



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **DAWSON**

I. GENERAL INSTRUCTIONS:

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

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="841 1178 1544 1415" style="background-color: #333; color: white; padding: 10px; text-align: center;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></p> </div>

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Dawson County, City of Dawsonville, Etowah Water and Sewer Authority

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

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

Water Supply and Distribution - (FORM 2 intentionally omitted from this SDSA - see previous SDSA)

* See attached Water Agreements

Sewage Collection/Disposal - (FORM 2 intentionally omitted from this SDSA - see previous SDSA)

* See attached Sewer Service Area Agreement

Development Permitting and Inspections

Building Permitting and Inspections

Soil Erosion Permitting and Enforcement

Storm Water Management

Solid Waste Management

Planning and Zoning

Senior Citizen Services

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

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

Police Protection

Solid Waste Collection

Parks and Recreation

Elections

Emergency Services: Fire & EMS

Transit

Environmental Health

Public Health

Animal Control

Street/Road Repair & Maintenance and Street/Road Cleaning

Service: Water Supply and Distribution

The attached Water Purchase Agreements between the City of Dawsonville and Etowah Water & Sewer Authority have been in place since before the 2008 SDSA. They do not indicate any type of amendment or modification to this service category, but rather they are being included with this SDSA to complete the record due to a previous omission of the documents.

WATER PURCHASE AGREEMENT

THIS AGREEMENT for the sale and purchase of water is entered into as of the 5th day of September, 1989, between the City of Dawsonville, a municipal corporation in Dawson County, Georgia, hereinafter referred to as the "City" and the Etowah Water & Sewer Authority situated in Dawson County, Georgia, hereinafter referred to as the "Authority".

WITNESSETH:

WHEREAS, the Authority is organized and established under the Laws of Georgia for the purpose of constructing and operating a water supply distribution system serving water users principally within Dawson County.

WHEREAS, the City currently operates a water system serving approximately 300 customers inside the City and adjacent thereto, supplied by wells and springs which are inadequate to serve the customers' needs, and

WHEREAS, due to increased growth and development the City desires to purchase water from the Authority, and

WHEREAS, Authority desires to expand its facilities so that it may adequately meet the needs and demands of its customers, the City included, and;

WHEREAS, the Authority has applied to the Appalachian Regional Commission for a grant to finance the facilities which would enable the City to purchase water from the Authority, and

WHEREAS, it is the desire and intention of the parties that all monies from the Appalachian Regional Commission grant be used

by the Authority to construct facilities to enable the City to obtain water from the Authority, and;

WHEREAS, the City and the Authority would serve customers in accordance with a territorial provision which is a part of this Agreement, and

WHEREAS, this can best be accomplished by the parties entering into this agreement which shall supersede all previous contracts and agreements;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and agreements hereinafter set forth,

A. THE AUTHORITY AGREES:

1. (Quality and Quantity) To furnish the City at the main point of delivery which shall be at a meter at the intersection of Perimeter Road and Georgia Hwy. 53 during the term of this contract or any renewal or extension thereof, potable treated water meeting applicable purity standards of the Georgia Department of Natural Resources, Environmental Protection Division in such quantity and at such pressure as may be required for the City as determined by an engineer or engineering firm mutually agreed upon by the parties hereto.

2. (Accounting System) To establish an accounting system satisfactory to all parties which shall facilitate the identification of costs actually used in calculating the cost per 1,000 gallons of producing and delivering water to the City; and to be responsible for operation of the water supply in accordance with all applicable laws and regulations.

3. (Metering Equipment) To furnish, install and operate at Authority's expense a meter at the intersection of Perimeter Road and Georgia Hwy. 53, a meter at the booster station at the 250,000 gallon reservoir, a meter at the end of existing City lines on Ga. Hwy. 9 South of the Perimeter Road, and, a meter or meters at such other points as may be mutually agreed to by the parties, (the "metering equipment") including meter houses or pits, and required devices of standard type for properly measuring the quantity to or from the City and to calibrate such metering equipment whenever requested by the City or Authority. Meters shall be checked and calibrated by the Authority not less frequently than once every twelve (12) months. A meter registering not more than two percent (2%) above or below the test result shall be deemed to be accurate. The previous reading of any meter disclosed by the test to be inaccurate shall be corrected for the 6 months previous to such test in accordance with the percentage of inaccuracy found by such tests. If any meter fails to register for any period, the amount of water furnished during such period shall be deemed to be the amount delivered in the corresponding period immediately prior to the failure, unless the Authority and City shall agree upon a different amount. The metering equipment shall be read on or about the 15th of each month. An appropriate official of the City at all reasonable times shall have access to each meter for the purpose of verifying its readings.

4. (Connections to Existing Lines) To bear all costs of connecting the City's service lines to the Authority's existing service lines as set out in Exhibit "B" of the May 1989 Report of

Campbell Wallace Consulting Engineers, hereinafter referred to as "Engineer's Report"; a copy of which has been initialed by the respective officers of the parties and is attached to, incorporated into and made a part of this Agreement as "Exhibit A".

5. (Billing Procedure) To furnish the City at the above address not later than the 1st day of each month, with an itemized statement of the amount of water furnished the City during the preceding month.

6. (Grant Monies) To covenant that all monies received from the Appalachian Regional Commission Grant (the "grant") for the purpose of constructing facilities to enable the City to purchase water from the Authority shall be used for no other purpose absent a written agreement by the City. The Authority or its designated agent shall report to the City not less than monthly on the use of the grant funds in such detail as shall be specified by the City. This reporting requirement shall continue until all grant funds have been expended and construction has been completed and accepted by the City and the Appalachian Regional Commission.

7. (Indemnification) The Authority shall assume all liability and risks for all damages and injuries to persons or property which shall or may arise or accrue out of the conduct of any activity relating to the performance of this Agreement by the Authority, its officials, employees, agents or servants and shall indemnify and save harmless the City from any and all liability actions, causes of actions, suits, damages, attorneys fees and costs relating to the performance of this Agreement by the Authority, its officials, employees, agents or servants.

B. THE CITY AGREES:

1. It is understood that the Authority will construct a water supply system in adequate size to meet the water needs of the City; therefore, the City agrees to purchase from the Authority all of the water needed to meet the requirements of its customers for the period of this contract, subject to the following conditions and exceptions:

(a) In the event of a failure to deliver as set out in Section C, paragraph 8 of this agreement, or in the event of an emergency shortage of water in which demand by the City exceeds supply from the Authority for more than four hours in any 24-hour period, the City reserves the right to procure water from any and all available sources, including its existing wells, to supplement the water supplied by Authority. The Authority agrees that the City may make such emergency supplements.

(b) In the event the City expands its service to an area substantially different from its present service area, and the Authority is not capable of delivering water at a satisfactory point and at a satisfactory rate, the Authority shall consent to allow the City to furnish water to meet the needs for the new area only, from any other source to be determined by the City.

