Chairman	Montgomery County	9/7/99
that lef sterson	T.A. Peterson	Мауог	City of Ailey	9/7/99
that lefterson Edwin me Brid	Edwin McBride	Mayor	City of Alston	9/7/99
Reboah Pok.	Deborah R. Henry	Mayor	City of Higgston	9/7/99
g. M. Formation	J.M. Fountain	Mayor	City of Mount Vernon	9/7/99
J. M. Fornton David Warner	David Warnock	Mayor	City of Tarrytown	9/7/99
John Car	Johnny Corley	Мауог	City of Uvalda	9/7/99
Granting	Greg Higgs	Mayor	City of Soperton	9/7/99
Romie & Of	Ronnie Dixon	Mayor	City of Vidalia	9/7/99

# 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 cilies 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 inay:
    - (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.

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

Montgomery County Board of Commissioners By:

Arnie Calhoun, Chairman

Belinda Clifton, County Cle

e

Mayor and Council, Ailey, Georgia Bv? a

T.A. Peterson, Mayor

Attest:

Sheryl Thompson, City Clerk

# Mayor and Council, Alston, Georgia

By: Edwin McBride, Mayor

oel Outler, City Clerk

# Mayor and Council, Higgston, Georgia

By: Deborah R. Henry, Mayor

Atlest:

Beth Morris, City Cler

Mayor and Council, Mount Vernon, Georgia

By: <u>O. M. Jour</u> J.M. Fountain, Mayor _____

Attest:

.

Maudell Coursey, City Clerk

Mayor and Council, Tarrytown, Georgia

Warnock By: Waved

David Warnock, Mayor

Attest:

Betty Calhoun, City Clerk

Mayor and Council, Uvalda, Georgia By: Johnny Corley, Mayor

Attest:

Betty Carpenter, Betty Corpenter, City Clerk

Mayor and Council, Soperton, Georgia By:_ Greg Higgs, Mayor

Attest ry Hooks, Øity C Beck

Mayor and Council, Vidatia, Georgia By: <u>Xonne</u> | Roznie Dixon, Mayor

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Why Clerk Attest:

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Kim Barnes, City Clerk

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# CONTRACT FOR WATER SERVICES

#### STATE OF GEORGIA

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#### COUNTY OF TREUTLEN

This Contract is made and entered into this <u>28th</u> 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 unsultable 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 cltizens to contract with Soperton to make available and provide water for human consumption within the corporate limits of Tarrytown.

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(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 setforth 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.

З.

Tarrytown agrees to pay for all water supplied by Soperton at such rate or retes 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

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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

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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 thet either the number of persons supplied by the Town of Tarrytown with Sopertori's weter, 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 bases for such estimate.

in addition, Tarrytown, at its cost and expense, will install at the designated point of connection, a check value 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.

N0.649 P.7

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 form 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 the water system without the prior written consent of the water system without the prior written consent of the water system without the prior written consent or approval of the water system and the Town of Tarrytown will not hook up any new wells to the water system without the prior written consent or approval of soperton the 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 setforth 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 Soparton 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, 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

NO.649 P.8

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 assoclated 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. 1

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.

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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 if 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

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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

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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 a occasioned by or due to any act or 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 <u>O.C.G.A.</u> 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 Moyley Mayor Joe Moyley Attest: Becky Hooks

TOWN OF TARRYTOWN

By: <u>Alexter Helton</u> Mayor Attest: <u>Dave w. Parish</u> 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  $19^{++}$  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:

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.

1.

#### 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 seats of the respective Municipal Corporations on the date first set forth above.

THE CITY OF SOPERTON (SEAL) Hooks (SEAL) Attest TOWN OF TARRYTOWN (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  $31^{5+}$  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  $19^{++}$  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.

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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 values 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 bypass values 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.

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

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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 ____(SEAL) MAYOR BY: FRA LERK Attest BE

TOWN OF TARRYTOWN

Hittor (SEAL) BY: Attes CLEAK

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# GEORGIA DEPARTMENT OF

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Honorable Joey B. Fountain Mayor, City of Mount Vernon

Honorable David Warnock

Mayor, City of Tarrytown

Honorable Johnny Cortey

City of Uvalda

Mike Beatty COMMISSIONER Sonny Perdue GOVERNOR

# MEMORANDUM

TO: Honorable Charles F. Truett Chair, Montgomery County Commission

> Honorable Larry Atkins Mayor, City of Ailey

Honorable Edwin McBride Mayor, City of Alston

Honorable Deborah R. Henry Mayor, City of Higgston

Mike Beatty FROM:

DATE: December 13, 2005

SUBJECT: Service Delivery Strategy Revision

We have reviewed the revision to the Service Delivery Strategy for Montgomery County and the Cities of Ailey, Alston, Higgston, Mount Vernon, Tarrytown and Uvalda, and have determined that this revision to your Strategy meets the required components and criteria of the law and was properly executed, and is hereby verified by our Department. Therefore, we acknowledge that the service arrangements for multiple services within your Strategy have been revised, in conjunction with the update to the joint comprehensive plan for Montgomery County and the Cities of Ailey, Alston, Higgston, Mount Vernon, Tarrytown and Uvalda.

Please keep in mind that local governments are required to review, and revise if necessary, their approved strategy when any one of the following conditions are met:

- 1) In conjunction with updates of the comprehensive plan; or
- 2) Whenever necessary to change service delivery or revenue distribution arrangements; or
- 3) Whenever necessary due to changes in revenue distribution arrangements (e.g., changes to LOST distribution among the county and its municipalities); or





Honorable Charles F. Truett Page 2 December 13, 2005

- In the event of the creation, abolition or consolidation of local governments (or when a City currently located outside of the county annexes property in the county for the first time); or
- 5) When the existing service delivery strategy agreement expires; or
- 6) Whenever the county and affected municipalities agree to revise the strategy.

Please also remember that state agencies, as required by law, cannot provide state administered financial assistance, grants, loans, or permits to local projects that are directly inconsistent with the strategy. By agreeing to service areas and service providers, local governments are defining where (and to whom) state capital investment will be provided within the county. Therefore, prior to seeking future state grant, loan or permit assistance for local service improvements, you should continue to ensure that such requests for assistance are consistent with the locally agreed upon Service Delivery Strategy.

Should you have any questions or need further clarification about this revision to the Strategy, please give Matthew Heins of my staff a call at (404) 679-4857.

MB/mhs

cc: Alan R. Mazza, Executive Director Heart of Georgia-Altamaha RDC