Verified

Service Delivery Strategy

For

# **Coffee County**

and the

**Municipalities of:** 

Ambrose

**Broxton** 

Douglas

Nicholls

MAY 10, 1999

(Orisinal Signatures)



## **GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS**

## SERVICE DELIVERY STRATEGY

FOR Coffee

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.
- List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- 4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the *Certifications* form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

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

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

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

## **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.

Coffee County	Coffee Regional Medical Center Authority
Ambrose, City of	Douglas-Coffee Industrial Authority
Broxton, City of	Douglas Downtown Development Authority
Douglas, City of	Douglas Housing Authority
Nicholls, City of	Nicholls Housing Authority
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### **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.

911 Operations Airport Animal Control Cemetery Code Enforcement/ Inspection Courts Economic Development Election Services Electricity Emergency Management Agency Fire Protection Gas (Natural) Services Grants Administration Hospital Services/E.M.S. Jail Law Enforcement Library Planning/Zoning Public Health Public Housing Recreation Road/Street Maintenance Solid Waste Collection/Disposal Tax Assessors Tax Collection Vehicle/Equipment Maintenance Waste Water Distribution Waste Water Treatment Water Distribution Yard Refuge Collection/Mulching



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: Coffee	Service: 911 Operations
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou checked, identify the govern	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, aut	v in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the ther organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue u higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be as use of the party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Coffee (Provider)	General Funds and Fees (phone customers)
mbrose, City of	General Funds and Fees (phone customers)
Broxton, City of	General Funds and Fees (phone customers)
Douglas, City of	General Funds and Fees (phone customers)

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

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:
911 Service Agreement	Coffee & Ambrose, City of	06/05/91 - Perpetual
911 Service Agreement	Coffee & Broxton, City of	05/23/91 - Perpetual
911 Service Agreement	Coffee & Douglas, City of	11/12/90 - Perpetual
911 Service Agreement	Coffee & Nicholls, City of	06/03/91 - Perpetual

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: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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 not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

PAGE 2

Instructions:
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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: Coffee	Service: Airport
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.)
	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.)
One or more cities will provide unincorporated areas. (If this b	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.)
	<b>Attach a legible map delineating the service area of each service provider,</b> and identify the corganization that will provide service within each service area.)
2. In developing the strategy, were o	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ler 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 ible party and the agreed upon deadline for completing it.
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise becial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
and the second	Funding Method:
Douglas, City of (Provider)	General Funds and User Fees
	Airport customers and Fuel Revenue
A How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
4. How will the strategy change the	previous attangements for providing and/or futioning this service within the county?
Same	

5. List any formal service delivery agreements service:	or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Resolution * 03-22-93.2 (attached)	Coffee & Douglas, City of	5/3/93-Perpetual
		al for an antipart and a second second for an and a second s
	and a set of the second second second	
7. Person completing form: Lee Kight	and the second second second second second	where the second
Phone number: (912) 384-9224	Date completed: 04-30-99	
<ul> <li>8. Is this the person who should be contacted by consistent with the service delivery strategy?</li> <li>If not, provide designated contact person(s) a Earl Brice, Chairman Coffee County (912)</li> </ul>	Yes No and phone number(s) below:	posed local government projects are

# 03-22-93.2

RESOLUTION

WHEREAS, the Coffee County Board of Commissioners "County" and the Mayor and Commission of the City of Douglas "City" have discussed the need to reduce duplication of services and to reduce the joint sponsorship of such activities; and

WHEREAS, the two governing authority's have agreed to consider such reduction of duplication of programs as cost saving measures to its citizens; and

WHEREAS, the two governing authorities agree that the Emergency Management Agency should be a county funded function and that the Douglas Municipal Airport should be a municipal function; and

WHEREAS, the "City" agrees to furnish a facility to house the EMA offices and the "County" agrees to assist with operations of the airport such as clearing of debris and road construction.

This agreement does not address major capital expenditures. Should major capital needs arise it is agreed by both bodies to discuss, on a case by case basis.

Agreed on the <u>3rd</u> day of <u>May</u>, 1993.

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Offered, read and adopted as noted below. ADOPTED BYCITY MARCH 22,1993

FOR AND ON BEHALF OF:

COFEEE COUNTY BOARD OF COMMISSIONERS

Johnny Wayne Jowers, Chairman

Jo Ann Metts, County Clerk

5-3-93 DATE CITY OF DOUGLAS

Derward Buchan, Mayor

Havvene McFall,

5-4-93 DATE



#### 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: Coffee		Service: Animal Control
	that best describe	s the agreed upon delivery arrangement for this service:
		tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is sent, authority or organization providing the service.)
		in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
		e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
		e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
		attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing t Yes 🖬 No	he strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
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		ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	s, general funds, s	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Governmen	t or Authority:	Funding Method:
Coffee County	(Provider)	General Funds
Douglas, City of	(Provider)	General Funds
Nicholls, City of	(Provider)	General Funds
Currently, thre privately with t	e units of gover he Douglas Hur	previous arrangements for providing and/or funding this service within the county? Inment provide animal collection independently of each other. In turn, all contract nane Society for housing. A plan to consolidate collection and housing under the county of the Humane Society is planned in our strategy to be implemented by 07/01/00.

PAGE 2

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Animal Control Agreement	Coffee, all municipalities & Humane	07/01/00-Perpetual
S	Society	
General Assembly, rate or fee change		
7. Person completing form: Lee Kight		
Phone number: (912) 384-9224	Date completed: 04-30-99	

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PAGE 2

Instructions:	
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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: Coffee	Service: Cemetery
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	In the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
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	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Broxton, City of (Provider)	General Funds and Fees
Douglas, City of (Provider)	General Funds and Fees
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
Same	

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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None

7. Person completing form: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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? □ Yes I No

If not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

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: Coffee	Service: Code Enforcement/Inspection
1. Check the box that best describes 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.)
- 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? Ves 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:

Coffee County	(Provider)	General Funds and Fees	
Douglas, City of	(Provider)	General Funds and Fees	

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

Currently, two units of government provide this service independently of each other. A plan to consolidate both providers into one is planned for implementation on or before 10/01/00.

service: greement Name:		Contracting Parties:	Effective and Ending Dates:
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Phone number: (912) 3	84-9224	Date completed: 04-30-99	
Earl Brice, Chairman	Coffee County (9	12) 384-4799	المتحد ومصالكة ومرتبا لأحصينا للبرر والمار
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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: Coffee	Service: Courts
	s the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the governm	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
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Other. (If this box is checked, government, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
<ul> <li>2. In developing the strategy, were</li> <li>Yes 2 No</li> </ul>	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated)	nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the response	ed under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be usible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Coffee County	(Provider) General Funds and Fines
Broxton, City of	(Provider) General Funds and Fines
Douglas, City of	(Provider) General Funds and Fines
Nicholls, City of	(Provider) General Funds and Fines
4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
and characterized and the second second	and a second state of an and stated and a	a mail in the market share
	and the second se	2 10 2
General Assembly, rate or fee changes, etc Presently, the above municipalities provi	de a "municipal court" for all misdeameanor " daries. If it is a felony charge or a "jury trial"	bench trials" and collection of fines that is needed, the case is
7. Person completing form: Lee Kight	contained to restoration of the difference of	Condense Start & constrained by
Phone number: (912) 384-9224	Date completed: 04-30-99	n yn i gefar fer a ser fer a berefer a ser
8. Is this the person who should be contacted	by state agencies when evaluating whether propos	ed local government projects are

consistent with the service delivery strategy? Yes No If not, provide designated contact person(s) and phone number(s) below:

Earl Brice, Chairman Coffee County (912) 384-4799

#### 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.

changes, this should be	reported to the Department of Community Affairs.
County: Coffee	Service: Economic Development
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (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.)
	this service only within their incorporated boundaries, and the service will not be provided in tox 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 the service only within the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.) See #6
2. In developing the strategy, were a 2. Yes 2 No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der 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 sible party and the agreed upon deadline for completing it.
funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
	Funding Method:
Douglas-Coffee	Bond Financing/Leases/Sales
Industrial Auth (Provider) Coffee County	
Douglas, City of	Ad Volorem taxes (1/2 mill) Ad Volorem taxes (1 mill)
Douglas Downtown Dev (Prov)	
· · · · · · · · · · · · · · · · · · ·	previous arrangements for providing and/or funding this service within the county?
4. How will me suddey change the	previous analigentents for providing allow randing and service within the county.
Same	

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

greement Name:	Contracting Parties:	Effective and Ending Dates:
and the board of the second structure of the second states of the	the stall wand as both if all one three with one string out. And, word a	te 7% e inégére més 70
		n an Anna ann an Anna An Anna Anna Anna
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		a share a strike a strike a

Currently, the Douglas-Coffee County Industrial Authority serves the entire county (incorporated and unincorporated). The Downtown Development Authority District serves the small businesses located in a 40 block area of downtown Douglas.