2. (Rates and Payment Date) To pay the Authority, not later than the 15th day of each month, for water delivered in accordance with a rate schedule determined under the following guidelines:

(a) Payments under this contract shall be adequate to cover yearly amortization of the net cost of the lines to

serve Dawsonville (net cost not to exceed \$229,100) and yearly amortization of existing facilities (net cost not to exceed \$830,000) and cost of operations - all as illustrated in Exhibit F of the Engineer's Report provided, however, that

(b) The rate to Purchaser will not exceed \$1.37/thousand gallons for the first 18-months after initial delivery of water to the City by the Authority, the rate to Purchaser in any 12 month period shall not increase more than 7% over the rate in the previous 12-month period.

(c) Payments for capitalized costs and operation and maintenance expense shall be based on the actual cost of water produced and the actual usage by Authority and City.

C. IT IS FURTHER MUTUALLY AGREED BETWEEN THE AUTHORITY AND THE CITY AS FOLLOWS:

1. (Term of Agreement) That this contract shall extend for a term of 40 years from the date of the initial delivery of any water as shown by the first bill submitted by the Authority to the City and, thereafter may be renewed or extended for such term or terms, as may be agreed upon by the Authority and City.

2. (Territorial Provision) The parties have agreed on which portions of Dawson County each party shall be entitled to serve. This territorial agreement of the parties is illustrated by the map attached to and incorporated into and made a part of this Agreement as Exhibit "B".

3. (Debt Service Payment) That the principal and interest debt service allocated to the water service cost to The City shall

be the actual principal and interest payment on that portion of outstanding debt attributed to the cost of service to the City, more specifically,

a. new water lines installed to serve Dawsonville and set out in Exhibit "B" of Engineer's Report less credits set out in Exhibit "C" of Engineer's Report.

b. new 500,000 gallon tank and original plant as set out in Exhibit "D" of Engineer's Report.

4. Calculation of the amount of water purchased by the City shall be made by subtracting the water metered from Dawsonville at the booster station at the 250,000 gallon reservoir north on Georgia Highway 9 and at the end of the existing lines on Georgia Highway 9 south of the Perimeter Road from the water metered to Dawsonville at the intersection of Perimeter Road and Georgia Highway 53. ~~In calculating the monthly amount of water purchased by the City the Authority shall round off to the nearest thousand gallons so that 501 gallons or more shall be rounded to one thousand and 500 gallons or less shall be rounded to zero.~~

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(5) (Operation and Maintenance Payment) That the Authority shall be responsible for operating and maintaining the water system in the most economical manner feasible, and the City shall have the right to question specific items in the audit. The operation and maintenance costs chargeable to the treatment plant and delivery costs shall include:

(1) Labor, (2) Chemicals, (3) Electricity, (4) Other applicable utility costs, (5) Insurance, (6) Taxes, (7) Accounting, (8) Testing of all master meters on a yearly basis, (9) And any and all other miscellaneous costs related to water production, operation, and maintenance.

6. (Time Period from Start of Delivery Until Eighteen Months thereafter) The City shall pay a maximum of \$1.37 per 1,000 gallons of water used for a period of eighteen months from the date of initial delivery of water pursuant to this agreement.

7. (Time Period Beginning January 1st after the First Eighteen month period)

(a) An annual audit and report on the water treatment facility shall be made at the end of the first operating year, and each year thereafter, by a certified public accountant employed by the Authority. The audit shall determine the true operating and maintenance costs, and true debt service cost. The above total cost shall be divided by the total water metered from the plant during that year, excluding water metered for internal plant use. This calculation shall yield the unit cost per 1,000 gallons of water metered which shall be the cost per thousand gallons to be paid by the City to the Authority; provided, however, that the City shall not pay more than \$1.37 per 1,000 gallons of water used during the first eighteen months after initial delivery of water pursuant to this Agreement.

(b) Regardless of the unit cost as calculated under Paragraph "A" above, the Authority agrees not to increase the rate charged the City more than 7% in any twelve month period.

(c) Each year-end audit shall determine if the payments for the past year have been over or underpaid, based on actual audited costs. Overpayments shall be refunded or credited to the City's next monthly billed charges. Underpayments shall be collected on the next payment date after the audit.

(d) The above described year-end procedure shall be repeated annually at the end of each of the Authority's operating years.

(e) For the purposes of this Agreement, "operating year" shall be defined as beginning on August 1 of each year and ending on July 31 of the following year.

8. (Failure to Deliver) That the Authority will, at all times, operate and maintain its system in an efficient manner and will take such action as may be necessary to furnish the City with the quantity and quality of water required by the City. Temporary or partial failures to deliver water shall be remedied with all possible dispatch, and the failure to do so shall constitute a material breach of this agreement; provided, however, that the failure or inability, or partial failure or partial inability, of the Authority to deliver water which directly results from water withdrawal or distribution restrictions imposed on the Authority by the Georgia Department of Natural Resources or any other state or federal agency validly imposing such restrictions shall not constitute a material breach of this Agreement.

9. (Modification of Agreement) Except as otherwise provided herein, the provisions of this contract pertaining to the schedule of rates to be paid by the City for water delivered are subject to modification at the end of every 1 year period. Any increase or decrease in rates shall be based on a demonstrable increase or decrease in the costs of performance hereunder, but such costs shall not include increased capitalization of the Authority's distribution system. Other provisions of this contract may be modified or altered in writing by mutual agreement of the parties.

10. (Regulatory Agencies) That this contract is subject to such rules, regulations, or laws as may be applicable to similar Agreements in this State and the Authority and City shall reasonably cooperate in obtaining such permits, certificates, or the like, as may be required to comply therewith.

11. (Successor to the Parties) (a) That in the event of any occurrence rendering the City incapable of performing under this contract, any successor of the City, whether the result of legal process, assignment, or otherwise, shall succeed to the rights of the City hereunder.

(b) That in the event of any occurrence rendering the Authority incapable of performing under this contract, any successor of the Authority, whether the result of legal process, assignment, or otherwise, shall succeed to the rights of the Authority hereunder.

12. An original and one duplicate original of this Agreement shall be executed, and each of which so executed shall be deemed to be an original for purposes of introduction in evidence of any legal proceeding.

13. This Agreement shall be deemed to have been executed in the State of Georgia and shall be construed according to the laws of that state.

14. This writing terminates and supersedes all prior Agreements between the parties hereto pertaining to the subject matter herein whether orally or in writing and constitutes the entire Agreement between the parties hereto subject only to modification by a subsequent writing of equal formality with this

instrument executed by the parties hereto and making reference to the same.

15. (Discrimination in Employment or Services) (a) The Authority agrees that it shall not discriminate against any person in the provision of any services or in any terms or conditions of employment on the basis of race, color, religion, national origin, sex, age, or handicap, and will comply with all applicable Federal laws, regulations and guidelines prohibiting discrimination.

