





COUNTY: PIERCE

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

- 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.

Pierce County

City of Blackshear

City of Offerman

City of Patterson

City of Waycross

Pierce County Industrial Development & Building Authority

Blackshear Housing Authority

Pierce County Board of Education

Action Pact, Inc.

Pierce County Office of the Sheriff

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

Courts

Elections

Emergency Management Service

Fire Protection

Health and Human Services

Housing Authority

Land Use

Law Enforcement

Libraries

Property Tax Assessment and Collection

Public Transit

Solid Wastes

Waste Water

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.

Aging Services

Economic Development

Housing Revitalization (New Service)

Jails

Parks and Recreation

Roads and Bridges

Water Supply







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 Affairs. | isary. If the contact person for this service (listed at the bottom of the page) changes, this |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:PIERCE | Service: Aging Services |
| 1. Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut | on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Action Pact, Inc. |
| b.) Service will be provided only in the unincorp checked, identify the government, authority or orga | porated portion of the county by a single service provider. (If this box is nization providing the service.): |
| c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice: | 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 |
| e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiza | le 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 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. |
| | Page 1 of 2 |

SDS FORM 2, continued

| | neral fun | will help to pay for this service and indicate lids, special service district revenues, hotel/n | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Local Government or Author | oritv | Funding N | lethod |
| Pierce County | | General Fund, Grant Funding | |
| | | | |
| | (40) | | |
| | | | |
| How will the strategy change the strategy | ne previo | ous arrangements for providing and/or fundir | ng this service within the county? |
| Concerted Services, Inc. has ch | anged th | neir name to Action Pact, Inc. | |
| this service: | agreem | ents or intergovernmental contracts that will | |
| Agreement Name Service Delivery Agreement | Disease | County & Action Pact, Inc. | Effective and Ending Dates 7/1/20 - 6/30/21 |
| | | | |
| acts of the General Assembly, r | ate or fe | used to implement the strategy for this serve changes, etc.), and when will they take ef | ice (e.g., ordinances, resolutions, local fect? |
| | | | |
| 7. Person completing form: Jasor Phone number: (912)449-2022 8. Is this the person who should b projects are consistent with the | Da e contac | ite completed: 4/16/20 sted by state agencies when evaluating whe | ther proposed local government |

MEMORANDUM OF UNDERSTANDING BETWEEN

Pierce County Board of Commissioners PO Box 679 Blackshear, GA 31516

And

Action Pact, Inc. PO Box 1965 Waycross, GA 31502

Action pact and the Pierce County Board of Commissioners are entering into a Memorandum of Understanding regarding the Pierce County Senior Center with the following provisions:

- The administrative and operational management of the Pierce County Senior Citizens
 Center will be the responsibility of Action Pact on the effective date of this MOU. The
 duties and responsibilities for the management of the center will be assigned to the
 Pierce County Coordinator. The Pierce County Senior Center will be open Monday
 through Friday, 8:00 am 5:00 pm.
- 2. Action Pact shall be responsible for the following:
 - a. Wages and benefits for staff
 - b. General facility and equipment maintenance
 - c. Insurance covering facility contents, workers compensation and general liability covering Action Pact staff and clients
 - d. Telephone and internet service
 - e. Training for staff
 - f. Fuel and regular maintenance for delivery vehicle
 - g. Travel reimbursement for staff
 - h. Computer equipment
 - i. Office supplies
 - j. Indirect expense for administrative support and oversight
 - k. Vehicle for meal delivery and insurance for vehicle
- 3. Pierce County Board of Commissioners shall be responsible for the following:
 - a. Facility and all major repairs and maintenance
 - b. Utilities (excluding phone and internet)
 - c. Insurance covering facility (except contents)

- 5. The effective dates for the MOU are July 1, 2020 through June 30, 2021.
- 6. Either party may terminate this agreement in whole or in part, when it is in the best interest of the requesting party, by providing a minimum of 30 days written notice. Pierce County will be liable only for payment in accordance with the payment provisions of this agreement for services rendered before the effective date of termination.

| 210,00 | 3/7/2020 |
|--------------------------------------|-----------|
| Bryan Singleton, Executive Director | Date |
| Action Pact Inc. | |
| Year / Yout | 4-14-3020 |
| Neal Bennett, Chairman | Date |
| Pierce County Board of Commissioners | |