7. Person completing form: Lee Kight Phone number: (912) 384-9224

Date completed: 04-30-99

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? 
Q Yes Yoo

If not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

## PAGE 2 (continued)

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	bond i maraid	Couples Downlow Der Co

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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: Coffee

Service: Election 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.)
- 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.)
- □ 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:

Coffee County	(Provider)	General Funds and Qualifying fees
Ambrose, City of	(Provider)	General Funds and Qualifying fees
Broxton, City of	(Provider)	General Funds and Qualifying fees
Douglas, City of	(Provider)	General Funds and Qualifying fees
Nicholls, City of	(Provider)	General Funds and Qualifying fees

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

Same

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:
รัฐหมู่เสาะหรือสมอายาวสะดวกองไหล	and Breaks stranger and states and states and	the state of the state state state
General Assembly, rate or fee chang Currently, each municipality condu- provide a precinct building to the F	l be used to implement the strategy for this servic ges, etc.), and when will they take effect? ucts their own municipal elections. For count Probate Judge/County.	y-wide elections, the municipalities
7. Person completing form: Lee Kig	ht in the second become the second	denter and some one that shell M.
Phone number: (912) 384-9224	Date completed: 04-30	-99
consistent with the service delivery	ntacted by state agencies when evaluating whether strategy?	r proposed local government projects are

Earl Brice, Chairman Coffee County (912) 384-4799

#### 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: Coffee		Service: Electricity
1. Check the box the	hat best describes	s the agreed upon delivery arrangement for this service:
Service will b checked, iden	e provided count tify the governm	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
Service will b identify the g	e provided only i overnment, autho	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more of unincorporate	cities will provide ed areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
		e this service only within their incorporated boundaries, and the county will provide the service in pox is checked, identify the government(s), authority or organization providing the service.)
		attach a legible map delineating the service area of each service provider, and identify the or organization that will provide service within each service area.)
2. In developing th	e strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	rvice (See O.C.G	der 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
If these conditions taken to eliminate	will be eliminate them, the response	ed under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each govern funds, user fees, indebtedness, et	general funds, s	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government	or Authority:	Funding Method:
Coffee County	(Provider)	REA and GA Power
Ambrose, City of	(Provider)	REA and GA Power
Broxton, City of	(Provider)	REA and GA Power
Douglas, City of	(Provider)	MEAG and GA Power and REA
Nicholls, City of	(Provider)	REA and GA Power
4. How will the str	ategy change the	previous arrangements for providing and/or funding this service within the county?
Same		

PAGE 2

5. List any formal service delivery agreeme service:	ents or intergovernmental contracts that will h	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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the stand is a set of the set of		1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (
		and the second s
General Assembly, rate or fee changes, None		(a) (a) provident a transmission of the state of the s
7. Person completing form: Lee Kight	n baarden de sange aan bekende de s	the second second second second second
Phone number: (912) 384-9224	Date completed: 04-30	-99
8. Is this the person who should be contact consistent with the service delivery strate	ted by state agencies when evaluating whethe tegy?	r proposed local government projects are
If not, provide designated contact person Earl Brice, Chairman Coffee County		

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: Coffee	Service: Emergency Management Agency
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were Yes 🗹 No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas o
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Coffee County (Provider)	General Funds and GEMA Grant
4. How will the strategy change th	he previous arrangements for providing and/or funding this service within the county?
Same	

PAGE 2

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:
Resolution # 03-22-93.2	Coffee County & Douglas, Ciy of	05/03/93 - Perpetual
(attached)		
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), a	o implement the strategy for this service (e.g., ordinanc and when will they take effect?	es, resolutions, local acts of the

None

7. Person completing form: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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? U Yes Vo

If not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

# 03-22-93.2

## RESOLUTION

WHEREAS, the Coffee County Board of Commissioners "County" and the Mayor and Commission of the City of Douglas "City" have discussed the need to reduce duplication of services and to reduce the joint sponsorship of such activities; and

WHEREAS, the two governing authority's have agreed to consider such reduction of duplication of programs as cost saving measures to its citizens; and

WHEREAS, the two governing authorities agree that the Emergency Management Agency should be a county funded function and that the Douglas Municipal Airport should be a municipal function; and

WHEREAS, the "City" agrees to furnish a facility to house the EMA offices and the "County" agrees to assist with operations of the airport such as clearing of debris and road construction.

This agreement does not address major capital expenditures. Should major capital needs arise it is agreed by both bodies to discuss, on a case by case basis.

Agreed on the <u>3rd</u> day of <u>May</u>, 1993.

--1

Offered, read and adopted as noted below. ADOPTED BY CITY MARCH 22, 1993

FOR AND ON BEHALF OF:

COFEEE COUNTY BOARD OF COMMISSIONERS

Johnny Wayne Jowers, Chairman

County Clerk Jo Ann Metts,

5-3-93 DATE

CITY OF DOUGLAS

Derward Buchan, Mayor

Havvene McFall,

5-4-93



PAGE 2

#### Instructions:

Make cupies 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: Coffee		Service: Fire Protection
and the second se	est describes ti	he agreed upon delivery arrangement for this service:
Service will be pr checked, identify	ovided countyv the governmen	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is it, authority or organization providing the service.)
		the unincorporated portion of the county by a single service provider. (If this box is checked, ty or organization providing the service.)
		his service only within their incorporated boundaries, and the service will not be provided in x is checked, identify the government(s), authority or organization providing the service.)
		his service only within their incorporated boundaries, and the county will provide the service in x is checked, identify the government(s), authority or organization providing the service.)
government, auth	ority, or other	tach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.) * All provide service area service area area area area area area area ar
If these conditions will higher levels of service competition cannot be	e (See O.C.G.A	er the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions wil taken to eliminate ther	l be eliminated n, the responsib	under the strategy, attach an implementation schedule listing each step or action that will be ole party and the agreed upon deadline for completing it.
		that will help to pay for this service and indicate how the service will be funded (e.g., enterprise scial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or	Authority: F	Funding Method:
Coffee County (P	rovider) (	General Funds
Ambrose, City of (P	rovider)	General Funds
Broxton, City of (P	rovider) (	General Funds
Douglas, City of (P	rovider)	General Funds
Nicholls, City of (P	rovider)	General Funds
Currently, each go assistance was ch	vernmental un anged by a si	revious arrangements for providing and/or funding this service within the county? nit operates its own fire department independently. An oral agreement for mutual gned, written agreement between entities. Within this strategy, a possible for more equitable funding is addressed.

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:
Fire Protection Agreement	Coffee County and all	07/01/00-Perpetual
	municipalities	and the second states of the second states of the
Mutual Aid Agreement (attached)	Coffee County and all	03/05/99-Perpetual
	municipalities	

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?

Mutual Aid Agreement in written form were passed and adopted on 03/05/99. 07/01/00 is the date set for a county-wide fire protection agreement.