(b) The Authority shall take affirmative action to employ persons in the groups described in sub-paragraph (a) and shall report as requested by the City on the progress of such affirmative action.

(c) Failure of the Authority to comply with the provisions of subparagraphs (a) and (b) of this Paragraph shall constitute an additional event of default.

16. This Agreement is contingent on approval of this agreement by, and the successful closing of financing of the necessary financing from, the United States Department of Agriculture, Farmers Home Administration. The parties agree that neither shall be bound in any way by this Agreement absent such approval and closing. Such approval and closing shall be evidenced by the signature of the appropriate Farmers Home Administration official below.

17. (a) All disputes and controversies of every kind and nature between the City and the Authority arising out of or in connection with this Agreement as to the existence, construction, validity, interpretation or meaning, performance, non-performance,

enforcement, operation, breach, continuance or termination hereof shall be submitted to arbitration pursuant to the following procedure:

(i) Either party may demand such arbitration in writing within ninety (90) days after the controversy arises, which demand shall include the name of the arbitrator appointed by the party demanding arbitration together with a statement of the matter in controversy.

(ii) Within thirty (30) days after such demand, the other party shall name his arbitrator or in default thereof such arbitrator shall be named forthwith by the Senior Judge of the Superior Court of Dawson County, or if he refuses to so appoint, then any other judge of said Court shall appoint such second arbitrator, and the two arbitrators so selected shall name a third arbitrator within fifteen (15) days or in lieu of said agreement on a third arbitrator by the two arbitrators so appointed, a third arbitrator shall be appointed by a Judge of the Superior Court as above stated.

(iii) Each party shall bear its own arbitration costs and expenses and shall pay the fees and expenses of the designated arbitrator. The fees of the third arbitrator and his expenses shall be shared equally by the parties hereto.

(iv) The arbitration herein shall be held at Dawsonville, Georgia, on fifteen (15) days notice to the parties, the arbitration rules and procedures of the American Arbitration Association shall be incorporated by reference herein and the laws of evidence of the State of Georgia shall govern the presentation of evidence therein.

(v) The arbitration herein shall be concluded within three (3) days unless otherwise ordered by the arbitrators and the award hereon shall be made within ten (10) days after the close of the submission of evidence. To the extent permitted by law, and except as otherwise provided herein, an award rendered by a majority of the arbitrators appointed pursuant to this agreement shall be final and binding on all parties to the proceeding during the term of this agreement.

(b) Nothing herein contained shall be deemed to give the arbitrators any authority, power or right to alter, change, amend, modify, add to or subtract from any of the provisions of this Agreement.

(c) Any decision of the arbitrators may be appealed by either party de novo to the Superior Court of Dawson County.

(EXECUTION APPEARS ON THE FOLLOWING PAGE)

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers and their seals affixed.

CITY OF DAWSONVILLE, GEORGIA

ETOWAH WATER & SEWER AUTHORITY

Linda Sawney
Mayor

BY: Don D. Gordon

Mary A. Smith
Councilman

Title: Chairman

Charles R. Cain
Councilman

ATTEST:

Harold Warner
Councilman

Attest: E. Deay Law

Michael J. Sosul
COUNCILMAN

Title: Secretary

This Agreement is approved on behalf of the United States Department of Agriculture, Farmers Home Administration this _____ day of _____, 19____, This approval further evidences the successful closing of the financing as contemplated by this Agreement.

By: _____

Title: _____

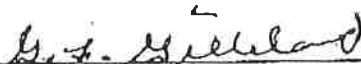
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(August 11, 1989)

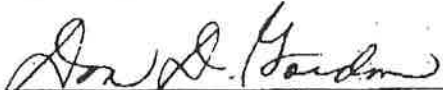
ACKNOWLEDGEMENT

The boundaries as contained herein accurately reflect the service area for water distribution by the City of Dawsonville, Georgia as granted under a contract by and between the City of Dawsonville, Georgia and the Etowah Water & Sewer Authority originally dated September 5, 1989 and subsequently amended May 3, 1991 as well as June 13, 1994 between the parties.

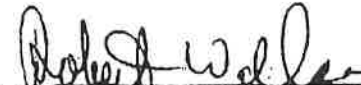
SO AGREED this 25th day of September, 2000.



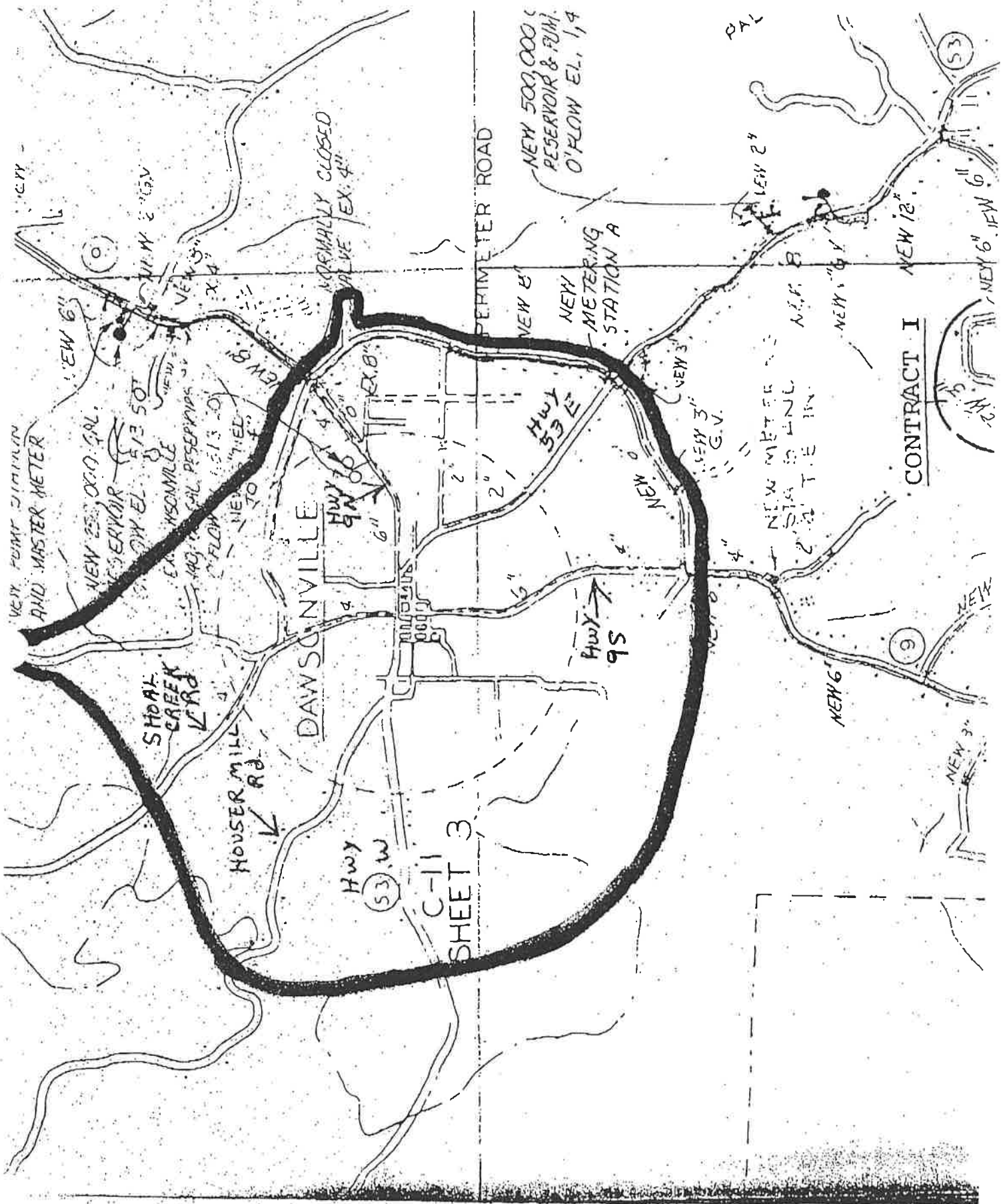
HONORABLE G.L. GILLELAND
Mayor, City of Dawsonville



