





FORM 1

COUNTY: UNION COUNTY

I. GENERAL INSTRUCTIONS:

- 1. <u>FORM 1 is required for **ALL** SDS submittals</u>. 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.)

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

- 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.

Union County
City of Blairsville

Coosa Water Authority Notla Water Authority

City of Young Harris

Union County General Hospital Inc.

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.

Animal Control Indigent Defense Social Services
Chamber of Commerce Jury Soil Conservation

Clerk of Court Juvenille Court Solid Waste Management

Coroner Magistrate Court Superior Court E-911 Dispatch Mental Health Tax Assessment

Equalization Board Probate Court

Extension Service Public Health Senior Services

Economic Development

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.

Revised

Water Services Jail

Elections Land Use Planning Emergency Management Law Enforcement

Emergency Medical Services Library

Enotah Judicial Circuit Court Municipal Airport Fire Protection Parks and Recreation

Historic Preservation/ Museum Road Maintenance and Construction

Hospital Sewer Services Humane Society Tax Collection

Added

Downtown Development Authority

Municipal Court

Removed

Clean and Beautiful

Waste Water Treatment







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Alians.	
COUNTY:UNION COUNTY	Service: Animal Control
1. Check one box that best describes the agreed upo	in delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method
Union 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

Type Gov t/Authority Name H	ere	Detail Funding Here		
Type Gov't/Authority Name H	Gov't/Authority Name Here Detail Funding Here			
Type Gov't/Authority Name Here		Detail Funding Here		
4. How will the strategy change	the prev	ious arrangements for providing and/or fu	unding this se	ervice within the county?
NA				
5. List any formal service delive this service:	ery agree	ments or intergovernmental contracts tha	it will be used	d to implement the strategy fo
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here		contracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
		e used to implement the strategy for this fee changes, etc.), and when will they tak		, ordinances, resolutions, loca
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
7. Person completing form: Ad Phone number: 770-538-261		II, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluating e delivery strategy? ⊠Yes ⊡No	whether pro	posed local government
If not, provide designated cor		on(s) and phone number(s) below: ONE HERE		







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

should be reported to the Department of Community Alians.	
COUNTY:UNION COUNTY	Service: Chamber of Commerce
1. Check one box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method
Union County	General Funds + Hotel/Motel Tax + Membership Dues
Blairsville	General Funds + Hotel/Motel Tax + Membership Dues
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		
Type Gov't/Authority Name Here		Detail Funding Here		
4. How will the strategy change the	ne previ	ous arrangements for providing and/or fu	unding this s	ervice within the county?
NA				
5. List any formal service delivery this service:	/ agreer	nents or intergovernmental contracts tha	t will be use	d to implement the strategy for
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
		e used to implement the strategy for this ee changes, etc.), and when will they tak		., ordinances, resolutions, local
All applicable local ordinances,	regulati	ons, State laws and/or federal laws.		
7. Person completing form: Adan Phone number: 770-538-2617		I, Planning Director ate completed: 9/15/17		
		cted by state agencies when evaluating delivery strategy? ⊠Yes ⊡No	whether pro	posed local government
If not, provide designated conta		on(s) and phone number(s) below: ONE HERE		







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COUNTY:UNION COUNTY	Service: Clean & Beautiful
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method
Union 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

Type Gov t/Authority Name H	ere	Detail Funding Here		
Type Gov't/Authority Name H	Gov't/Authority Name Here Detail Funding Here			
Type Gov't/Authority Name Here		Detail Funding Here		
4. How will the strategy change	the prev	ious arrangements for providing and/or fu	unding this se	ervice within the county?
NA				
5. List any formal service delive this service:	ery agree	ments or intergovernmental contracts tha	it will be used	d to implement the strategy fo
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here		contracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
		e used to implement the strategy for this fee changes, etc.), and when will they tak		, ordinances, resolutions, loca
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
7. Person completing form: Ad Phone number: 770-538-261		II, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluating e delivery strategy? ⊠Yes ⊡No	whether pro	posed local government
If not, provide designated cor		on(s) and phone number(s) below: ONE HERE		







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should be reported to the Department of Community Affairs.	
COUNTY:UNION COUNTY	Service: Clerk of Court
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, <u>attach a legiblish</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method
Union 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

Type Gov t/Authority Name H	ere	Detail Funding Here		
Type Gov't/Authority Name H	Gov't/Authority Name Here Detail Funding Here			
Type Gov't/Authority Name Here		Detail Funding Here		
4. How will the strategy change	the prev	ious arrangements for providing and/or fu	unding this se	ervice within the county?
NA				
5. List any formal service delive this service:	ery agree	ments or intergovernmental contracts tha	it will be used	d to implement the strategy fo
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here		contracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
		e used to implement the strategy for this fee changes, etc.), and when will they tak		, ordinances, resolutions, loca
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
7. Person completing form: Ad Phone number: 770-538-261		II, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluating e delivery strategy? ⊠Yes ⊡No	whether pro	posed local government
If not, provide designated cor		on(s) and phone number(s) below: ONE HERE		







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COUNTY:UNION COUNTY	Service: Coroner			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County			
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of			
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