7. Person completing form: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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? Yes No

If not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

#### MUTUAL AID AGREEMENT BETWEEN SAID COUNTIES

This Mutual Aid Agreement entered into this <u>3</u>, day of<u>MARCH</u> 1999, provides that <u>DOUGLAS FIRE DEPARTMENT</u> AND <u>AMBROSE</u> FIRE DEPARTMENT will assist each other in times deemed <u>necessary</u> and <u>appropriate</u>, such as <u>EMERGENCY</u> SITUATIONS.<u>Necessary</u> and <u>appropriate</u> times for assistance would be incidents to include, but not limited to:

WHEREAS, it is mutually deemed sound, desirable, practical and beneficial for the parties to the agreement to render assistance to each other in accordance with these terms:

- 1. Whenever it is deemed advisable by the Chief of a fire department belonging to a party to this agreement or by the Chief of any fire department actually present at any fire, to request fire fighting assistance under the terms of this agreement, he is authorized to do so, and the senior officer on duty at the fire department receiving the request shall contact the Chief before the following action can be taken:
  - a. Immediately determined of apparatus and personnel can be spared in response to the call.
  - b. What apparatus and personnel might most effectively be dispatched.
  - c. The exact mission to be assigned in accordance with the detailed plans and procedure of operation drawn in accordance with this agreement by the technical heads of the fire departments involved.
  - d. Forthwith dispatch such apparatus and personnel as, in the judgement of the Chief, should be sent, with complete instructions as to the mission, in accordance with the terms of this agreement.
- 2. The rendering of assistance under the terms of this agreement shall not be mandatory. Nothing contained herein shall require the parties to this agreement to render assistance if in the opinion of the Chief such action will endanger the quality of service within his area of responsibility. However, the party receiving the request for assistance shall immediately inform the requesting part if any reason the request cannot be granted.
- 3. The technical head of the fire department of the requesting service shall assume full charge of the operations, but if he specifically request a senior officer of the fire department, furnishing assistance to assist/assume command, he shall not, be relieved of his responsibility for the operation.

- 4. The chief's of the fire departments and personnel of the fire departments of both parties to this agreement are invited and encouraged, reciprocal basis, to frequently visit each other's activities for guided familiarization tours consistent with local security requirements, and as feasible, to jointly conduct pre-fire planning inspections and drills.
- 5. The technical heads of the fire departments of the parties to this agreement are authorized and directed to meet and draft any detailed plans and procedures of operations necessary to effectively implement this agreement. Such plans and procedures of operations shall become effective upon ratification by the signatory parties.
- 6. This agreement shall become effective upon the date hereto and shall remain in full force and effect until canceled by mutual agreement of the parties hereto or written notice by one party, giving thirty (30) days notice of said cancellation.
- 7. This AGREEMENT does not make the responding service liable for any charges incurred during the assistance to the requesting service. The REQUESTING SERVICE is liable for all charges incurred.
- 8. Any MODIFICATIONS to the terms of this agreement will be considered null and void unless an agreement is signed by both parties and affixed to the original agreement as an amendment.

This above mentioned parties hereby accept this MUTUAL AID AGREEMENT as reflected by the below signatures.

City Manager, City of Douglas, Ga.

Chief, City of Douglas, Ga. Fire Department

City official, City of Ambrose

City of Ambrose Chief, Fire Department

## MUTUAL AID AGREEMENT BETWEEN SAID COUNTIES

This Mutual Aid Agreement entered into this <u>3</u>, day of <u>MARCH</u> 1999, provides that <u>DOUGLAS FIRE DEPARTMENT</u> AND <u>BROXTON</u> FIRE DEPARTMENT will assist each other in times deemed <u>necessary</u> and <u>appropriate</u>, such as <u>EMERGENCY</u> SITUATIONS.<u>Necessary</u> and <u>appropriate</u> times for assistance would be incidents to include, but not limited to:

WHEREAS, it is mutually deemed sound, desirable, practical and beneficial for the parties to the agreement to render assistance to each other in accordance with these terms:

- 1. Whenever it is deemed advisable by the Chief of a fire department belonging to a party to this agreement or by the Chief of any fire department actually present at any fire, to request fire fighting assistance under the terms of this agreement, he is authorized to do so, and the senior officer on duty at the fire department receiving the request shall contact the Chief before the following action can be taken:
  - a. Immediately determined of apparatus and personnel can be spared in response to the call.
  - b. What apparatus and personnel might most effectively be dispatched.
  - c. The exact mission to be assigned in accordance with the detailed plans and procedure of operation drawn in accordance with this agreement by the technical heads of the fire departments involved.
  - d. Forthwith dispatch such apparatus and personnel as, in the judgement of the Chief, should be sent, with complete instructions as to the mission, in accordance with the terms of this agreement.
- 2. The rendering of assistance under the terms of this agreement shall not be mandatory. Nothing contained herein shall require the parties to this agreement to render assistance if in the opinion of the Chief such action will endanger the quality of service within his area of responsibility. However, the party receiving the request for assistance shall immediately inform the requesting part if any reason the request cannot be granted.
- 3. The technical head of the fire department of the requesting service shall assume full charge of the operations, but if he specifically request a senior officer of the fire department, furnishing assistance to assist/assume command, he shall not, be relieved of his responsibility for the operation.

- 4. The chief's of the fire departments and personnel of the fire departments of both parties to this agreement are invited and encouraged, reciprocal basis, to frequently visit each other's activities for guided familiarization tours consistent with local security requirements, and as feasible, to jointly conduct pre-fire planning inspections and drills.
- 5. The technical heads of the fire departments of the parties to this agreement are authorized and directed to meet and draft any detailed plans and procedures of operations necessary to effectively implement this agreement. Such plans and procedures of operations shall become effective upon ratification by the signatory parties.
- 6. This agreement shall become effective upon the date hereto and shall remain in full force and effect until canceled by mutual agreement of the parties hereto or written notice by one party, giving thirty (30) days notice of said cancellation.
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- 8. Any MODIFICATIONS to the terms of this agreement will be considered null and void unless an agreement is signed by both parties and affixed to the original agreement as an amendment.

This above mentioned parties hereby accept this MUTUAL AID AGREEMENT as reflected by the below signatures.

City Manager, City of Douglas, Ga.

me 0 City of Douglas, Ga. Fire Department Æf, official, City of eity. BRORTON Chief, City of Fire Department

## MUTUAL AID AGREEMENT BETWEEN SAID COUNTIES

This Mutual Aid Agreement entered into this <u>3</u>, day of<u>MARCH</u> 1999, provides that <u>DOUGLAS FIRE DEPARTMENT</u> AND <u>COFFEE COUNTY</u> FIRE DEPARTMENT will assist each other in times deemed <u>necessary</u> and <u>appropriate</u>, such as <u>EMERGENCY</u> SITUATIONS.<u>Necessary</u> and <u>appropriate</u> times for assistance would be incidents to include, but not limited to:

WHEREAS, it is mutually deemed sound, desirable, practical and beneficial for the parties to the agreement to render assistance to each other in accordance with these terms:

- 1. Whenever it is deemed advisable by the Chief of a fire department belonging to a party to this agreement or by the Chief of any fire department actually present at any fire, to request fire fighting assistance under the terms of this agreement, he is authorized to do so, and the senior officer on duty at the fire department receiving the request shall contact the Chief before the following action can be taken:
  - a. Immediately determined of apparatus and personnel can be spared in response to the call.
  - b. What apparatus and personnel might most effectively be dispatched.
  - c. The exact mission to be assigned in accordance with the detailed plans and procedure of operation drawn in accordance with this agreement by the technical heads of the fire departments involved.
  - d. Forthwith dispatch such apparatus and personnel as, in the judgement of the Chief, should be sent, with complete instructions as to the mission, in accordance with the terms of this agreement.
- 2. The rendering of assistance under the terms of this agreement shall not be mandatory. Nothing contained herein shall require the parties to this agreement to render assistance if in the opinion of the Chief such action will endanger the quality of service within his area of responsibility. However, the party receiving the request for assistance shall immediately inform the requesting part if any reason the request cannot be granted.
- 3. The technical head of the fire department of the requesting service shall assume full charge of the operations, but if he specifically request a senior officer of the fire department, furnishing assistance to assist/assume command, he shall not, be relieved of his responsibility for the operation.

- 4. The chief's of the fire departments and personnel of the fire departments of both parties to this agreement are invited and encouraged, reciprocal basis, to frequently visit each other's activities for guided familiarization tours consistent with local security requirements, and as feasible, to jointly conduct pre-fire planning inspections and drills.
- 5. The technical heads of the fire departments of the parties to this agreement are authorized and directed to meet and draft any detailed plans and procedures of operations necessary to effectively implement this agreement. Such plans and procedures of operations shall become effective upon ratification by the signatory parties.
- 6. This agreement shall become effective upon the date hereto and shall remain in full force and effect until canceled by mutual agreement of the parties hereto or written notice by one party, giving thirty (30) days notice of said cancellation.
- 7. This AGREEMENT does not make the responding service liable for any charges incurred during the assistance to the requesting service. The REQUESTING SERVICE is liable for all charges incurred.
- 8. Any MODIFICATIONS to the terms of this agreement will be considered null and void unless an agreement is signed by both parties and affixed to the original agreement as an amendment.