DON GORDON
Chairman, Etowah & Sewer Authority



HONORABLE ROBERT WALLACE
Chairman, Dawson County Board of Commissioners.



Blumberg No. 5137
EXHIBIT
B

FIRST AMENDMENT TO WATER PURCHASE AGREEMENT

This First Amendment to Water Purchase Agreement is entered into as of the 3rd day of May, 1998, by and between the City of Dawsonville, a municipal corporation in Dawson County, Georgia, hereinafter referred to as the "City" and the Etowah Water & Sewer Authority situated in Dawson County, Georgia, hereinafter referred to as the "Authority".

WITNESSETH:

WHEREAS, the City and the Authority entered into a Water Purchase Agreement as of the 5th day of September, 1957; and

WHEREAS, the City and the Authority find it necessary to amend certain provisions of said Agreement;

NOW THEREFORE, in consideration of the foregoing, the mutual covenants and agreements hereinafter set forth, and the sum of one dollar paid by each party to the other, receipt and sufficiency of which is hereby acknowledged, the City and the Authority agree as follows:

1.

To amend paragraph nine of said Agreement by striking paragraph nine in its entirety and inserting in lieu thereof the following:

"9. (Modification of Agreement) Except as otherwise provided herein, the provisions of this contract pertaining to the schedule of rates to be paid by the City for water delivered are subject to modification at the end of every 1 year period. ~~Any increase or decrease in rates shall be based on a demonstrable increase or decrease in the costs of performance hereunder but such costs shall not include increased capitalization of the Authority's distribution system. All provisions of this contract including but not limited to the foregoing provisions may be modified or altered in writing by mutual agreement of the parties and approval by an appropriate official of the Farmers Home Administration.~~

2.

To amend paragraph sixteen of said Agreement by adding a new subparagraph (b) to paragraph sixteen to read as follows:

"16.(b) This Agreement is pledged as security for the loan described in paragraph 'a' above as provided in a contract between the Authority and the United States Department of Agriculture, Farmers Home Administration, denominated 'Letter of Conditions' and dated May 2, 1970."

3.

Except as otherwise expressly modified or amended by this First Amendment to Water Purchase Agreement, all provisions, terms and conditions of the original agreement between the parties shall continue in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this First Amendment to Agreement to be executed by their duly authorized officers and their seals affixed to be effective as of the date first shown above.

CITY OF DAWSONVILLE, GEORGIA ETOWAH WATER & SEWER AUTHORITY

Jerry Savage
Mayor

BY: Don D. Guden

James Dean
Councilman

Title: Chairman

Mary A. Smith
Councilman

ATTEST:

Michael J. [unclear]
Councilman

Attest: A. [unclear]

Harold Weaver
Councilman

Title: Secretary

This First Amendment to Agreement is approved on behalf of the United States Department of Agriculture, Farmers Home Administration this _____ day of _____ 19 _____.

By: _____

Title: _____

P:\DAVID\DAWSON\CO\113_21VP.002

SECOND AMENDMENT TO WATER PURCHASE AGREEMENT

This Second Amendment to Water Purchase Agreement is entered into as of the 13th day of June, 1994, by and between the City of Dawsonville, a Municipal Corporation in Dawson County, Georgia, hereinafter referred to as the "City", and the Etowah Water and Sewer Authority situated in Dawson County, Georgia, hereinafter referred to as the "Authority".

W I T N E S S E T H :

WHEREAS, the City and the Authority entered into a water purchase agreement as of the 5th day of September, 1989, and

WHEREAS, the City and the Authority provided for a first amendment to the water purchase agreement as of the 3rd day of May, 1991; and

WHEREAS, the City and the Authority find it necessary to amend certain provisions of said agreement;

NOW, THEREFORE, in consideration of the foregoing, the mutual covenants and agreements hereinafter set forth, and the sum of \$1.00 paid by each party to the other, receipt and sufficiency of which is hereby acknowledged, the City and the Authority agree as follows:

1.

To amend the first sentence of paragraph 3 of said agreement by striking said sentence in its entirety and inserting in lieu thereof the following:

2.

"3 (Metering Equipment). To furnish, install and operate at Authority's expense a meter at the intersection of Perimeter Road and Georgia Highway 53, a meter at the booster station at the 250,000 gallon reservoir, a meter at the intersection of Georgia Highway 9 South and Perimeter Road, and a meter or meters at such other points that may be mutually agreed to by the parties, (the "metering equipment") including meter houses or pits, and required devices of standard type for properly measuring the quantity to or from the City and to calibrate such metering equipment whenever requested by the City or the Authority. The Authority shall construct an 8-inch line for the City from the intersection of Georgia Highway 9 North and Perimeter Road a distance of 450 feet, more or less, towards the City's tank in exchange for all water properties of the City south of the intersection of Georgia Highway 9 South and Perimeter Road. ?

Perimeter Road shall be the service line between the City and the Authority at all locations. /

2.

Except as expressly modified or amended by this Second Amendment to Water Purchase Agreement, all provisions, terms, and conditions of the original agreement between the parties and the First Amendment to Water Purchase Agreement shall continue in full enforce and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Second

Amendment to Water Purchase Agreement to be executed by their duly authorized officers and their seals affixed to be effective as of the date first shown above.

CITY OF DAWSONVILLE

STOWAN WATER & SEWER AUTHORITY

Henry Savage
Mayor

BY: Don D. Fair

H. S. Belland
Councilman

Title: Chairman

Michael Harker
Councilman

ATTEST:

W. H. Smith
Councilman

Attest: E. Deane

Morton H. Hester
Councilman

Title: Secretary

THIS SECOND AMENDMENT TO AGREEMENT IS APPROVED ON BEHALF OF THE UNITED STATES DEPARTMENT OF AGRICULTURE, FARMERS HOME ADMINISTRATION THIS THE _____ DAY OF _____, 19____.