Local Government or Authority	Funding Method
Union 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

Type Gov t/Authority Name H	ere	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 prev	ious arrangements for providing and/or fu	unding this se	ervice within the county?
NA				
5. List any formal service delive this service:	ery agree	ments or intergovernmental contracts tha	it will be used	d to implement the strategy fo
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here		contracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
		e used to implement the strategy for this fee changes, etc.), and when will they tak		, ordinances, resolutions, loca
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
7. Person completing form: Ad Phone number: 770-538-261		II, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluating e delivery strategy? ⊠Yes ⊡No	whether pro	posed local government
If not, provide designated cor		on(s) and phone number(s) below: ONE HERE		







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:UNION COUNTY	Service: Downtown Development Authority
1. Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Type Name of
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

Local Government or Authority	Funding Method
City of Blairsville	General Funds, Hotel/Motel tax
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

Type Gov t/Authority Name Her	е	Detail Funding Here	
Type Gov't/Authority Name Here		Detail Funding Here	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding	this service within the county?
New service listing			
5. List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will b	be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
		e used to implement the strategy for this service ee changes, etc.), and when will they take effe	
All applicable local ordinances, ı	regulatio	ons, State laws and/or federal laws.	
7. Person completing form: Adam Phone number: 770-538-2617		, Planning Director te completed: 1/15/18	
		cted by state agencies when evaluating wheth delivery strategy? ⊠Yes □No	ner proposed local government
If not, provide designated conta		on(s) and phone number(s) below: DNE HERE	







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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

should be reported to the Department of Community Alians.	
COUNTY:UNION COUNTY	Service: E911 Dispatch
1. Check one box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method
Union County	General Funds & Subscriber 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
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?				
NA				
5. List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
Name Agreement Here	List Co	ontracting Parties Here	Effective - End	
Name Agreement Here	List Co	ontracting Parties Here	Effective - End	
Name Agreement Here	List Co	ontracting Parties Here	Effective - End	
Name Agreement Here	List Co	ontracting Parties Here	Effective - End	
Name Agreement Here	List Co	ontracting Parties Here	Effective - End	
Name Agreement Here	List Co	ontracting 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?				
All applicable local ordinances, regulations, State laws and/or federal laws.				
7. Person completing form: Adam Hazell, Planning Director Phone number: 770-538-2617 Date completed: 9/15/17				
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: TYPE CONTACT NAME, TITLE & PHONE HERE				







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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

should be reported to the Department of Community Affairs.				
COUNTY:UNION COUNTY	Service: Economic Development			
. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Union County			
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
f these conditions will be eliminated under the strate	gy, 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.

Local Government or Authority	Funding Method
Union County	General Funds
Union County Development Authority	General Funds + State Grants
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 (Authority Name He	16	Detail Fulluling Fiele		
Type Gov't/Authority Name Here		Detail Funding Here		
Type Gov't/Authority Name Here		Detail Funding Here		
4. How will the strategy change t	he previo	us arrangements for providing and	l/or funding this s	service within the county?
NA				
List any formal service deliver this service:	y agreem	ents or intergovernmental contract	s that will be use	
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here		ntracting Parties Here		Effective - End
Name Agreement Here		ntracting Parties Here		Effective - End
Name Agreement Here		ntracting Parties Here		Effective - End
Name Agreement Here	List Co	ntracting Parties Here		Effective - End
Name Agreement Here	List Co	ntracting Parties Here		Effective - End
Name Agreement Here	List Co	ntracting Parties Here		Effective - End
		used to implement the strategy for e changes, etc.), and when will the		g., ordinances, resolutions, loca
All applicable local ordinances,	regulatio	ns, State laws and/or federal laws.		
7. Person completing form: Adai Phone number: 770-538-2617		Planning Director te completed: 9/15/17		
		cted by state agencies when evaluadelivery strategy? ⊠Yes ⊡No	ating whether pro	oposed local government
If not, provide designated cont		n(s) and phone number(s) below: ONE HERE		







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Elections	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
T. Offect one box that best describes the agreed upo	in delivery arrangement for this service.	
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):	
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strateg	gy, attach an implementation schedule listing each step or action that	

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union County	General Funds
City of Blairsville	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

Added City of Blairsville to account for municipal elections

Updated funding mechanisms

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. WI	nat other mechanisms	(if any) will be	used to impl	ement the	strategy f	or this s	ervice (e.g	g., ordinances,	resolutions,	local
act	s of the General Asser	mbly, rate or fo	ee changes, e	etc.), and w	vhen will t	hey take	e effect?			

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Emergency Management	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County	
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here	
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union 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

Removed "Union County General Hospital Authority" from list of participating organizations as that is its own element.