This above mentioned parties hereby accept this MUTUAL AID AGREEMENT as reflected by the below signatures.

City Manager, City of Douglas, Ga.

hief, City of Douglas, Ga. Fire Department

Mana Afficial County

County official, County of

Chief, County 6f Caf 4 7 2 Fire Department

## MUTUAL AID AGREEMENT BETWEEN SAID COUNTIES

This Mutual Aid Agreement entered into this <u>3</u>, day of <u>MARCH</u> 1999, provides that <u>DOUGLAS FIRE DEPARTMENT</u> AND <u>NICHOLLS</u> FIRE DEPARTMENT will assist each other in times deemed <u>necessary</u> and appropriate, such as EMERGENCY SITUATIONS.<u>Necessary</u> and <u>appropriate</u> times for assistance would be incidents to include, but not limited to:

WHEREAS, it is mutually deemed sound, desirable, practical and beneficial for the parties to the agreement to render assistance to each other in accordance with these terms:

- Whenever it is deemed advisable by the Chief of a fire department belonging to a party to this agreement or by the Chief of any fire department actually present at any fire, to request fire fighting assistance under the terms of this agreement, he is authorized to do so, and the senior officer on duty at the fire department receiving the request shall contact the Chief before the following action can be taken:
  - a. Immediately determined of apparatus and personnel can be spared in response to the call.
  - b. What apparatus and personnel might most effectively be dispatched.
  - c. The exact mission to be assigned in accordance with the detailed plans and procedure of operation drawn in accordance with this agreement by the technical heads of the fire departments involved.
  - d. Forthwith dispatch such apparatus and personnel as, in the judgement of the Chief, should be sent, with complete instructions as to the mission, in accordance with the terms of this agreement.
- 2. The rendering of assistance under the terms of this agreement shall not be mandatory. Nothing contained herein shall require the parties to this agreement to render assistance if in the opinion of the Chief such action will endanger the quality of service within his area of responsibility. However, the party receiving the request for assistance shall immediately inform the requesting part if any reason the request cannot be granted.
- 3. The technical head of the fire department of the requesting service shall assume full charge of the operations, but if he specifically request a senior officer of the fire department, furnishing assistance to assist/assume command, he shall not, be relieved of his responsibility for the operation.
- 4. The chief's of the fire departments and personnel of the fire departments of both parties to this agreement are invited and encouraged, reciprocal basis, to frequently visit each other's activities for guided familiarization tours consistent with local security requirements, and as feasible, to jointly conduct pre-fire planning inspections and drills.
- 5. The technical heads of the fire departments of the parties to this agreement are authorized and directed to meet and draft any detailed plans and procedures of operations necessary to effectively implement this agreement. Such plans and procedures of operations shall become effective upon ratification by the signatory parties.
- 6. This agreement shall become effective upon the date hereto and shall remain in full force and effect until canceled by mutual agreement of the parties hereto or written notice by one party, giving thirty (30) days notice of said cancellation.
- 7. This AGREEMENT does not make the responding service liable for any charges incurred during the assistance to the requesting service. The REQUESTING SERVICE is liable for all charges incurred.
- 8. Any MODIFICATIONS to the terms of this agreement will be considered null and void unless an agreement is signed by both parties and affixed to the original agreement as an amendment.

This above mentioned parties hereby accept this MUTUAL AID AGREEMENT as reflected by the below signatures.

City Manager, City of Douglas, Ga.

de

ef, City of Douglas, Ga. Fire Department

official, City of Michelle City

Chief, City of Richalls Fire Department

PAGE 2

#### Instructions:

County: Coffee	Service: Gas (Natural) Services
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
Service will be provided only i identify the government, author	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were a □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible 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, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Douglas, City of (Provider)	Fees
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4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
Same	

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

Agreement Name:	Contra	acting Parties:		Effective and Ending Dates:
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6. What other mechanisms (if any) will b General Assembly, rate or fee changes				ces, resolutions, local acts of th
Name		applate of an independence of the part		
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and data and the same second se				
7. Person completing form: Lee Kight	i i - i - ista - k	and a start of and	- 57	and the second
Phone number: (912) 384-9224		Date completed: 04-30-	99	
8. Is this the person who should be conta consistent with the service delivery str			proposed loca	l government projects are
If not, provide designated contact pers	on(s) and phone r	number(s) below:		

Earl Brice, Chairman Coffee County (912) 384-4799

PAGE 2

Inst	ruct	ion	<b>s</b> :
	1	100	-

County:       Coffee       Service:       Grants Administration         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. 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 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 provinincorporated 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 unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service organization providing the service provider, and ide government, authority, or other organization that will provide service within each service provider, and ide 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 is a service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping secompetition cannot be eliminated.         If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlahigher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits	checked, vided in vice.) e service in vice.)
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Ambrose, City of (Provider)General Funds and GrantsBroxton, City of (Provider)General Funds and Grants	
Broxton, City of (Provider) General Funds and Grants	
Douglas, City of (Provider) General Funds and Grants	
Nicholls, City of (Provider) General Funds and Grants	<u> </u>
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
Same	

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:	
B. Service and a service service	and the state of the second state of the secon		
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		and a state of the	

None

7. Person completing form: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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? U Yes WNo

If not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

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)

County: Coffee Service: Hospital/E.M.S					
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:				
Service will be provided count checked, identify the governm	rywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)				
Service will be provided only identify the government, author	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)				
One or more cities will provide unincorporated areas. (If this be one of the second	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)				
One or more cities will provide unincorporated areas. (If this be one of the second	e this service only within their incorporated boundaries, and the county will provide the service in pox is checked, identify the government(s), authority or organization providing the service.)				
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the or organization that will provide service within each service area.)				
2. In developing the strategy, were 2. Yes 2 No	overlapping service areas, unnecessary competition and/or duplication of this service identified?				
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3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded				
Local Government or Authority:	Funding Method:				
Coffee Regional	User Fees, bonded indebtedness, state				
Medical Center	and Federal Grants.				
Hospital Auth. (Provider)					
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?				
Same					

PAGE 2

5. List any formal service delivery agreements service:	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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the second s		
6. What other mechanisms (if any) will be use General Assembly, rate or fee changes, etc.		
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		and the second second
	line or a nord i skalterijska in a line i state i state	
7. Person completing form: Lee Kight	many the option where the second	and a state of the state of the
Phone number: (912) 384-9224	Date completed: 04-30-99	
8. Is this the person who should be contacted consistent with the service delivery strategy	by state agencies when evaluating whether proposes $\mathbf{Y}^2$ $\mathbf{D}$ Yes $\mathbf{M}^2$ No	sed local government projects are
If not, provide designated contact person(s) Earl Brice, Chairman Coffee County (9)		14° 189, 1
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PAGE 2

#### Instructions:

County: Coffee	Service: Jail
	s the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the governme	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
Service will be provided only identify the government, authority	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
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Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were Yes Mo	overlapping service areas, unnecessary competition and/or duplication of this service identified?
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3. List each government or authori funds, user fees, general funds, s indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Coffee County (Provider	General Funds and Fines
Broxton, City of	General Funds and Fines
Douglas, City of	General Funds and Fines
Nicholls, City of	General Funds and Fines
4. How will the strategy change the Same	e previous arrangements for providing and/or funding this service within the county?