By: _____

Title: _____

THE AMENDMENT TO WATER PURCHASE AGREEMENT

This Third Amendment to Water Purchase Agreement is entered into effective as of the October 2, 2006, by and between the City of Dawsonville, a municipal corporation of the State of Georgia, hereinafter referred to as the "City", and the Etowah Water & Sewer Authority, an Authority organized and established under the laws of the State of Georgia located in Dawson County, hereinafter referred to as the "Authority."

WITNESSETH:

WHEREAS, the City and the Authority entered into a Water Purchase Agreement on December 5, 1989; and,

WHEREAS, the City and the Authority entered into a First Amendment to the Water Purchase Agreement on May 3, 1991; and,

WHEREAS, the City and the Authority entered into a Second Amendment to the Water Purchase Agreement on June 13, 1994, the *Water Purchase Agreement* as amended hereinafter being referred to as the "Agreement;" and,

WHEREAS, the City and the Authority find it necessary to further amend and modify certain provisions of the Agreement at this time;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein, the sum of Ten (\$10.00) Dollars, paid by each party to the other, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by each party, the City and the Authority agree as follows:

1.

The parties agree to add to paragraph B.1. of the Agreement a new subparagraph (c) as follows:

B. THE PARTIES AGREE:

1(c) Notwithstanding any provisions to the contrary in this Agreement, in the event the City develops wells or springs which produce potable water in sufficient amount to sell to the City's customers, the City may bring said wells and springs on-line and into use for sale to its customers without in any way violating the terms of this Agreement. In the event the City produces water in excess of its needs for its customers and the Authority is in need of water for its customers due to drought or other water shortage reason, the City may sell to the Authority, and the Authority may buy from the City, without further amendment to this agreement, such quantities of water not to exceed two hundred thousand (200,000) gallons per day up to a limit of six (6) million gallons per month at the current rate for sale of water from the Authority to the City as determined by the Agreement. In the event the City for any reason can not produce water to provide for the needs of its customers, the Authority, without further amendment to this agreement, may sell such quantities of water not to exceed two hundred thousand (200,000) gallons per day up to a limit of six (6) million gallons per month at the current rate for sale of water from the Authority to the City as determined by the Agreement. Notwithstanding the above, if the needs of either party are anticipated to exceed such amounts for any given monthly period, quantities may be requested and provided for either party on an emergency basis by agreement between the Chairman of the Authority and the Mayor of the City.

2.

The parties further agree that within thirty (30) days following the Georgia Environmental Protection Division of the Georgia Department of Natural Resources ("EPD") approval of the potable quality and quantity of such wells and springs as contemplated by the City to be 800,000 gallons per day (GPD) of production, the parties will negotiate with one another on a new Exhibit "B" to be attached to the Agreement as set forth in paragraph C.2. of the Agreement on Territorial Provision. It is the intent of the parties that they will work diligently and in good faith to arrive at a new Territorial Provision map. As may be necessary based upon EPD permitting and demand/supply for water, the parties additionally agree to renegotiate in good faith at such time the daily and monthly limitations on water each may purchase from the other as set out in Paragraph 1(c).

3.

Except as expressly modified or amended by this Third Amendment to Water Purchase Agreement, all provisions, terms and conditions of the original Water Purchase Agreement, the First Amendment to Water Purchase Agreement and the Second Amendment to Water Purchase Agreement shall continue in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Third Amendment to Water Purchase Agreement to be executed by their duly authorized officers and their seals affixed to be effective as of the date first shown above.

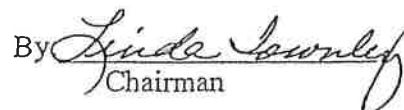
CITY OF DAWSONVILLE,
GEORGIA


By:



Mayor

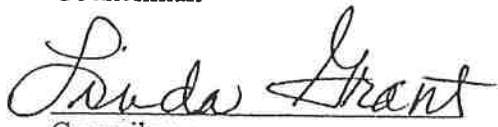
ETOWAH WATER &
SEWER AUTHORITY

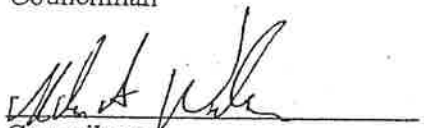
By:


Chairman

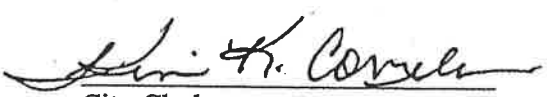

Councilman


Councilman

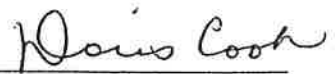

Councilman


Councilman

ATTEST:


City Clerk

ATTEST:

By: 
Secretary

Service: Sewage Collection/Disposal

The attached Sewer Service Area Agreement between the City of Dawsonville and Etowah Water & Sewer Authority has been in place since before the 2008 SDSA (with the exception of the 2018 IGA for Thunder Ridge Subdivision, also attached). Other than as indicated by the 2018 IGA, there have not been any amendments or modifications to this service category. The documents are being included with this SDSA to complete the record due to a previous omission of the documents.

SEWER SERVICE AREA AGREEMENT

This Sewer Service Area Agreement is entered into effective as of the 2nd
October, 2004, by and between the City of Dawsonville, a municipal corporation of the
State of Georgia, hereinafter referred to as the "City," and the Etowah Water & Sewer Authority,
an Authority organized and established under the laws of the State of Georgia located in Dawson
County, hereinafter referred to as "EWSA."

WITNESSETH:

WHEREAS, the City and EWSA provide sewage disposal systems for residents and
other legal entities within Dawson County and the City of Dawsonville; and

WHEREAS, the City and EWSA are authorized by law to enter into intergovernmental
agreements for the provision of services including sewerage disposal services to residents and
other legal entities within Dawson County and the City of Dawsonville; and

WHEREAS, the City and EWSA have determined that such an intergovernmental
agreement is in the best interests of the health, safety, morality, and welfare of the citizens of
Dawson County and the City; and

WHEREAS, the City and EWSA seek to establish a new sewer service area for the City
to provide the most effective and efficient method for sewerage disposal within Dawson County
and the City without duplication of services to the citizens, residents and other legal entities of
the City and Dawson County;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set
forth herein, the sum of Ten (\$10.00) Dollars, paid by each party to the other, and other good and
valuable consideration, the receipt and sufficiency of which is hereby acknowledged by each
party, the City and EWSA agree as follows:

1.

1

This agreement shall become effective as of _____ and the obligations shall then begin, and, subject to the other provisions of this contract, unless otherwise renewed or amended by the parties, shall expire on _____.