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., ordinanc	es, resolutions,	local
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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:UNION COUNTY		Service: Emergency Medical Services
1. Check <u>one</u> box that best describe	s the agreed upo	on delivery arrangement for this service:
	government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County Hospital
		orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	(If this box is che	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were or identified?	overlapping servi	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach	additional docum	entation as described, below)
⊠No		
	rice (See O.C.G.A	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union County Hospital Authority	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 count	4.	How will the strategy	change the r	orevious arrand	gements for i	orovidina :	and/or funding	this service	within the	county	/?
--	----	-----------------------	--------------	-----------------	---------------	-------------	----------------	--------------	------------	--------	----

Amended service provider information for Q1 and Q3

Updated funding methods

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. V	/hat other mechanisms	(if any) will be	used to imple	ement the s	strategy for t	this service (e.g., o	rdinances,	resolutions,	local
а	cts of the General Asser	mbly, rate or fe	e changes, e	tc.), and wl	hen will they	y take effect	?			

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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:UNION COUNTY	Service: Enotah Judicial Ciruit Court
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union County	General Funds; State Funds & Grants
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 count	4.	How will the strategy	change the r	orevious arrand	gements for i	orovidina :	and/or funding	this service	within the	county	/?
--	----	-----------------------	--------------	-----------------	---------------	-------------	----------------	--------------	------------	--------	----

Removed other Counties from the list of Funding Agencies

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	

What other me	echanisms (if an	ıy) will be used	to implement	the strategy	for this se	ervice (e.g.	, ordinances,	resolutions,	local
acts of the Ger	neral Assembly,	rate or fee cha	anges, etc.), ar	nd when will	they take	effect?			

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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

should be reported to the Department of Community Alians.	
COUNTY:UNION COUNTY	Service: Equalization Board
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method
Union 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

. , , , , , , , , , , , , , , , , , , ,		1 =		
Type Gov't/Authority Name H	ere	Detail Funding Here		
Type Gov't/Authority Name H	ere	Detail Funding Here		
. How will the strategy change	the prev	ious arrangements for providing and/or	funding this service within the cou	nty?
NA				
. List any formal service delive this service:	ery agreer	ments or intergovernmental contracts th	at will be used to implement the st	trategy for
Agreement Name		Contracting Parties	Effective and Endi	ng Dates
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
		e used to implement the strategy for thi ee changes, etc.), and when will they to		ions, local
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
. Person completing form: Ada Phone number: 770-538-261		I, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluatin e delivery strategy? ⊠Yes ⊡No	g whether proposed local govern	ment
If not, provide designated cor TYPE CONTACT NAME, TIT		on(s) and phone number(s) below: ONE HERE		







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Extension Service	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Local Government or Authority	Funding Method
Union County	General Funds + 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

Type Gov't/Authority Name H	ere Detail Funding Here	
Type Gov't/Authority Name H	ere Detail Funding Here	
. How will the strategy change	the previous arrangements for providing and	or funding this service within the county?
NA		
i. List any formal service delive this service:	ery agreements or intergovernmental contract	s that will be used to implement the strategy for
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
	ny) will be used to implement the strategy for r, rate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, local by take effect?
All applicable local ordinances	s, regulations, State laws and/or federal laws.	
7. Person completing form: Ada Phone number: 770-538-261	am Hazell, Planning Director Date completed: 9/15/17	
	d be contacted by state agencies when evaluance service delivery strategy? ⊠Yes ⊡No	ating whether proposed local government
If not, provide designated cor TYPE CONTACT NAME, TIT	ntact person(s) and phone number(s) below:	







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Fire Protection	
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
e.) Other (If this box is checked, <u>attach a legiblish</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union County	General Fund, Insurance Premium Tax, and Donations
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

Corrected note of service area (Q:1) to reflect this is provided by the County as a county-wide service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
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 impl	lement the	strategy f	for this	service (e.g., o	ordinances,	resolutions,	local
a	cts of the General Assen	nbly, rate or fe	ee changes, e	etc.), and v	vhen will t	hey tak	ce effect?	?			

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Historic Preservation/ Museum	
	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Type Name of	
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that	

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union County	General Funds, Membership Fees, Donations, and State grants
City of Blairsville	General Funds, Hotel/Motel Tax
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

How will the strategy change the previous arrangements for providing and/or funding this service within the count

Added City of Blairsville to list of supporting/funding organizations

Updated Funding Methods

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	e 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?

All applicable local ordinances, regulations, State laws and/or federal laws.

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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.

coui	NTY:UNION COUNTY	Service: Hospital
1. Ch	eck <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
(If t		cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County General
che		porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority
pro		only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
serv		only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
ider		le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
	developing this strategy, were overlapping servintified?	ce areas, unnecessary competition and/or duplication of this service
	es (if "Yes," you must attach additional docum	entation as described, below)
$\boxtimes \prime$	lo	
overla		A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method				
Union County General Hospital Inc.	User Fees, Donations				
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 p	previous arrangements for	providing and/or funding	a this service within t	he county?

Updated the hospital's name (from "Authority" to "Incorporated.") Removed Union County as a funding organization Updated Funding Methods

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. V	/hat other mechanisms	(if any) will be	used to imple	ement the s	strategy for	this service	(e.g., o	ordinances,	resolutions,	local
а	cts of the General Asser	mbly, rate or fe	e changes, e	tc.), and w	hen will the	y take effect	?			

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Humane Society	
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union Counyy	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
e.) Other (If this box is checked, <u>attach a legiblish</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union County	County 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
Type Gov't/Authority Name Here	Detail Funding Here

٠	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
	Removed Cities from list of participating authorities.