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 neces should be reported to the Department of Community Affairs. | sary. If the contact person for this service (listed at the bottom of the page) changes, this |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:PIERCE | Service: Economic Development |
| 1. Check one box that best describes the agreed upo | • |
| (If this box is checked, identify the government, aut | cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.): |
| b.) Service will be provided only in the unincorp checked, identify the government, authority or orga | orated portion of the county by a single service provider. (If this box is nization providing the service.): |
| | nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the |
| service in unincorporated areas. (If this box is chec | nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Offerman, City of Patterson, City of Waycross, Pierce County |
| | le 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 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 iminated). |
| If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a | y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it. |

SDS FORM 2, continued

| 3. List | each government or au | thority that will | help to pa | y for this se | ervice and in | dicate how the se | rvice will be funded | (e.g., |
|---------|--------------------------|-------------------|------------|---------------|---------------|--------------------|----------------------|--------|
| ente | rprise funds, user fees, | general funds, | special se | ervice distri | ct revenues, | hotel/motel taxes, | franchise taxes, imp | pact |
| fees | , bonded indebtedness, | , etc.). | | | | | | |

| Local Government or Author | y Funding | Method |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Pierce County | General Fund, Grant Funding, User Fees | |
| City of Blackshear | General Fund, Grant Funding | |
| Pierce County Industrial | General Fund, Grant Funding, User Fees |) |
| | | |
| How will the strategy change the | orevious arrangements for providing and/or fund | ding this service within the county? |
| List any formal service delivery a | or grant funding to help pay for this service. Ireements or intergovernmental contracts that w | vill be used to implement the strategy for |
| this service: Agreement Name | Contracting Parties | Effective and Ending Dates |
| | ierce County/All Cities/PCIDBA | 07/01/201810/31/2022 |
| | | |
| | rill be used to implement the strategy for this se or fee changes, etc.), and when will they take | |
| See No. 5 | | |
| Person completing form: Jason F Phone number: (912)449-2022 | ubenbauer Date completed: 4/16/20 | |
| | ontacted by state agencies when evaluating when contacted by strategy? ⊠Yes ⊡No | nether proposed local government |
| f not provide designated contact | person(s) and phone number(s) below: | |
| | (c) 2000 From Color (c) 20 | |

SERVICE DELIVERY AGREEEMENT

| Service: Economic Development | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|
| Parties: Pierce County and the cities of Blackshear, Offerman, Pa | atterson, and Waycross | |
| Agreement: | | |
| The Pierce County Industrial Development and Building Authority currently owns industrial parks in Blackshear. The authority encourages county wide industrial development through existing financial programs. | | |
| We the undersigned agree that the foregoing Service Delivery Agreemen responsive manner for the delivery of the services described above and vissues for consolidation, this 4th day of May, 2018. | | |
| PIERCE COUNTY By: Title: Chairman of the Board of Commissioners | By: Title: Mayor | |
| CITY OF OFFERMAN By: Title: Mayor | CITY OF PATTERSON By: Title: Mayor | |







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.

| 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:PIERCE | Service:Housing Revitalization | |
| 1. Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut | cluding all cities and unincorporated areas) by a single service provider. | |
| b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services. | porated portion of the county by a single service provider. (If this box is inization providing the service.): | |
| c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is chesservice: | only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the | |
| d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Pierce County and Blackshear Housing | only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the g Authority | |
| | le 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 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. | |
| | Page 1 of 2 | |

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method | |
|-------------------------------|----------------------------------|--|
| Pierce County | Grant Funds | |
| City of Blackshear | Grant Funds | |
| City of Offerman | Grant Funds | |
| City of Patterson | Grant Funds | |
| Blackshear Housing Authority | Operational Funding, Grant Funds | |
| | | |

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

This is a new service; the inclusion of the Housing Revitalization service will enable the application for a Community Development Block Grant (CDBG).

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 |
|----------------|---------------------|----------------------------|
| N/A | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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?