2.

This service area agreed to by the parties to be the service area of the City is that area so designated as the blue-highlighted area on the map attached to this agreement as "Exhibit A." In addition, to the extent any portion of the service area depicted upon the map adjoins or borders a public road, the City, at its option, may request in writing on an individual basis authority from EWSA to provide sewer service to any parcel of land adjoining said road which is across the road from the City's service area. Upon approval in writing by EWSA or failure of EWSA to respond within thirty (30) days the City's service area shall be deemed to include said parcel only.

3.

This agreement supersedes all previous agreements between the parties with regard to sewerage service areas.

4.

This agreement is subject to such rules, regulations and laws as may be applicable to similar agreements in the State of Georgia and the City and EWSA shall reasonably cooperate in obtaining such permits, certificates or the like as may be required by such State of Georgia regulatory agencies. This agreement shall be construed according to the laws of the State of Georgia.

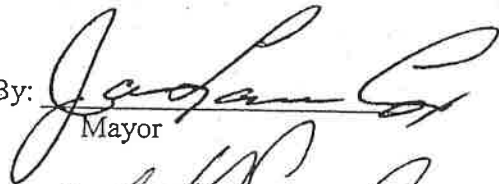
5.

?

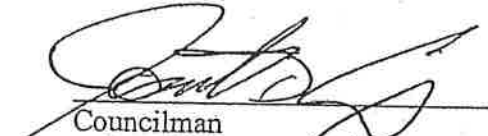
The City agrees to assume all liability and risks for all damages and injuries to persons or property which shall or may arise from the conduct of any of the City's activity relating to the provision of sewerage services within the sewer service area depicted on Exhibit A.

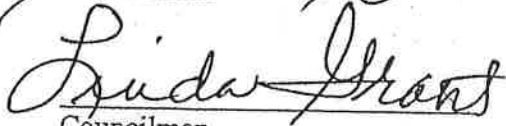
IN WITNESS WHEREOF, the parties have caused this Sewer Service Area Agreement to be executed by their duly authorized officers and their seals affixed to be effective as of the date first shown above.


CITY OF DAWSONVILLE,
GEORGIA

By: 
Mayor


Councilman


Councilman

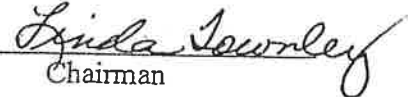

Councilman


Councilman

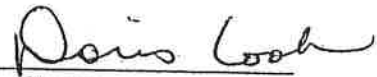
ATTEST:


City Clerk

ETOWAH WATER &
SEWER AUTHORITY

By: 
Chairman

ATTEST:

By: 
Secretary

Expanded Sewer Service Area

Legend







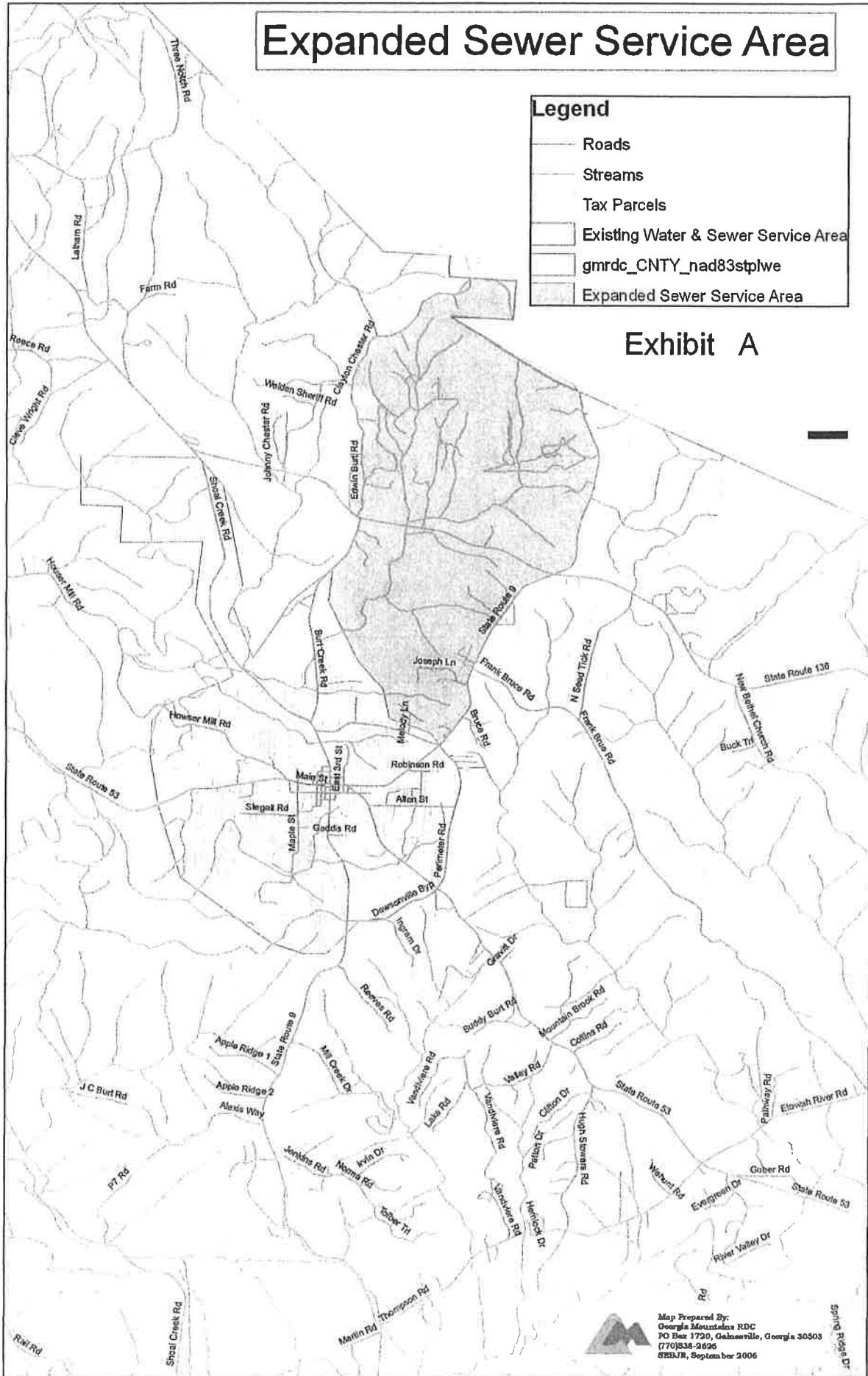
-  Roads
-  Streams
-  Tax Parcels
-  Existing Water & Sewer Service Area
-  gmrhc_CNTY_nad83stplwe
-  Expanded Sewer Service Area

Exhibit A



Map Prepared By:
 Georgia Mountains RDC
 PO Box 1720, Gainesville, Georgia 30503
 (770)838-2696
 SRB/JR, Septem ber 2006

Spring Ridge Rd

INTERGOVERNMENTAL AGREEMENT REGARDING WATER AND SEWER SERVICES TO
THUNDER RIDGE SUBDIVISION

This Intergovernmental Agreement ("IGA") is hereby made this 10th day of July 2018 by and between the City of Dawsonville, Georgia ("City"), a municipal corporation of the State of Georgia, and Etowah Water and Sewer Authority (hereafter "the Authority"), a political subdivision of the State of Georgia.