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

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

NA		

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18

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:







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Indigent Defense	
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
e.) Other (If this box is checked, <u>attach a legiblish</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method	
Union County	General Funds; State Funds & Grants; Fines	
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	

Type Gov't/Authority Name He	ere Detail Funding Here			
Type Gov't/Authority Name He	ere Detail Funding Here	Detail Funding Here		
. How will the strategy change	the previous arrangements for providing and/o	r funding this service within the county?		
NA				
i. List any formal service delive this service:	ery agreements or intergovernmental contracts t	that will be used to implement the strategy for		
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		
	ny) will be used to implement the strategy for the γ , rate or fee changes, etc.), and when will they			
All applicable local ordinances	s, regulations, State laws and/or federal laws.			
7. Person completing form: Ada Phone number: 770-538-261				
. Is this the person who should projects are consistent with the	d be contacted by state agencies when evaluatine service delivery strategy? ⊠Yes □No	ng whether proposed local government		
If not, provide designated cor TYPE CONTACT NAME, TIT	ntact person(s) and phone number(s) below:			







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Jail	
I. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County	
	porated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
f these conditions will be eliminated under the strateg	gy, attach an implementation schedule listing each step or action that	

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union 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?
Deleted Towns County from list of supporting/funding organizations

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, loca
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:







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

modid be reported to the Department of Community Affairs.				
COUNTY:UNION COUNTY	Service: Jury			
1. Check and how that boot describes the agreed upo	a delivery error coment for this complete			
 Check <u>one</u> box that best describes the agreed upo 	n delivery arrangement for this service.			
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County			
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the rorganization Here			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
□No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method
Union 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

I ype Gov t/Authority Name He	re Detail Funding Here		
Type Gov't/Authority Name He	re Detail Funding Here		
Type Gov't/Authority Name He	re Detail Funding Here		
1. How will the strategy change t	he previous arrangements for providing a	and/or funding this service within the county?	?
NA			
this service:		racts that will be used to implement the strate	
Agreement Name	Contracting Parties		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	
	y) will be used to implement the strategy rate or fee changes, etc.), and when will	for this service (e.g., ordinances, resolutions they take effect?	s, local
NA			
7. Person completing form: Ada i Phone number: 770-538-2617			
	be contacted by state agencies when eve e service delivery strategy? ⊠Yes ⊡No	aluating whether proposed local governmer	nt
If not, provide designated cont	act person(s) and phone number(s) below. E & PHONE HERE	w:	







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Arians.			
COUNTY:UNION COUNTY	Service: Juvenille Court		
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County		
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the or Organization Here		
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Union County	General Funds; State Funds & Grants
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

Amended service area designation (Q #1) to remove other Counties.

Amended Local Government or Authority listing for the Funding Method

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

What other me	echanisms (if an	ıy) will be used	to implement	the strategy	for this se	ervice (e.g.	, ordinances,	resolutions,	local
acts of the Ger	neral Assembly,	rate or fee cha	anges, etc.), ar	nd when will	they take	effect?			

All applicable local ordinances, regulations, State laws and/or federal laws.

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18

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:







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:UNION COUNTY	Service:Land Use Planning	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Type Name of	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	

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

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

Local Government or Authority	Funding Method
Union County	General Funds
City of Blairsville	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?

Updated element to reflect land use planning as being reserved to County and City.

Removed "UC PLanning Board & Georgia Mnts RC" and Union County Development Authority" as funding organizations (They're roles are purely in support of the County's and City's efforts.)

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 impl	lement the	strategy f	for this	service (e.g., o	ordinances,	resolutions,	local
a	cts of the General Assen	nbly, rate or fe	ee changes, e	etc.), and v	vhen will t	hey tak	ce effect?	?			

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:







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:UNION COUNTY	Service:Law Enforcement
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Type Name of
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union County	General Fund, Fees
City of Blairsville	General Fund, 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 p	previous arrangements for	providing and/or funding	a this service within t	he county?

Amended classification of service area (Q #1) to properly account for distribution of service Updated funding method

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

What other me	echanisms (if an	ıy) will be used	to implement	the strategy	for this se	ervice (e.g.	, ordinances,	resolutions,	local
acts of the Ger	neral Assembly,	rate or fee cha	anges, etc.), ar	nd when will	they take	effect?			

All applicable local ordinances, regulations, State laws and/or federal laws

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

nould be reported to the Department of Community Affairs.					
COUNTY:UNION COUNTY	Service: Library				
I. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Union County				
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here				
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here				
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
⊠No					
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
f these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that				

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union County	General Funds, State and Federal Funds, Grants, Donations
City of Blairsville	General Funds, State and Federal Funds, Grants, Donations
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?
Updated Funding Methods to remove School Board funds

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

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?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Arians.		
COUNTY:UNION COUNTY	Service: Magistrate Court	
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County	
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union 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