N/A

7. Person completing form: Jason Rubenbauer

Phone number: (912)449-2022 Date completed: 4/16/20

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.

| should be reported to the Department of Community Affairs. | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| COUNTY:PIERCE | Service: Jails | |
| Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth the Sheriff | n delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.): Pierce County Office of | |
| b.) Service will be provided only in the unincorp checked, identify the government, authority or organ | orated portion of the county by a single service provider. (If this box is nization providing the service.): | |
| c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: | nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the | |
| d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): | nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the | |
| e.) | e map delineating the service area of each service provider, and attion that will provide service within each service area.): | |
| 2. In developing this strategy, were overlapping service identified? | ee areas, unnecessary competition and/or duplication of this service | |
| ☐ Yes (if "Yes," you must attach additional docume | entation as described, below) | |
| ⊠No | | |
| f 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 eli | tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated). | |
| f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a | y, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it. | |

SDS FORM 2, continued

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

| General Fund, Grant Funding, Fines, Forfeitures, SPLOST How will the strategy change the previous arrangements for providing and/or funding this service within the county his strategy includes grant funding and SPLOST as potential funding mechanisms to pay for this service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate his service: Agreement Name | | | Method |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| General Fund, Grant Funding, Fines, Forfeitures, SPLOST How will the strategy change the previous arrangements for providing and/or funding this service within the county his strategy includes grant funding and SPLOST as potential funding mechanisms to pay for this service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate his service: Agreement Name | Pierce County | General Fund, Grant Funding, Fines, For | feitures, SPLOST |
| How will the strategy change the previous arrangements for providing and/or funding this service within the country this strategy includes grant funding and SPLOST as potential funding mechanisms to pay for this service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategis service: Agreement Name Contracting Parties Effective and Ending is ervice Delivery Agreement Pierce County/All Cities O7/01/201810/31/2022 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions cits of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Jason Rubenbauer | City of Blackshear | General Fund, Grant Funding, Fines, For | feitures, SPLOST |
| is strategy includes grant funding and SPLOST as potential funding mechanisms to pay for this service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate its service: Agreement Name | City of Patterson | General Fund, Grant Funding, Fines, For | feitures, SPLOST |
| is strategy includes grant funding and SPLOST as potential funding mechanisms to pay for this service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate its service: Agreement Name | | | |
| his strategy includes grant funding and SPLOST as potential funding mechanisms to pay for this service. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate his service: Agreement Name | | | |
| List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate ris service: Agreement Name | How will the strategy change t | he previous arrangements for providing and/or fund | ding this service within the county? |
| List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate is service: Agreement Name | | | |
| Agreement Name Pierce County/All Cities O7/01/201810/31/2022 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Pervice Delivery AgreementEffective April 30, 2018 through October 31, 2022. Person completing form: Jason Rubenbauer hone number: (912)449-2022 Date completed: 4/16/20 | nis strategy includes grant fun | ding and SPLOST as potential funding mechanism | s to pay for this service. |
| Agreement Name Pierce County/All Cities O7/01/201810/31/2022 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Pervice Delivery AgreementEffective April 30, 2018 through October 31, 2022. Person completing form: Jason Rubenbauer hone number: (912)449-2022 Date completed: 4/16/20 | | | |
| Agreement Name Pierce County/All Cities O7/01/201810/31/2022 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Pervice Delivery AgreementEffective April 30, 2018 through October 31, 2022. Person completing form: Jason Rubenbauer hone number: (912)449-2022 Date completed: 4/16/20 | | | |
| Agreement Name Contracting Parties Effective and Ending Partice Delivery Agreement Pierce County/All Cities 07/01/201810/31/2022 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions of the General Assembly, rate or fee changes, etc.), and when will they take effect? Tryice Delivery Agreement Effective April 30, 2018 through October 31, 2022. The property Agreement Date completed: 4/16/20 Date completed: 4/16/20 | ist any formal service delivery | y agreements or intergovernmental contracts that v | vill be used to implement the strategy |
| what other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions at soft the General Assembly, rate or fee changes, etc.), and when will they take effect? rvice Delivery AgreementEffective April 30, 2018 through October 31, 2022. erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | | | , 33 |
| what other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions at soft the General Assembly, rate or fee changes, etc.), and when will they take effect? rvice Delivery AgreementEffective April 30, 2018 through October 31, 2022. erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | Agreement Name | Contracting Parties | Effective and Ending Dat |
| What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions at soft the General Assembly, rate or fee changes, etc.), and when will they take effect? rvice Delivery AgreementEffective April 30, 2018 through October 31, 2022. erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | | | |
| erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | retoc Bones, Agreement | Tiorde Gountyn in Onics | 0770 1720 101070 172022 |
| ervice Delivery AgreementEffective April 30, 2018 through October 31, 2022. erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | | | |
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| ervice Delivery AgreementEffective April 30, 2018 through October 31, 2022. erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | | | |
| erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | | | |
| erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | /hat other mechanisms (if any | () will be used to implement the strategy for this se | prvise (o.g. ordinances resolutions le |
| erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | /hat other mechanisms (if any | y) will be used to implement the strategy for this se | ervice (e.g., ordinances, resolutions, lo |
| erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | /hat other mechanisms (if any its of the General Assembly, | y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take | ervice (e.g., ordinances, resolutions, lo |
| erson completing form: Jason Rubenbauer none number: (912)449-2022 Date completed: 4/16/20 | What other mechanisms (if anyots of the General Assembly, | y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take | ervice (e.g., ordinances, resolutions, lo effect? |
| none number: (912)449-2022 Date completed: 4/16/20 | What other mechanisms (if any cts of the General Assembly, | y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take | ervice (e.g., ordinances, resolutions, lo effect? |
| none number: (912)449-2022 Date completed: 4/16/20 | cts of the General Assembly, | rate or fee changes, etc.), and when will they take | ervice (e.g., ordinances, resolutions, lo effect? |
| none number: (912)449-2022 Date completed: 4/16/20 | cts of the General Assembly, | rate or fee changes, etc.), and when will they take | ervice (e.g., ordinances, resolutions, lo effect? |
| none number: (912)449-2022 Date completed: 4/16/20 | cts of the General Assembly, | rate or fee changes, etc.), and when will they take | ervice (e.g., ordinances, resolutions, lo effect? |
| this the person who should be contacted by state agencies when such attended to the second of the se | cts of the General Assembly, crice Delivery AgreementE | rate or fee changes, etc.), and when will they take Effective April 30, 2018 through October 31, 2022. | ervice (e.g., ordinances, resolutions, lo effect? |
| , una ure peraon who should be contacted by state adencies when evaluating whether brohosed local - dovernmer | ervice Delivery AgreementE | rate or fee changes, etc.), and when will they take Effective April 30, 2018 through October 31, 2022. n Rubenbauer | ervice (e.g., ordinances, resolutions, lo effect? |