WHEREAS, the City and the Authority provide and distribute water to the citizens and entities within their respective jurisdictions pursuant to previously negotiated agreements; and

WHEREAS, the City and the Authority also provide sewerage disposal and treatment services and systems to the citizens and entities within their respective jurisdictions pursuant to previously negotiated agreements; and

WHEREAS, the Developer of an approximate 280 lot subdivision (to be known as "Thunder Ridge") seeks to develop property located at Highway 9 South near the intersection of said Highway and JC Burt Road (Tax Parcels 084-003 and 094-046); and

WHEREAS, the City owns, operates and maintains a gravity sewer system and sewer treatment facility located proximate to Thunder Ridge and at the discharge point of a force main and sanitary sewer lift station to be owned, operated and maintained by the Authority; and

WHEREAS, the City and the Authority are authorized by law to enter into intergovernmental agreements for the provision of water and sewer services;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by each party, the City and the Authority hereby agree as follows:

1. Term. The term of this IGA shall be coterminous with the existing Water and Sewer Agreements between the City and the Authority and shall expire on October 1, 2034 unless earlier terminated in accord with paragraph 6 hereinbelow.
2. Obligations of the City.

The City of Dawsonville shall have the following obligations:

- a) It will set aside and provide sewer capacity and disposal services to the Thunder Ridge subdivision in exchange for the payments set forth in this IGA;
- b) It will own, operate, and maintain the gravity sewer from and including the manhole to be constructed by the Authority at GPS Coordinates Lat 34.408946 Long 84.121184 (the "New Manhole") to the existing connection point (the "Connection Point") in the City's sewer system located at GPS Coordinates Lat 34.411105 Long -84.121056;
- c) It will allow the Authority to pump sewage from the Thunder Ridge subdivision to the discharge point for disposal and treatment in the City's wastewater treatment plant;
- d) It will charge the Authority the City's Inside Residential Sewer Rates based upon the City's tiered scale, as the same may be changed from time to time, based on the volume of metered water consumption per month per active account within the Thunder Ridge subdivision.

3. Obligations of the Authority.

Etowah Water and Sewer Authority shall have the following obligations:

- a) It shall install and maintain, at no cost to the City, the appropriate individual metering equipment to measure the quantity of water used by the active account holders in the Thunder Ridge subdivision, which monthly consumption quantity of water, using the City's Inside Residential Sewer Rates tiered rate structure, will provide the basis for the amount that the Authority will pay to the City for sewage treatment, disposal and account management;
- b) It will set up an account in the name of the Authority with the City for sewer services to Thunder Ridge; and
- c) It will pay to the City any sewer tap fee charged for residential accounts within 30 days of the earlier of the receipt of the tap fee by the Authority or the establishment of any new residential account with the Authority; and

- d) Based on the monthly meter gallonage readings referenced above, the Authority will timely pay to the City the City's Inside Residential Sewer Rates based upon the City's tiered scale, as the same may be changed from time to time, on its account with the City; and
- e) It will adjust any of the foregoing meter readings to account for any customer water leak adjustments approved and credited to the customer by the Authority; and
- f) As per previous jurisdictional agreements, it will provide water services to Thunder Ridge; and
- g) It will manage and administer the individual water and sewer accounts for such services; and
- h) It will read all Thunder Ridge meters and bill its customers accordingly for both water and sewer services; and
- i) It will install at no expense to the City, own, operate, and maintain the sanitary lift station and its force main to the manhole ("New Manhole") for gravity sewer to be constructed by the Authority at GPS Coordinates Lat 34.408946 Long -84.121184. It will install at no expense to the City a new gravity sewer line from the New Manhole to the existing City gravity sewer connection point located at GPS Coordinates Lat 34.411105 Long -84.121056. The City will own, operate and maintain the New Manhole and the gravity sewer line from it to the connection point after the same is constructed by the Authority.

4. Consideration.

The parties hereto acknowledge, consent and agree that the terms hereof have been entered into in exchange for good and valuable consideration between the parties.

5. Representations and Warranties.

The parties hereto represent and warrant that each party has full power, authority and legal right to execute and perform this contract and agreement and has taken all necessary actions to authorize the execution and performance of this contract and agreement. This contract and agreement accurately references the legal, valid and binding obligations of each party.

Each party shall act in good faith to give effect to the intent of this agreement and shall take actions necessary or convenient to consummate the purpose and subject matter of this agreement.

6. Termination and Modification.

Either party may terminate this agreement if the other party fails to rectify a material breach of the terms hereof within ninety (90) days of receipt by the breaching party of written notice of such breach from the non-breaching party. The non-breaching party shall be entitled, without further notice, to cancel that party's obligations pursuant to the contract and agreement without prejudice to any claim for damages, breach of contract or otherwise. The failure or termination of any portion of this agreement shall not be a basis for terminating other severable obligations or provisions of this contract and agreement unless the failure or breach is such that the entire contract or agreement may no longer be performed.

The parties hereto acknowledge, consent, and agree that if the Authority can reasonably treat wastewater from the Thunder Ridge subdivision at any time during the term of this Agreement and upon 90 days written notice to the City, this Agreement shall terminate, the Authority shall provide sewer service to Thunder Ridge and both parties shall be released from the terms hereof. This Agreement may otherwise be modified by a written instrument executed by both parties hereto.

7. Notice.

Any notice or communication required or permitted in accord with the terms hereof shall be sufficiently given if delivered in person or by certified mail, return receipt requested, to the address listed herein or to such other address as a party may furnish in writing. The notice shall be deemed received when delivered or signed for or on the third day after mailing if not signed as received.

City of Dawsonville:

Mayor and City Council of Dawsonville
ATTN: City Manager
415 Highway 53 East
Dawsonville, GA 30534

Etowah Water and Sewer Authority:

Etowah Water and Sewer Authority
ATTN: General Manager
1162 Highway 53 East
Dawsonville, GA 30534

8. Assignment.

Neither party may assign or transfer this agreement without prior written consent of the other party.

9. Entire Agreement.

The contents hereof contain the entire agreement between the parties regarding the subject matter of this

10. Governing Law and Severability.

This IGA shall be construed and interpreted in accordance with Georgia law. If any sentence, phrase, provision, portion or clause of this IGA should at any time be declared or adjudged invalid, unlawful, unconstitutional or unenforceable for any reason, said adjudication or declaration shall in no manner or way effect the other sentences, phrases, provisions, portion of clauses hereof; and all remaining portions shall remain in full force and effect.