. , , , , , , , , , , , , , , , , , , ,		1 =		
Type Gov't/Authority Name H	ere	Detail Funding Here		
Type Gov't/Authority Name Here		Detail Funding Here		
. How will the strategy change	the prev	ious arrangements for providing and/or	funding this service within the cou	nty?
NA				
. List any formal service delive this service:	ery agreer	ments or intergovernmental contracts th	at will be used to implement the st	trategy for
Agreement Name		Contracting Parties	Effective and Endi	ng Dates
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
		e used to implement the strategy for thi ee changes, etc.), and when will they to		ions, local
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
. Person completing form: Ada Phone number: 770-538-261		I, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluatin e delivery strategy? ⊠Yes ⊡No	g whether proposed local govern	ment
If not, provide designated cor TYPE CONTACT NAME, TIT		on(s) and phone number(s) below: ONE HERE		







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section 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

should be reported to the Department of Community Arians.		
COUNTY:UNION COUNTY	Service: Mental Health	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County	
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union County	General Funds, User Fees, State and 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?		
Provide Details Here		
5. List any formal service delive this service:	ery agreements or intergovernmental contracts tha	t will be used to implement the strategy for
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
	ny) will be used to implement the strategy for this γ , rate or fee changes, etc.), and when will they take	
All applicable local ordinances	s, regulations, State laws and/or federal laws.	
7. Person completing form: Ada Phone number: 770-538-261		

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

projects are consistent with the service delivery strategy? ⊠Yes □No

TYPE CONTACT NAME, TITLE & PHONE HERE

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government







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COUNTY:UNION COUNTY	Service: Municipal Court
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Type Name of
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G. A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

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

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

4. How will the strategy change	the previous arrangements for providing and/or fun-	ding this service within the county?
New service listing		
5. List any formal service delive this service:	ery agreements or intergovernmental contracts that w	vill be used to implement the strategy for
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
	ny) will be used to implement the strategy for this set, rate or fee changes, etc.), and when will they take	
All applicable local ordinances	s, regulations, State laws and/or federal laws.	
7. Person completing form: Ada Phone number: 770-538-261	·	

TYPE CONTACT NAME, TITLE & PHONE HERE

projects are consistent with the service delivery strategy? ⊠Yes □No

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

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government







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nould be reported to the Department of Community Arians.		
COUNTY:UNION COUNTY	Service: Municipal Airport	
 Check <u>one</u> box that best describes the agreed upo 	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): City of Blairsville	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
f these conditions will be eliminated under the strated	gy, attach an implementation schedule listing each step or action that	

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
City of Blairsville	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
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?		
Updated Funding Methods	to include User Fees	

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

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?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:







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should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Parks and Recreation	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Union County	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the rorganization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union 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
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?		
Updated funding Metho	ods to remove State Funds	

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?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:







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should be reported to the Department of Community Arians.		
COUNTY:UNION COUNTY	Service: Probate Court	
1. Check one box that best describes the agreed upo	in delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County	
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union 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

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Type Gov't/Authority Name Here		Detail Funding Here		
Type Gov't/Authority Name Here		Detail Funding Here		
. How will the strategy change	the prev	ious arrangements for providing and/or	funding this service within the cou	nty?
NA				
. List any formal service delive this service:	ery agreer	ments or intergovernmental contracts th	at will be used to implement the st	trategy for
Agreement Name		Contracting Parties	Effective and Endi	ng Dates
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
Name Agreement Here	List C	ontracting Parties Here	Effective - End	
		e used to implement the strategy for thi ee changes, etc.), and when will they to		ions, local
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
. Person completing form: Ada Phone number: 770-538-261		I, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluatin e delivery strategy? ⊠Yes ⊡No	g whether proposed local govern	ment
If not, provide designated cor TYPE CONTACT NAME, TIT		on(s) and phone number(s) below: ONE HERE		







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should be reported to the Department of Community Arians.		
COUNTY:UNION COUNTY	Service: Public Health	
1. Check one box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County	
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Union County	General Funds, User Fees, State and 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

Type Gov't/Authority Name Her	e Detail Funding Here		
Type Gov't/Authority Name Her	e Detail Funding Here		
4. How will the strategy change th	ne previous arrangements for providing	g and/or funding this se	ervice within the county?
NA			
5. List any formal service delivery this service:	agreements or intergovernmental con	tracts that will be used	d to implement the strategy for
Agreement Name	Contracting Partie	es	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
	y) will be used to implement the strategrate or fee changes, etc.), and when w		, ordinances, resolutions, local
All applicable local ordinances, i	regulations, State laws and/or federal l	aws.	
7. Person completing form: Adam Phone number: 770-538-2617	h Hazell, Planning Director Date completed: 9/15/17		
	e contacted by state agencies when e service delivery strategy? ⊠Yes ⊡N		posed local government
If not, provide designated conta	ct person(s) and phone number(s) bel E & PHONE HERE	ow:	







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COUNTY:UNION COUNTY	Service: Road Maintenance/ Construction
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Type Name of
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Union County	General Funds, GDOT Funds, LMIG Funds, SPLOST
City of Blairsville	General Funds, GDOT Funds, LMIG Funds, SPLOST
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 p	previous arrangements for	providing and/or funding	a this service within t	he county?

Amended service area (Q #1) to corectly reflect for services provided within jurisdictional boundaries.