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

Agreement Name:		Contracting Parties:	Effective and Ending Dates:
Jail Construction and staffing	-4	Coffee & Broxton, City of	03/06/90-Perpetual
agreement		A DECEMBER OF THE PROPERTY OF	
Jail Construction and staffing	5210	Coffee & Douglas, City of	12/15/75-Perpetual
agreement	-		

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: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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? Yes Vo

If not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

PAGE 2

10	stru	etic	ms:

County: Coffee		Service: Law Enforcement
1. Check the box that	best describes	s the agreed upon delivery arrangement for this service:
Service will be p checked, identify	rovided county	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
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Other. (If this bo government, aut	x is checked, a hority, or othe	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
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If these conditions with higher levels of service competition cannot be	ce (See O.C.G.	der the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but b.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
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Local Government or	Authority:	Funding Method:
	rovider)	General Funds and Fines
	rovider)	General Funds and Fines
	rovider)	General Funds and Fines
Nicholls, City of (F	rovider)	General Funds and Fines
4. How will the strate	gy change the	previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agreemer service:	nts 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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7. Person completing form: Lee Kight Phone number: (912) 384-9224	Date completed: 04-30-	
8. Is this the person who should be contacted consistent with the service delivery strategy		proposed local government projects are
If not, provide designated contact person( Earl Brice, Chairman Coffee County (	s) and phone number(s) below:	

PAGE 2

#### Instructions:

County: Coffee	Service: Library
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
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Local Government or Authority:	Funding Method:
Coffee County (Provider)	General Funds
Ambrose, City of (Provider)	General Funds
Broxton, City of (Provider)	General Funds
Douglas, City of (Provider)	General Funds
Nicholls, City of (Provider)	General Funds
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
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5. List any formal service delivery agreeme service:	nts 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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government appoints members who se	racts this service individually with each u erve on the Satilla Regional Library Board	1. And the second se
7. Person completing form: Lee Kight	and the difference of the second	g house had a second by
Phone number: (912) 384-9224	Date completed: 04-30-	99
8. Is this the person who should be contacted consistent with the service delivery strated	ed by state agencies when evaluating whether egy?	proposed local government projects are
If not, provide designated contact person Farl Brice, Chairman Coffee County		

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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: Coffee	Service: Planning/Zoning
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the governme	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in box 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 box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
<ul> <li>2. In developing the strategy, were</li> <li>Yes 2 No</li> </ul>	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Coffee County (Provider)	General Funds and Fees
Douglas, City of	General Funds and Fees
4 How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
4. How whi are sualegy change an	provides analysinents for providing and of randing and bervice what are boardy.
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5. List any formal service delivery agreement service:	ts or intergovernmental contracts that will be used	to implement the strategy for this
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and the second se	unty Planning Commission which serves the e	on an gan di si gan ang kalan si si si si si Managan di si
7. Person completing form: Lee Kight	and the set of the set of the set of the set of the	mades at the odd - where we get
Phone number: (912) 384-9224	Date completed: 04-30-99	
<ol> <li>8. Is this the person who should be contacted consistent with the service delivery strateg If not, provide designated contact person(s</li> </ol>		ed local government projects are
Earl Brice, Chairman Coffee County (9		

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.

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PAGE 2

County: Coffee		Service: Public Health
1. Check the box t	hat best describes	the agreed upon delivery arrangement for this service:
Service will b checked, iden	e provided county ntify the governme	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.)
Service will b identify the g	e provided only is overnment, autho	n the unincorporated portion of the county by a single service provider. (If this box is checked, which is or organization providing the service.)
One or more unincorporate	cities will provide ed areas. (If this b	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.)
One or more unincorporate	cities will provide ed areas. (If this b	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.)
Other. (If this government,	box is checked, a authority, or othe	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.)
2. In developing the Difference of the Differenc	he strategy, were o	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions higher levels of se competition canno	rvice (See O.C.G	der 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
If these conditions taken to eliminate	s will be eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
3. List each gover funds, user fees indebtedness, e	s, general funds, s	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Governmen	t or Authority:	Funding Method:
Coffee County	(Provider)	General Funds and User Fees
4. How will the st	rategy change the	previous arrangements for providing and/or funding this service within the county?
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	nts or intergovernmental contracts that will be	and a state of the
greement Name:	Contracting Parties:	Effective and Ending Dates:
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General Assembly, rate or fee changes, e	tc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of th
summer providing the service.)	त्र में स्टीमिसीय (जीवकारा २००० वर्षे) सिंहति व	land old and start state of the second astronomy and the Construction of the address of the contract second state of the seco
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consistent with the service delivery strate	ed by state agencies when evaluating whether egy?	proposed local government projects are
8. Is this the person who should be contacte	ed by state agencies when evaluating whether egy? I Yes M No (s) and phone number(s) below:	
<ol> <li>Is this the person who should be contacte consistent with the service delivery strate</li> <li>If not, provide designated contact person</li> </ol>	ed by state agencies when evaluating whether egy? I Yes M No (s) and phone number(s) below:	proposed local government projects are PAGE 2 (continued)
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County (	ed by state agencies when evaluating whether egy?	proposed local government projects are
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County	ed by state agencies when evaluating whether egy? D Yes M No (s) and phone number(s) below: (912) 384-4799	proposed local government projects are PAGE 2 (continued)
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County	ed by state agencies when evaluating whether egy? D Yes M No (s) and phone number(s) below: (912) 384-4799	proposed local government projects are PAGE 2 (continued)
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County	ed by state agencies when evaluating whether egy? D Yes M No (s) and phone number(s) below: (912) 384-4799	proposed local government projects are PAGE 2 (continued)
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County	ed by state agencies when evaluating whether egy? I Yes I No (s) and phone number(s) below: (912) 384-4799	proposed local government projects are PAGE 2 (continued)
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County	ed by state agencies when evaluating whether egy? I Yes I No (s) and phone number(s) below: (912) 384-4799	proposed local government projects are PAGE 2 (continued)
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County	ed by state agencies when evaluating whether egy? I Yes I No (s) and phone number(s) below: (912) 384-4799	proposed local government projects are PAGE 2 (continued)

PAGE 2

Instructions:
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County: Coffee	Service: Public Housing
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
<ul><li>2. In developing the strategy, were</li><li>Q Yes 2 No</li></ul>	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Douglas Housing	User Fees, State and Federal Grants
Authority (Provider)	
Nicholls Housing	User Fees, State and Federal Grants
Authority (Provider)	
4. How will the strategy change the Same	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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		A REAL PROPERTY AND A REAL
None	etc.), and when will they take effect?	
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None 7. Person completing form: Lee Kight Phone number: (912) 384-9224	Date completed: 04-30-99	

PAGE 2 ·

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County: Coffee	Service: Recreation
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is sent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were Q Yes 2 No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ider the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 3.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, s indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Coffee County (Persylder)	General Funds and Fees
Douglas, City of (Provider)	General Funds and Fees
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
On or before 07/01/01 a more program currently provided by	equitable funding schedule will be implemented to more fairly fund the Recreation the City of Douglas.

<ol> <li>List any formal service delivery agreement service:</li> </ol>	nts or intergovernmental contracts that will be used to i	mplement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Recreation Agreement	Coffee County and all of it's	07/01/01 - Perpetual
	Municipalities	n mi Landr auf veerbin
General Assembly, rate or fee changes, e	used to implement the strategy for this service (e.g., ord tc.), and when will they take effect?	<ul> <li>A service will be provided an inter- checked the carp the government</li> <li>Service will be owned to government</li> <li>Service and the government astronomic mittiget.</li> </ul>
( Sources and the presence and entry of	(a) a backed a identify the potential and (a), and outer at out bits service only with the left (a) are the cutof boundaries. A	urd Mith (1), assess to the Aren of Are I obligant free solid, more to only (2)
Phone number: (912) 384-9224	Date completed: 04-30-99	ios and 11), secus historecymonomy. Historechaed a stand albh Mit, and a's Ca
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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: Coffee		Service: Road/Street Maintenance
1. Check the box th	at best describes	the agreed upon delivery arrangement for this service:
Service will be checked, iden	e provided county tify the governme	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.)
One or more or unincorporate	eities will provide ed areas. (If this b	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.)
		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.)
2. In developing th	e strategy, were o	overlapping service areas, unnecessary compctition and/or duplication of this service identified?
	vice (See O.C.G.	ler 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
If these conditions taken to eliminate	will be eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
	general funds, sp	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise becial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government	or Authority:	Funding Method:
Coffee County	(Provider)	General Funds and D.O.T
Ambrose, City of	(Provider)	General Funds and D.O.T
Broxton, City of	(Provider)	General Funds and D.O.T
Douglas, City of	(Provider)	General Funds and D.O.T
Nicholls, City of	(Provider)	General Funds and D.O.T
4. How will the str Same	ategy change the	previous arrangements for providing and/or funding this service within the county?
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PAGE 2

<ol> <li>List any formal service delivery agr service:</li> </ol>	eements 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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	Second States and Second States	and the second
6. What other mechanisms (if any) will General Assembly, rate or fee chan	l bc 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
None		
7. Person completing form: Lee Kigl	nt second se	and Topological and the second
Phone number: (912) 384-9224	Date completed: 04-30-5	99
consistent with the service delivery	erson(s) and phone number(s) below:	proposed local government projects are

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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, 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: Coffee		Service: Solid Waste Collection Disposal
1. Check the box th	hat best describes	s the agreed upon delivery arrangement for this service:
		ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
		in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
		e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
		e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
		attach a legible map delineating the service area of each service provider, and identify the or organization that will provide service within each service area.)
2. In developing th	e strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	vice (See O.C.G	der the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
		ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	general funds, s	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government	or Authority:	Funding Method:
Coffee County	(Provider)	User Fees to Private Contractor
Broxton, City of	(Provider)	User Fees to Private Contractor
Dougals, City of	(Provider)	User Fees to Private Contractor
Nicholls, City of	(Provider)	User Fees to Private Contractor
4. How will the str. Same	ategy change the	previous arrangements for providing and/or funding this service within the county?