11. Non-Waiver.

The failure of either party to enforce any provision of this IGA and contract shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this IGA.

This 10th day of July 2018.

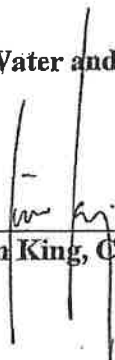
City of Dawsonville, Georgia

By: 
Jason Power, Mayor Pro-Tem

ATTEST:

By: 
Beverly Banister, Clerk

Etowah Water and Sewer Authority

By: 
Jim King, Chairman

ATTEST:

By: 
Linda Townley, Secretary

(Seal)





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Development Permitting and Inspections

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Dawsonville	General Funds; User Fees
Dawson County	General Funds; User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

No Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-9501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: *Building Permitting and Inspections*

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Dawsonville	General Funds; User Fees
Dawson County	General Funds; User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

No Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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:



Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: *Soil Erosion Permitting and Enforcement*

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Dawsonville	General Funds; User Fees
Dawson County	General Funds; User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

No Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Police Protection

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

a.) 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.):

Dawson County

b.) 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.): **Type Name of Government, Authority or Organization Here**

c.) 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): **Type Name of Government, Authority or Organization Here**

d.) 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.): **Type Name of Government, Authority or Organization Here**

e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Dawson County	General Funds
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

LOST Agreement expired in 2012 and new LOST Agreement adjusted the percentages rather than a specific set amount for police services.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON	Service: Emergency Services: Fire and EMS
-----------------------	--

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

a.) 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.):
Dawson County

b.) 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.): **Type Name of Government, Authority or Organization Here**

c.) 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: **Type Name of Government, Authority or Organization Here**

d.) 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.): **Type Name of Government, Authority or Organization Here**

e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Dawson County	General Funds
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

LOST Agreement expired in 2012 and new LOST Agreement adjusted the percentages rather than a specific set amount for fire and emergency services.

These two services have been combined into one new service category.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON	Service: Street/Road Repair & Maintenance and Street/Road Cleaning
-----------------------	---

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Dawsonville	General Funds; SPLOST
Dawson County	General Funds; SPLOST; Impact Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

County has enacted Impact Fees in 2018.

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
Street IGA	City of Dawsonville and Dawson County	Year to Year
Name Agreement Here		
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 other than impact fees by the County which are also being considered by the City.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Storm Water Management

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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): **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Dawsonville	General Fund
Dawson County	General Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

No Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: *Solid Waste Management*

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Dawsonville	Enterprise Fund
Dawson County	General Fund; Enterprise Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

No Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Solid Waste Collection

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **City of Dawsonville**
- d.) 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.): **Type Name of Government, Authority or Organization Here**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Dawsonville	Enterprise Funds
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This is a new category created to clarify services provided.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: *Planning and Zoning*

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Dawsonville	General Funds; User Fees
Dawson County	General Funds; User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

No Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Senior Citizen Services

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

a.) 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.):

Dawson County

b.) 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.): **Type Name of Government, Authority or Organization Here**

c.) 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: **Type Name of Government, Authority or Organization Here**

d.) 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.): **Type Name of Government, Authority or Organization Here**

e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Dawson County	General Funds; User Fees; Grants/Grants in-aid
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

No Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Any and all applicable State laws and local ordinances

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Parks and Recreation

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Dawsonville	SPLOST; General Funds
Dawson County	SPLOST; General Funds; User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

City provides parks, passive recreation area and cemeteries. County provides parks, passive recreation and active recreation programs.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Elections

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

a.) 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.):
Dawson County

b.) 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.): **Type Name of Government, Authority or Organization Here**

c.) 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): **Type Name of Government, Authority or Organization Here**

d.) 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.): **Type Name of Government, Authority or Organization Here**

e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Dawson County	General Funds; Qualification Fees
City of Dawsonville	General Funds; Qualification Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This service is being added to correct an omission from the previous SDSA; no change in service is contemplated.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Election IGA	City of Dawsonville and Dawson County	Year to year
Name Agreement Here		
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Transit

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

- a.) 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.):
Dawson County
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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): **Type Name of Government, Authority or Organization Here**
- d.) 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.): **Type Name of Government, Authority or Organization Here**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Dawson County	General Fund; User Fees; Federal Funds
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This is a new service added since prior SDSA.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Environmental Health

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

a.) 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.):
Dawson County

b.) 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.): **Type Name of Government, Authority or Organization Here**

c.) 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): **Type Name of Government, Authority or Organization Here**

d.) 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.): **Type Name of Government, Authority or Organization Here**

e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Dawson County	General Funds; User Fees; State Funds
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This service is being added to correct an omission from the previous SDSA; no change in service is contemplated.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: Public Health

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

a.) 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.):

Dawson County

b.) 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.): **Type Name of Government, Authority or Organization Here**

c.) 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: **Type Name of Government, Authority or Organization Here**

d.) 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.): **Type Name of Government, Authority or Organization Here**

e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Dawson County	General Funds; User Fees; State Funds
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This service is being added to correct an omission from the previous SDSA; no change in service is contemplated.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time.

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

Lynn: 706-344-3501

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DAWSON

Service: *Animal Control*

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

- a.) 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.): **Type Name of Government, Authority or Organization Here**
- b.) 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.): **Type Name of Government, Authority or Organization Here**
- c.) 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: **Type Name of Government, Authority or Organization Here**
- d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Dawsonville and Dawson County**
- e.) 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.): **Type Name of Government, Authority or Organization Here**

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Dawson County	General Funds
City of Dawsonville	General Funds
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Previously Dawson County provided Animal Control for the entire county through both county employees and the Humane Society, After experimenting with different arrangements, the City began providing Animal Control Services in the incorporated area in approximately 2015.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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 anticipated at this time

7. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**
 Phone number: **Dana: 770-781-4100** Date completed: 10/1/18

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

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



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: DAWSON

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

None

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

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

If "other measures" was checked, describe these measures:
Describe "Other" Measures Here

NOTE:

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

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Both City and County require as part of their land development regulations that water and sewer providers be identified and commit to service any area that is not currently served by a provider.

4. Person completing form: **Dana Miles, City Attorney & Lynn Frey, County Attorney**

Phone number: **Dana: 770-781-4100** Date completed: 10/1/18
 Lynn: 706-344-3501

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

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



Georgia Department of
Community Affairs



SERVICE DELIVERY STRATEGY

FORM 4: Certifications

Instructions:




This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: DAWSON

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
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<u>CITY OF DAWSONVILLE</u>	Mayor	Mike Eason		10/12/18
<u>DAWSON COUNTY</u>	Commission Chair	Billy Thurmond		10-04-18
<u>ETOWAH WATER AND SEWER AUTHORITY</u>	Board Chair	Jim King		10-11-18