Updated Funding Methods

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
á	acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.					
COUNTY:UNION COUNTY	Service: Senior Services				
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County				
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here				
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here				
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
⊠No					
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

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

Local Government or Authority	Funding Method
Union County	General Funds + State Funds + Donations
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

Type Gov't/Authority Name Here		Detail Funding Here	
Type Gov't/Authority Name Here		Detail Funding Here	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
NA			
5. List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
All applicable local ordinances, r	egulatio	ons, State laws and/or federal laws.	
7. Person completing form: Adam Phone number: 770-538-2617		, Planning Director te completed: 9/15/17	
8. Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	oposed local government
If not, provide designated contact person(s) and phone number(s) below: TYPE CONTACT NAME, TITLE & PHONE HERE			







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:UNION COUNTY	Service: Sewer Services
1. Check one box that best describes the agreed upor	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Type Name of
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the rorganization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
City of Blairsville	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
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 co	unty?
Updated service area on map	

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

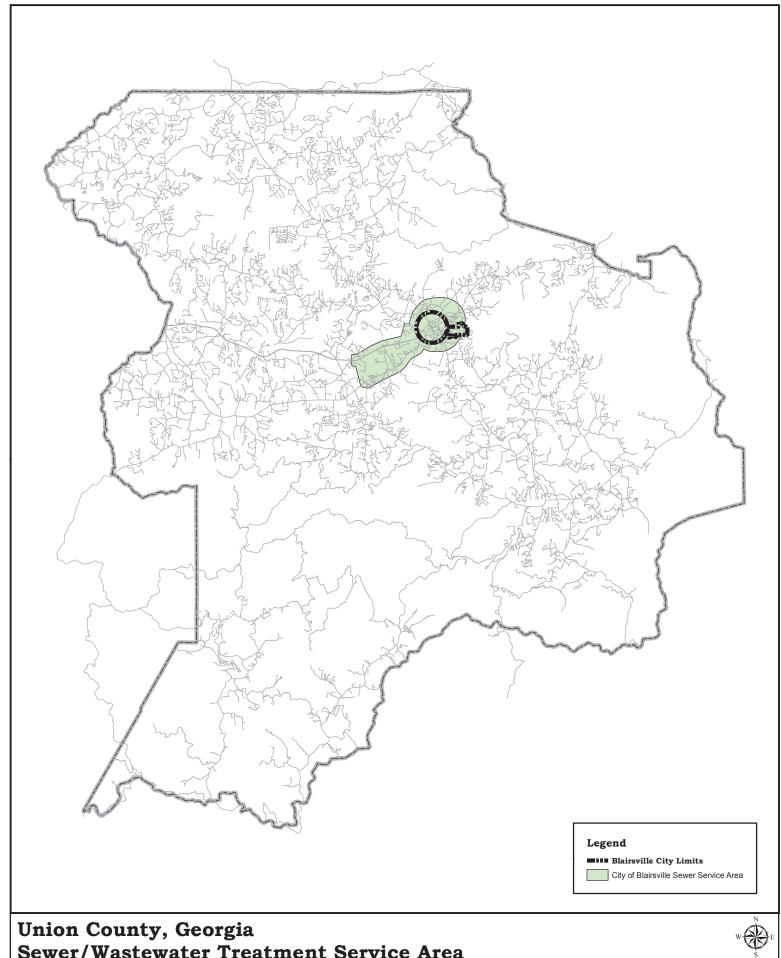
Agreement Name	Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:















FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:UNION COUNTY	Service: Social Services	
Check one box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County	
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here	
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Local Government or Authority	Funding Method
Union County	General Funds + State Funds + 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

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 prev	ious arrangements for providing and/or fu	nding this service within the county?
NA			
this service:	ry agreer		t will be used to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here	List C	ontracting Parties Here	Effective - End
		e used to implement the strategy for this fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, loca re effect?
All applicable local ordinances	, regulati	ons, State laws and/or federal laws.	
7. Person completing form: Ada Phone number: 770-538-261 7		I, Planning Director ate completed: 9/15/17	
		acted by state agencies when evaluating e delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated con TYPE CONTACT NAME, TIT		on(s) and phone number(s) below: ONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Should be reported to the Department of Community Artains.			
COUNTY:UNION COUNTY	Service: Soil Conservation		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County		
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here		
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

Local Government or Authority	Funding Method
Union County	General Funds + 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

Type Gov't/Authority Name Here		Detail Funding Here	
Type Gov't/Authority Name Here		Detail Funding Here	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
NA			
5. List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
All applicable local ordinances, r	egulatio	ons, State laws and/or federal laws.	
7. Person completing form: Adam Phone number: 770-538-2617		, Planning Director te completed: 9/15/17	
8. Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	oposed local government
If not, provide designated conta		on(s) and phone number(s) below: ONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:UNION COUNTY	Service: Solid Waste Management
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method
Union County	General Funds + Tipping 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
Type Gov't/Authority Name Here	Detail Funding Here