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

SERVICE DELIVERY AGREEEMENT

| Service: Jails | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Parties: Pierce County and the cities of Blackshear, Offerman, Patter | rson, and Waycross |
| Agreement: | |
| The Pierce County Office of the Sheriff provides jail services unincorporated areas of Pierce County. The City of Blackshear and t County \$35.00 per day per inmate for use of the jail. The city of Waycross provides its own jail. | |
| We the undersigned agree that the foregoing Service Delivery Agreement processor responsive manner for the delivery of the services described above and we see issues for consolidation, this 4th day of May, 2018. | ee no apparent duplication of services nor |
| By: Chairman of the Board of Commissioners | By: Title: Mayor |
| CITY OF OFFERMAN By: Title: Mayor | CITY OF PATTERSON By Title: Mayor |







FORM 2: Summary of Service Delivery Arrangements

Instructions:

| Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs. | ssary. If the contact person for this service (listed at the bottom of the page) changes, this |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:PIERCE | Service: Parks and Recreation |
| 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 (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.): |
| b.) Service will be provided only in the unincorp checked, identify the government, authority or organ | orated portion of the county by a single service provider. (If this box is nization providing the service.): |
| c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service: | only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the |
| d.) One or more cities will provide this service o service in unincorporated areas. (If this box is check service.): Pierce County, City of Blackshear, City | only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Offerman, City of Patterson |
| e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization) | le 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 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 eli | ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated). |
| If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a | y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it. |
| | Page 1 of 2 |

| | _ | - | - | 100 | | Section 1997 | |
|---|----|-----|-------|-----|-----|--------------|------|
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| • | | | | | | | |