PAGE 2

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: S.W.M.A.C.C. (Solid Waste Management Authority of Crisp county)

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Water Service Agreement	Coffee and S.W.M.A.C.C.	11/15/96 - 11/15/21
Water Service Agreement	Douglas and S.W.M.A.C.C.	11/11/96 - 11/11/21
Water Service Agreement	Broxton and S.W.M.A.C.C.	01/16/97 - 01/16/22
Water Service Agreement	Nicholls and S.W.M.A.C.C.	01/16/97 - 01/16/22

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?

Coffee County and the Cities of Broxton, Douglas, and Nicholls, have all contracted individually with the "Solid Waste Management Authroity of Crisp County."

7. Person completing form: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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 not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

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: Coffee	Service: Tax Assessors
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delincating 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 Yes 2 No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas o
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible 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, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Coffee County (Provider)	General Funds & % of Ad Volorem Taxes Collected
Ambrose, City of	% of Ad Volorem Taxes Collected
Broxton, City of	% of Ad Volorem Taxes Collected
Douglas, City of	% of Ad Volorem Taxes Collected
Nicholls, City of	% of Ad Volorem Taxes Collected
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
Same	

PAGE 2

<ol> <li>List any formal service delivery agreemen service:</li> </ol>	ts 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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7. Person completing form: Lee Kight		the second second second second second
Phone number: (912) 384-9224	Date completed: 04-3	0-99
<ol> <li>8. Is this the person who should be contacted consistent with the service delivery strated If not, provide designated contact personal Earl Brice, Chairman Coffee County</li> </ol>	egy? • Yes • No (s) and phone number(s) below:	er proposed local government projects are

PAGE 2

#### Instructions:

County: Coffee	-1	Service: Tax Collection
1. Check the box	that best describes	s the agreed upon delivery arrangement for this service:
Service will checked, ide	be provided count ntify the governm	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
Service will identify the generation	be provided only i government, autho	in the unincorporated portion of the county by a single service provider. (If this box is checked, brity or organization providing the service.)
One or more unincorporate	cities will provide ted areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more unincorporate	cities will provide ted areas. (If this b	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
		attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing t	he strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these condition higher levels of se competition cannot	ervice (See O.C.G	der the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these condition taken to eliminate	s will be eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each gover funds, user fee indebtedness, o	s, general funds, s	by that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Governmen		Funding Method:
Coffee County	(Provider)	General Funds
	- 16 - 16 -	
4. How will the s	trategy change the	previous arrangements for providing and/or funding this service within the county?
Same		

5. List any formal service delivery a service:	agreements 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 ch	will be used to implement the strategy for this service nanges, etc.), and when will they take effect?	(c.g., ordinances, resolutions, local acts of the
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7. Person completing form: Lee K	Kight	an end a string out and a string
Phone number: (912) 384-9224		99
8. Is this the person who should be consistent with the service delive	contacted by state agencies when evaluating whether pery strategy?  U Yes  No	proposed local government projects are
If not, provide designated contac Earl Brice, Chairman Coffee (	et person(s) and phone number(s) below: County (912) 384-4799	

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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: Coffee	Service: Vehicle/Equipment Maintenance
1. Check the box that best describes the a	greed upon delivery arrangement for this service:
	e (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is uthority or organization providing the service.)
	unincorporated portion of the county by a single service provider. (If this box is checked, r organization providing the service.)
	service only within their incorporated boundaries, and the service will not be provided in checked, identify the government(s), authority or organization providing the service.)
	service only within their incorporated boundaries, and the county will provide the service in checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attac government, authority, or other org.)	h a legible map delineating the service area of each service provider, and identify the anization that will provide service within each service area.)
2. In developing the strategy, were overla	apping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the higher levels of service (See O.C.G.A. 3) competition cannot be eliminated).	e strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 5-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ler the strategy, attach an implementation schedule listing each step or action that will be party and the agreed upon deadline for completing it.
3. List each government or authority that funds, user fees, general funds, specia indebtedness, etc.).	will help to pay for this service and indicate how the service will be funded (e.g., enterprise I service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority: Fund	ling Method:
Coffee County (Provider) Ger	eral Funds
	neral Funds
Broxton, City of (Provider) Ger	eral Funds
Douglas, City of (Provider) Gen	neral Funds
Nicholls, City of (provider) Ge	neral Funds

On or before 01/01/01 an agreement between Coffee County and Douglas, City of will be met. Maintenance on diesel/heavy equipment will be done by Coffee County on all heavy equipment owned by Douglas. Conversity, small engine/vehicle repair will be done by Douglas, City of on Coffee County equipment. An equitable exchange/funding rate will be included in this agreement.

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Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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Phone number: (912) 384-9224 8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person Earl Brice, Chairman Coffee County (	Date completed: 4-30-99 d by state agencies when evaluating whether propose gy? I Yes I No (s) and phone number(s) below: 912) 384-4799	d local government projects are PAGE 2 (continued)

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County: Coffee		Service: Waste Water Distribution
1. Check the box the	hat best describes	s the agreed upon delivery arrangement for this service:
Service will b checked, iden	e provided county tify the governme	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
Service will b identify the g	e provided only in overnment, autho	in the unincorporated portion of the county by a single service provider. (If this box is checked, or or organization providing the service.)
One or more of unincorporate	cities will provide ed areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more unincorporate	cities will provide ed areas. (If this b	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this government,	box is checked, a authority, or othe	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the Quest of t	ne strategy, were o	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions higher levels of secompetition canno	rvice (See O.C.G.	der 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
If these conditions taken to eliminate	will be eliminate them, the response	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each goven funds, user fees indebtedness, e	, general funds, s	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Governmen	t or Authority:	Funding Method:
Douglas, City of	(Provider)	General Funds and User Fees
Broxton, City of	(Provider)	General Funds and User Fees
		e previous arrangements for providing and/or funding this service within the county? equitable funding structure will be implemented which provides for a phased-in
adjustment of i	rates for custom	hers between the local governments of Coffee County and Douglas, City of.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
aste Water Distribution Agreement	Coffee County and Douglas, City of	01/01/01 - Perpetual
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What other mechanisms (if any) will be use	d to implement the strategy for this service (e.g., or	dinances, resolutions, local acts of the
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COFFEE COUNTY

## City of Broxton

- Service outside incorporated boundary (waste water distribution)





PAGE 2

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County: Coffee		Service: Waste Water Treatment
1. Check the box th	nat 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.)
		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.)
		attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
2. In developing th	e strategy, were o	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	rvice (See O.C.G	der 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 ible party and the agreed upon deadline for completing it.
	, general funds, s	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise becial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government	t or Authority:	Funding Method:
Broxton, City of	(Provider)	General Funds and User Fees
Douglas, City of	(Provider)	General Funds and User Fees
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4. How will the str	ategy change the	previous arrangements for providing and/or funding this service within the county?
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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:	
		New Constants	

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: Lee Kight

Phone number: (912) 384-9224

Date completed: 04-30-99

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? 🖸 Yes 🖬 No

If not, provide designated contact person(s) and phone number(s) below: Earl Brice, Chairman Coffee County (912) 384-4799

PAGE 2 (continued)

## City of Broxton



- Service outside incorporated boundary (waste water treatment)





### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: Coffee		Service: Water Distribution
1. Check the box th	at best describes	the agreed upon delivery arrangement for this service:
		ywide (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, with or organization providing the service.)
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2. In developing the	e strategy, were c	overlapping service areas, unnecessary competition and/or duplication of this service identified?
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Local Government	or Authority:	Funding Method:
Ambrose, City of	(Provider	General Funds and User Fees
Broxton, City of	(Provider	General Funds and User Fees
Douglas, City of	(Provider	General Funds and User Fees
Nicholls, City of	(Provider)	General Funds and User Fees
On or before 01	1/01/01 a more (	previous arrangements for providing and/or funding this service within the county? equitable funding structure will be implemented which provides for a phased-in ers between the local governments of Coffee County and Douglas, City of.