Type Gov't/Authority Name He	re Detail Funding Here	
Type Gov't/Authority Name He	re Detail Funding Here	
. How will the strategy change	the previous arrangements for providing and/or f	unding this service within the county?
NA		
. List any formal service deliver this service:	y agreements or intergovernmental contracts that	at will be used to implement the strategy for
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
	ny) will be used to implement the strategy for this rate or fee changes, etc.), and when will they ta	
All applicable local ordinances,	regulations, State laws and/or federal laws.	
. Person completing form: Ada Phone number: 770-538-2617		
	be contacted by state agencies when evaluating e service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated cont	act person(s) and phone number(s) below: _E & PHONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Should be reported to the Department of Community Artains.			
COUNTY:UNION COUNTY	Service: Superior Court		
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Union County		
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here		
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

Local Government or Authority	Funding Method
Union 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

Type Gov t/Authority Name H	ere	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 prev	ious arrangements for providing and/or fu	unding this se	ervice within the county?
NA				
5. List any formal service delive this service:	ery agree	ments or intergovernmental contracts tha	it will be used	d to implement the strategy fo
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
		e used to implement the strategy for this fee changes, etc.), and when will they tak		, ordinances, resolutions, loca
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
7. Person completing form: Ad Phone number: 770-538-261		II, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluating e delivery strategy? ⊠Yes ⊡No	whether pro	posed local government
If not, provide designated cor		on(s) and phone number(s) below: ONE HERE		







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.			
COUNTY:UNION COUNTY	Service: Tax Assessment		
. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Union County		
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
f these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that		

Local Government or Authority	Funding Method
Union 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

Type Gov t/Authority Name H	ere	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 prev	ious arrangements for providing and/or fu	unding this se	ervice within the county?
NA				
5. List any formal service delive this service:	ery agree	ments or intergovernmental contracts tha	it will be used	d to implement the strategy fo
Agreement Name		Contracting Parties		Effective and Ending Dates
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here		ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
Name Agreement Here	List C	ontracting Parties Here		Effective - End
		e used to implement the strategy for this fee changes, etc.), and when will they tak		, ordinances, resolutions, loca
All applicable local ordinances	s, regulati	ons, State laws and/or federal laws.		
7. Person completing form: Ad Phone number: 770-538-261		II, Planning Director ate completed: 9/15/17		
		acted by state agencies when evaluating e delivery strategy? ⊠Yes ⊡No	whether pro	posed local government
If not, provide designated cor		on(s) and phone number(s) below: ONE HERE		







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:UNION COUNTY	Service: Tax Collection
 Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc 	n delivery arrangement for this service:
	hority or organization providing the service.): Type Name of
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the rorganization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

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
Union County	General Funds
City of Blairsville	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?				
Amended service area designation (Q #1) to correctly reflect provision of services.				

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

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?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

modula be reported to the bepartment of community Analis.			
COUNTY:UNION COUNTY	Service: Waste Water Treatment		
1. Check and have that beet describes the agreed upo	an delivery errongement for this convices		
 Check <u>one</u> box that best describes the agreed upo 	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Type Name of		
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authorit y		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of		
2. In developing this strategy, were overlapping servi	ce areas, unnecessary competition and/or duplication of this service		
Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

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 Blairsville	User Fees, State Funds & Grants
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?					
Updated Funding Methods and service area map					

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

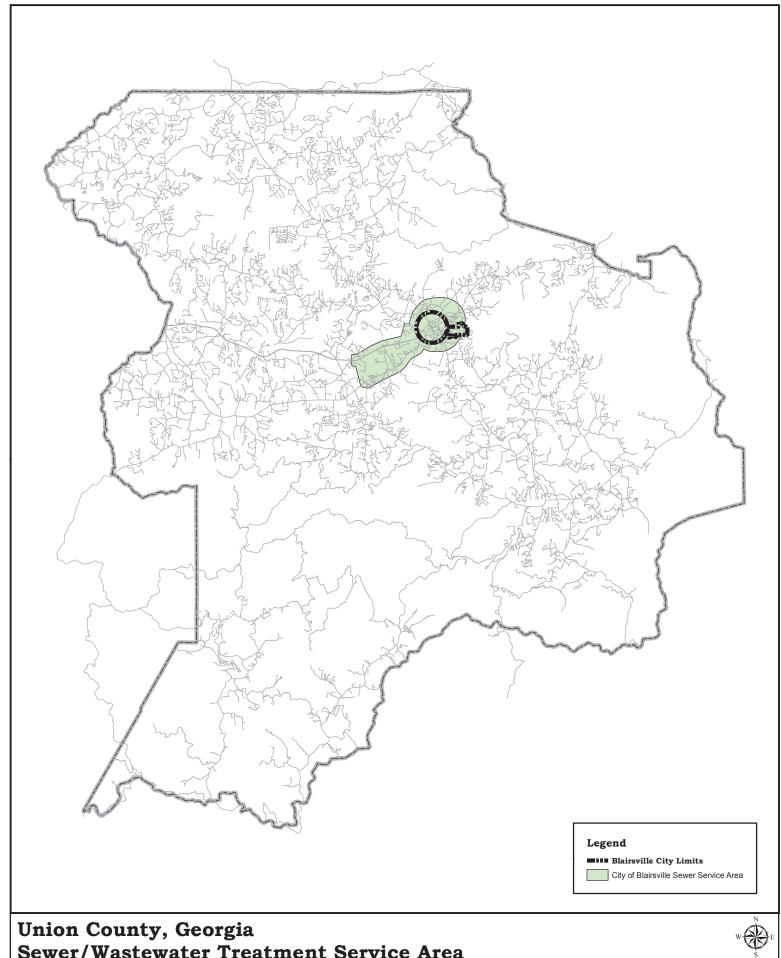
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances,	resolutions, loca
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE















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 <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Arians.	
COUNTY:UNION COUNTY	Service: Water Service
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Type Name of
	porated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Notla Water Auth., Coosa Water Auth.
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

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 Blairsville	User Fees, State Funds and Grants	
City of Young Harris	User Fees	
Notla Water Authority	User Fees	
Coosa Water Authority	User Fees	
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?
Updated Funding Methods and map

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
		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

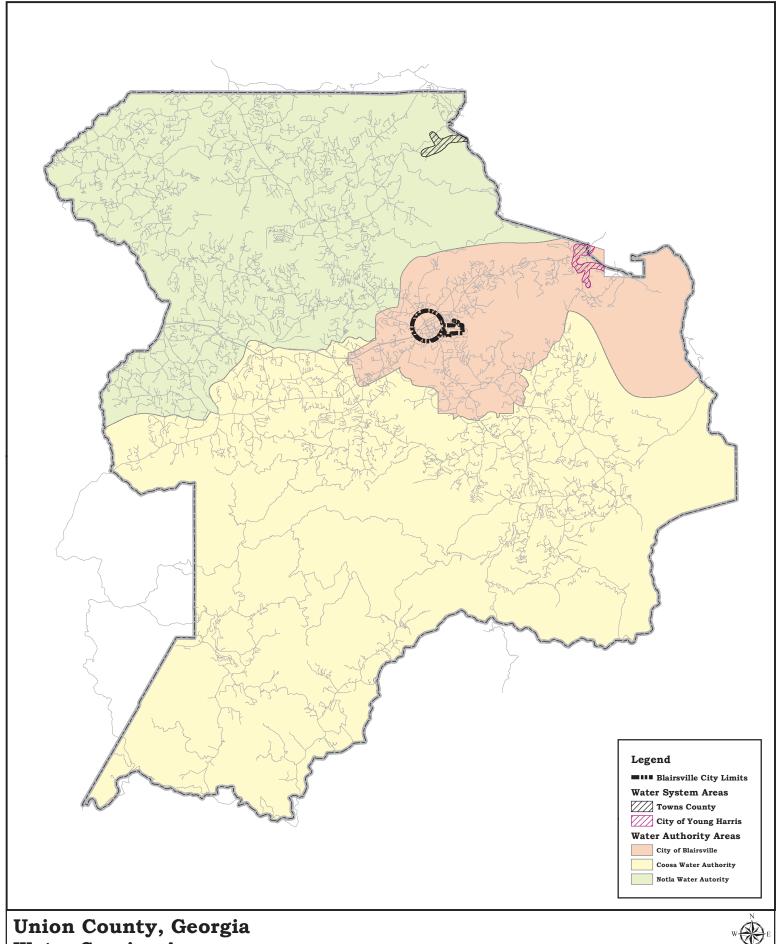
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances.	, resolutions, local
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

All applicable local ordinances, regulations, State laws and/or federal laws.

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 1/15/18
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE















FORM 3: Summary of Land Use Agreements

Instructions:

service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this Community Affairs.	
COUNTY: UNION COUNTY	
1. What incompatibilities or conflicts between the land use plans of local governments w developing the service delivery strategy?	ere identified in the process of
No new conflicts identified	
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: NA	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 government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Note: Joint Comprehensive Plan for Union County and the City of Blaic Land use service delivery areas as reflected in current local comprehensive plan and release compatible with neighboring jurisdictions. Previous SDA policy for resolving new land and viable process for mediating land use disputes.	with all applicable land use plans rsville adopted in 2017 lated land use policies were found to
4. Person completing form: Adam Hazell, Planning Director, GMRCPhone number: 770-538-2617 Date completed: 1/16/18	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ∑Yes ☐No If not, provide designated contact person(s) and phone number(s) below:	er proposed local government
TYPE CONTACT NAME, TITLE & PHONE HERE	







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: UNION COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (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
UNION COUNTY	Sole Commissioner	Lamar Paris		
CITY OF BLAIRSVILLE	Mayor	Jim Conley		







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: UNION COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (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
UNION COUNTY	Sole Commissioner	Lamar Paris	Show Pain	21221/8
CITY OF BLAIRSVILLE	Mayor	Jim Conley		
			et .	
			H ₂	







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: UNION COUNTY

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

- 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);
- 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));
- 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)).

UNION COUNTY Sole Commissioner Lamar Paris Jim Conley Jim Conley	JURISDICTION	TITLE	NAME	SIGNATURE	DATE
CITY OF BLAIRSVILLE Mayor Jim Conley	UNION COUNTY	Sole Commissioner	Lamar Paris		
CITY OF BLAIRSVILLE Mayor Jim Conley				ma make	12-23-6
	CITY OF BLAIRSVILLE	Mayor	Jim Conley	James 1	