| 3. List each g | jovernment or au | uthority that will | help to pay t | for this serv | vice and in | dicate how the s | ervice will be fund | ed (e.g., |
|----------------|------------------|--------------------|---------------|---------------|-------------|------------------|---------------------|-----------|
| | | | | | | | s, franchise taxes, | |
| fees, bonde | ed indebtedness | , etc.). | | | | | | - |

| Local Government or Authority | Funding Method | |
|-------------------------------|----------------------------------------|--|
| Pierce County | General Fund, Grant Funding, User Fees | |
| City of Blackshear | General Fund, Grant Funding, User Fees | |
| City of Patterson | General Fund, Grant Funding, User Fees | |
| City of Offerman | General Fund, Grant Funding, User Fees | |
| | | |
| | | |

| 4. How will the strategy change the previous arrangements for providing and/or funding this service within the cou | .nty? |
|--------------------------------------------------------------------------------------------------------------------|-------|
| This strategy includes grant funding as a potential funding mechanism to pay for this service. | |
| List any formal service delivery agreements or intergovernmental contracts that will be used to implement the | |

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 |
|----------------------------|--------------------------|----------------------------|
| Service Delivery Agreement | Pierce County/All Cities | 07/01/201810/31/2022 |
| | | |
| | | |
| | | |
| | | |
| | | |

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

See No. 5

7. Person completing form: Jason Rubenbauer

Phone number: (912)449-2022 Date compl

Date completed: 4/16/20

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

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

SERVICE DELIVERY AGREEEMENT

| Service: Parks and Recreation | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Parties: Pierce County and the cities of Blackshear, Offerman, Pa | itterson, and Waycross |
| Agreement: | |
| Pierce County offers a wide range of recreational service residents. This service is offered by the Pierce County Recreation County which offers activities in both Blackshear and Patterson. | |
| We the undersigned agree that the foregoing Service Delivery Agreemen responsive manner for the delivery of the services described above and vissues for consolidation, this 4th day of May, 2018. | |
| PIERCE COUNTY By: Title Street Stre | By: PA |
| Title: Chairman of the Board of Commissioners | Title: Mayor |
| CITY OF OFFERMAN By: Title: Mayor | CITY OF PATTERSON By: Title: Mayor |
| | |







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 Affairs. | isally. If the contact person for this service (listed at the bottom of the page) changes, this |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:PIERCE | Service: Roads and Bridges |
| Check <u>one</u> box that best describes the agreed upo | , |
| 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. hority or organization providing the service.): |
| b.) Service will be provided only in the unincorp checked, identify the government, authority or organ | porated portion of the county by a single service provider. (If this box is nization providing the service.): |
| c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: | only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the |
| service in unincorporated areas. (If this box is check | only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Offerman, City of Patterson, City of Waycross |
| e.) | le 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 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 eli | 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 a | gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it. |
| | Page 1 of 2 |

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method | |
|-------------------------------|----------------------------|--|
| Pierce County | DOT, General Funds, SPLOST | |
| City of Blackshear | DOT, General Funds, SPLOST | |
| City of Patterson | DOT, General Funds, SPLOST | |
| City of Offerman | DOT, General Funds, SPLOST | |
| City of Waycross | DOT, General Funds, SPLOST | |
| | | |

| City of Blackshear | DOT, General Funds, SPLOST | | | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|--|
| City of Patterson | DOT, General Funds, SPLOST | | | | |
| City of Offerman | DOT, General Funds, SPLOST | | | | |
| City of Waycross | DOT, General Funds, SPLOST | | | | |
| L. How will the strategy change t | he previous arrangements for providing and/or fun | nding this service within the county? | | | |
| This strategy includes grant fun | ding as a potential funding mechanism to pay for t | this service. | | | |
| 5. List any formal service delivery this service: | agreements or intergovernmental contracts that v | will be used to implement the strategy for | | | |
| Agreement Name | Contracting Parties | Effective and Ending Dates | | | |
| Service Delivery Agreement | Pierce County/All Cities | | | | |
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| | | | | | |
| i. What other mechanisms (if any acts of the General Assembly, | y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take | ervice (e.g., ordinances, resolutions, local effect? | | | |
| | | | | | |
| | | | | | |
| . Person completing form: Jason Phone number: (912)449-2022 | n Rubenbauer Date completed: 4/16/20 | | | | |
| . Is this the person who should be projects are consistent with the | be contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No | hether proposed local government | | | |
| If not, provide designated conta | ct person(s) and phone number(s) below: | | | | |
| | | | | | |