Agreement Name:	Contracting	g Parties:	Effective ar	d Ending Dates:
Nater Distribution Agreement	Coffee Co	ounty and Douglas, City of	01/01/01 -	Perpetual
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Phone number: <u>(012) 004 0224</u>		Date completed:	ne los inging	Mi Cherr Grahie In
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## City of Broxton

- Service outside incorporated boundary

(water distribution)





City of Nicholls

- Service outside incorporated boundary



# SERVICE DELIVERY STRATEGY

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Transfer		
10.51	ructions:	

Make copies of this form and complete one for each service listed on page 1, Section HI. 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 Denastment of Community Affairs

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changes, this should	be reported to the Department of Community Arrans.
County: Coffee	Service: Yard Refuge Collection/Mulching
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided course checked, identify the government.	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, auti	in the unincorporated portion of the county by a single service provider. (If this box is checked, world or organization providing the service.)
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One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were Yes 🗹 No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue u higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas on .
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Douglas, City of	General Funds and Fees
(Provider)	
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
	greement between Douglas, City of and other interested municipalities for collection of irrently, the City of Douglas contracts with a private company for mulching.

<ol> <li>List any formal service delivery agreement service:</li> </ol>		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
ard Refuge Collection/Mulching	Douglas, City of and Other	01/01/00 - Perpetual
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If not, provide designated contact person(		to some lighten or but going deals d
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#### Instructions:

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

County: Coffee	
<ol> <li>What incompatibilities or conflicts between the land use plans of local government service delivery strategy?</li> <li>No conflicts or incompatibilities were identified. However, a written agree units that provides a process for municipalities to annex land or extend we areas of the county so as not to conflict with current land use plans in the was also agreed upon by all those concerned.</li> </ol>	ement was passed by all local governmental ater/sewer services into unincorporated
2. Check the boxes indicating how these incompatibilities or conflicts were addressed	d:
amendments to existing comprehensive plans	Note: If the necessary plan amendments,
<ul> <li>adoption of a joint comprehensive plan</li> <li>other measures (amend zoning ordinances, add environmental regulations, etc.</li> </ul>	regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
3. Summarize the process that will be used to resolve disputes when a county disagreareas to be annexed into a city. If the conflict resolution process will vary for different The process is the same for all: 1) If the County has an objection - County agrees to implement changes the county stipulates or initates a mediation declaratory judgement in court. (See Attachment A - Service Delivery Strates)	erent cities in the county, summarize each process. will notify the City; 2) in turn, the City process or notifies the county to seek
4. What policies, procedures and/or processes have been established by local govern that new extraterritorial water and sewer service will be consistent with all applicable An "Intergovernmental Agreement Process for Provision of Extraterritorial W Attachment B) was passed by all governmental units in Coffee County.	e land use plans and ordinances?
5. Person completing form: Lee Kight	
Phone number: (912) 384-9224 Date completed: 04/3	30/99
6. Is this the person who should be contacted by state agencies when evaluating whet consistent with land use plans of applicable jurisdictions?  Yes No	her proposed local government projects are
If not, provide designated contact person(s) and phone number(s) below: Chairman Earl Brice - Coffee County Commissioners - (912) 384-4799	

The City of Ambrose and Coffee County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City of Ambrose will notify the Coffee County Board of Commissioners of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within thirty working days following receipt of the above information, the Chairman of the Coffee County Board of Commissioners will forward to the City of Ambrose a statement either: (a) indicating that the Coffee County Board of Commissioners have no objection to the proposed land use for the property; or (b) describing its *bona fide* objection(s) to the City of Ambrose's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the Coffee County Board of Commissioners' objection(s);

If the Coffee County Board of Commissioners have no objection to the City of Ambrose's proposed land use or zoning classification, the City of Ambrose is free to proceed with the annexation. If the Coffee County Board of Commissioners fail to respond to the City of Ambrose's notice in writing within the deadline, the City of Ambrose is free to proceed with the annexation and the Coffee County Board of Commissioners waives its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.

3. If the Coffee County Board of Commissioners notifies the City of Ambrose that it has a *bona fide* land use classification objection(s), the City of Ambrose will respond to the Coffee County Board of Commissioners within fifteen (15) working days of receiving the Coffee County Board of Commissioners' objections(s) by either: (a) agreeing to implement the Coffee County Board of Commissioners' stipulations and conditions and thereby resolving the Coffee County Board of Commissioners' objection(s); (b) agreeing with the Coffee County Board of Commissioners and stopping action on the proposed annexation; (c) disagreeing that the Coffee County Board of Commissioners' objection(s) are *bona fide* and notifying the Coffee County Board of Commissioners that the City of Ambrose will seek a declaratory judgment in court; or (d) initiating a thirty-day (maximum) mediation process to discuss possible compromises.

If the City of Ambrose initiates mediation, the City of Ambrose and the Coffee County Board of Commissioners will agree on a mediator, mediation schedule and determine participants in the mediation. The City of Ambrose and the Coffee

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County Board of Commissioners agree to share equally any costs associated with

If no resolution of the Coffee County Board of Commissioners' bona fide land use classification objection(s) results from the mediation, the City of Ambrose will not proceed with the proposed annexation.

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5.

If the City of Ambrose and Coffee County Board of Commissioners reach agreement as described in step 3 (a) or as a result of the mediation, they will draft an annexation agreement for execution by the City of Ambrose and the Coffee County Board of Commissioners and property owner(s).

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

This annexation dispute resolution agreement shall remain in force and effect until

amended by agreement of each party or unless otherwise terminated by operation of law.

Mayor

City of Ambrose, Georgia

Chairman

Coffee County Board of Commissioners

The City of Broxton and Coffee County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

Prior to initiating any formal annexation activities, the City of Broxton will notify 1. the Coffee County Board of Commissioners of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within thirty working days following receipt of the above information, the Chairman of the Coffee County Board of Commissioners will forward to the City of Broxton a statement either: (a) indicating that the Coffee County Board of Commissioners have no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the City of Broxton's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the Coffee County Board of Commissioners' objection(s);

If the Coffee County Board of Commissioners have no objection to the City of Broxton's proposed land use or zoning classification, the City of Broxton is free to proceed with the annexation. If the Coffee County Board of Commissioners fail to respond to the City of Broxton's notice in writing within the deadline, the City of Broxton is free to proceed with the annexation and the Coffee County Board of Commissioners waives its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.

If the Coffee County Board of Commissioners notifies the City of Broxton that 3. it has a bong fide land use classification objection(s), the City of Broxton will respond to the Coffee County Board of Commissioners within fifteen (15) working days of receiving the Coffee County Board of Commissioners' objections(s) by either: (a) agreeing to implement the Coffee County Board of Commissioners' stipulations and conditions and thereby resolving the Coffee County Board of Commissioners' objection(s); (b) agreeing with the Coffee County Board of Commissioners and stopping action on the proposed annexation; (c) disagreeing that the Coffee County Board of Commissioners' objection(s) are bona fide and notifying the Coffee County Board of Commissioners that the City of Broxton will seek a declaratory judgment in court; or (d) initiating a thirty-day (maximum) mediation process to discuss possible compromises.

If the City of Broxton initiates mediation, the City of Broxton and the Coffee County Board of Commissioners will agree on a mediator, mediation schedule and determine participants in the mediation. The City of Broxton and the Coffee

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County Board of Commissioners agree to share equally any costs associated with the mediation.

5. If no resolution of the Coffee County Board of Commissioners' bona fide land use classification objection(s) results from the mediation, the City of Broxton will not proceed with the proposed annexation.

If the City of Broxton and Coffee County Board of Commissioners reach agreement as described in step 3 (a) or as a result of the mediation, they will draft an annexation agreement for execution by the City of Broxton and the Coffee County Board of Commissioners and property owner(s).

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

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

acy R. Latt City Clerk

Clerk

Mayor

City of Broxton, Georgia

Chairman Coffee County Board of Commissioners

The City of Douglas and Coffee County hereby agree to implement the following process, for resolving land use disputes over annexation, effective July 1, 1998:

All applications for annexation into the Corporate Limits of the City of Douglas shall be filed initially with the Douglas-Coffee County Planning Commission and processed as follows:

1. Upon receipt and review of an application for annexation, the Douglas-Coffee County Planning Commission shall notify the Board of Commissioners of Coffee County of the proposed annexation and include in that notification, the location of the property, a legal plat, an explanation of the proposed land use and zoning classification and their recommendations.

2. The Board of Commissioners of Coffee County shall, within thirty (30) days following receipt of the required information, forward to the City of Douglas a statement either:

- (a) indicating that the Board of Commissioners have no objection(s) to the proposed land use of the property; or
- (b) describing the bona fide objection(s) to the proposed land use classification, providing supporting information, and including any possible stipulations or conditions that would alleviate the objection(s).
- (c) For the purpose of this agreement, a bona fide objection is defined as a proposed land use that is incompatible with the existing land use and would create an adverse effect on the continued use and development of the area.

3. If the Board of Commissioners of Coffee County has no objections to the proposed land use and/or fails to respond to the notification in writing within the time allowed, The City of Douglas is free to proceed with the proposed annexation and Coffee County loses its right to invoke dispute resolution process, stop the annexation or object to land use changes after annexation.

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4. In the event the Board of Commissioners of Coffee County notifies the City of Douglas that it has a bona fide land use classification objection, the City of Douglas will respond to those objections in writing within fifteen (15) days following receipt of said objections by either:

(a) agreeing to implement the county's stipulations and conditions thereby resolving the county's objection(s);

- (c) initiating a 30-day (maximum) mediation process to discuss possible compromises or
- (d) disagreeing that the county's objections(s) are bona fide and notifying the county that the City will seek a declaratory judgment in court.

5. If the City initiates mediation, the City and county will agree on a mediator, mediation schedule and determine participants in the mediation. The City and county agree to share equally any costs associated with mediation.

6. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city may choose not to proceed with the proposed annexation or exercise the option described in 4(d).

7. If the city and county reach agreement as described in step 4(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city, county and the property owner(s).

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

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

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Mayor, City of Douglas

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Chairman, Board of Commissioners of Coffee County

The City of Nicholls and Coffee County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City of Nicholls will notify the Coffee County Board of Commissioners of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within thirty working days following receipt of the above information, the Chairman of the Coffee County Board of Commissioners will forward to the City of Nicholls a statement either: (a) indicating that the Coffee County Board of Commissioners have no objection to the proposed land use for the property; or (b) describing its *bona fide* objection(s) to the City of Nicholls' proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the Coffee County Board of Commissioners' objection(s);

2. If the Coffee County Board of Commissioners have no objection to the City of Nicholls' proposed land use or zoning classification, the City of Nicholls is free to proceed with the annexation. If the Coffee County Board of Commissioners fail to respond to the City of Nicholls' notice in writing within the deadline, the City of Nicholls is free to proceed with the annexation and the Coffee County Board of Commissioners waives its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.

3. If the Coffee County Board of Commissioners notifies the City of Nicholls that it has a *bona fide* land use classification objection(s), the City of Nicholls will respond to the Coffee County Board of Commissioners within fifteen (15) working days of receiving the Coffee County Board of Commissioners' objections(s) by either: (a) agreeing to implement the Coffee County Board of Commissioners' stipulations and conditions and thereby resolving the Coffee County Board of Commissioners' objection(s); (b) agreeing with the Coffee County Board of Commissioners' objection(s); (b) agreeing with the Coffee County Board of Commissioners and stopping action on the proposed annexation; (c) disagreeing that the Coffee County Board of Commissioners that the City of Nicholls will seek a declaratory judgment in court; or (d) initiating a thirty-day (maximum) mediation process to discuss possible compromises.

If the City of Nicholls initiates mediation, the City of Nicholls and the Coffee County Board of Commissioners will agree on a mediator, mediation schedule and determine participants in the mediation. The City of Nicholls and the Coffee

County Board of Commissioners agree to share equally any costs associated with the mediation.

- 5. If no resolution of the Coffee County Board of Commissioners' *bona fide* land use classification objection(s) results from the mediation, the City of Nicholls will not proceed with the proposed annexation.
- 6. If the City of Nicholls and Coffee County Board of Commissioners reach agreement as described in step 3 (a) or as a result of the mediation, they will draft an annexation agreement for execution by the City of Nicholls and the Coffee County Board of Commissioners and property owner(s).

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

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

City Clerk

County Clerk

City of Nicholls, Georgia

Chairman Coffee County Board of Commissioners

### Intergovernmental Agreement Process For Provision of Extraterritorial Water and Sewer Services

WHEREAS, the respective member governments of Coffee County, which include the Coffee County Board of Commissioners, and the Mayor/Councils of the cities of Ambrose, Broxton, Douglas, and Nicholls have pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy; and

WHEREAS, these governments have previously formed a joint countywide Planning Commission to assist the respective member governments in their local planning, plan implementation, and land use regulatory programs; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a process whereby the provision of extraterritorial water and sewer services by any jurisdiction shall be 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: Coffee County and the cities of Ambrose, Broxton, Douglas, and Nicholls, hereby agree to implement the following process for the provision or extraterritorial water and sewer services, effective July 1, 1999.

Prior to initiating the provision of water or sewer services outside the boundaries of the respective local government the City will notify the county government of the services to be provided, the proposed services area and the anticipated impact on the future land use classification. The notification will include, at a minimum information on location of property, size of proposed service area, proposed purpose of the extension (i.e. proposed change in land use) and the current and future land use classification. For the purposes of official notification of the county as required by the agreement, notification of the county shall be achieved by delivery of the required information to the chairman of the Coffee County Commissioners.

Concurrent with the notification to the county, the city will forward the proposed extraterritorial extension data required above to the countywide planning commission for its review and recommendation. Coffee County and its cities recognize that role of the "plan caretakers" rests with their planning commission, and agree that the planning commission's

(Continued)

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#### Extraterritorial Water and Sewer Agreement Page 2

recommendation will be given full and complete consideration in the extraterritorial water and sewer services process.

2. Within thirty (30) working days following receipt of the above information, the county will forward the city a statement:

- (a) indicating that the county has no objection to the proposed extraterritorial water or sewer service and its consistency with land use; or
- (b) describing its objection to the proposed water or sewer service or land use consistency, 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 the aforementioned timeframe, to the city's proposed extraterritorial water or sewer service or land use consistency, the city is free to proceed with the provision of the service.

4. If the county notifies the city that it had an 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;
- (b) agreeing to implement the county's stipulation and conditions and thereby resolving the county's objection;
- (c) initiating a 30-day (maximum) Mediation process to discuss possible compromises; or
- (d) disagreeing that the county's objection is bona fide and notifying the county that the city will seek a declaratory judgment.

If the city initiates 4(c) Mediation the city and county will agree on a mediator, a mediation schedule and participants in the mediation. The city and county shall agree to share equally any cost associated with mediation.

- 5. If no resolution of the county's objection results from the mediation, the city:
  - (a) will abandon and not proceed with the proposed service; or
  - (b) will notify the county that the city will seek a declaratory judgement in court.
- 6. If the city and county reach agreement as described in step 4(b) or 4(c), the City is free to proceed with the extraterritorial water or sewer services.

(Continued)

Extraterritorial Water and Sewer Agreement Page 3

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

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this <u>lot</u> day of <u>May</u>, 1999

Attest

Chairman Earl Brice

Coffee County Commissioners

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May 4, 1959 Date

Fracy R. Lott

May 2

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May Date

5 Date 3

ault Mayor Shelton Paulk

City of Ambrose

Mayor Bobby Reynolds City of Broxton

Mayor Max Lockwood City of Douglas

Mayor Dewayne

City of Nicholls

### SERVICE DELIVERY STRATEGY CERTIFICATIONS

#### Instructions:

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

#### SERVICE DELIVERY STRATEGY FOR Coffee

**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:	(Please print or type)	TITLE:	JURISDICTION:	DATE:
In One	Mr. Earl Brice	Chairman, Coffee County Commission	Coffee County	513/99
Shilton Jan	Mr. Shelton Paulk	Mayor	City of Ambrose	5-4-99
Bably June	Mr. Bobby Reynolds	Mayor	City of Broxton	5/4/59
Muy Jocka	Mr. Max Lockwood	Mayor	City of Douglas	5/10/99
Manage the	Mr. Dewayne Streat	Mayor	City of Nicholls	5/3/99



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