SERVICE DELIVERY AGREEMENT

Service: Roads and Bridges

Parties: Pierce County and the cities of Blackshear, Offerman,

Patterson and Waycross

Agreement:

The county and all cities rely upon support from the State Department of Transportation to build and maintain roads and bridges. The Pierce County Road Department provides maintenance to all county roads and bridges in the unincorporated county, Offerman and Waycross. Blackshear and Patterson provide maintenance for roads and bridges with their respective city limits. Pierce County has provided and will provide funds to build roads and bridges in all of the county.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 27 day of September , 1999.

PIERCE COUNTY

Title: Chairman of Board of Commissioners

CITY OF BLACKSHEAR

Title: Mayor

CITY OF OFFERMAN

Title: Mayor

Tit(16: Mayor

CITY OF WAYEROSS

Title! Mayor







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 Affairs. | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| COUNTY:PIERCE | Service: Water Supply | | | | |
| Check <u>one</u> box that best describes the agreed upo | n delivery arrangement for this service: | | | | |
| The officer state of the description and description appears to the description and the description are the description are the description and the description are th | in delivery arrangement for alle delivide. | | | | |
| 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. hority or organization providing the service.): | | | | |
| b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or control of the | orated portion of the county by a single service provider. (If this box is nization providing the service.): | | | | |
| | 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 | | | | |
| | le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of , Pierce County | | | | |
| 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. | | | | |

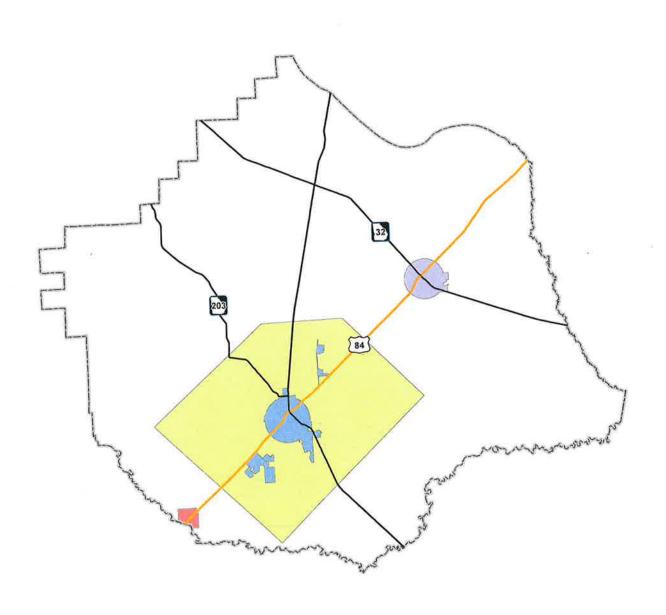
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|----|---|----|-----|-----|------|----|---|-----|----|----|
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| 3. List each government or auth | hority that will help to p | ay for this service and | indicate how the ser | vice will be funded (e.g., |
|---------------------------------|----------------------------|--------------------------|-----------------------|----------------------------|
| enterprise funds, user fees, g | general funds, special s | ervice district revenues | s, hotel/motel taxes, | franchise taxes, impact |
| fees, bonded indebtedness, e | etc.). | | | |

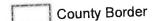
| Local Government or Authority | Funding Method |
|-------------------------------|----------------------------------|
| City of Blackshear | General Funds, User Fees, Grants |
| City of Patterson | General Funds, User Fees, Grants |
| City of Waycross | General Funds, User Fees, Grants |
| Pierce County | General Funds, User Fees, Grants |
| | |
| | |

| City of Waycross | General Funds, Oser Fees, Grants | | |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------|--|
| ierce County General Funds, User Fees, Grants | | | |
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| | | | |
| . How will the strategy change the | previous arrangements for providing and/or fu | nding this service within the county? | |
| This strategy includes the provisio | n of this service by the City of Waycross to the | unincorporated area of Pierce County. | |
| i. List any formal service delivery a this service: | greements or intergovernmental contracts that | will be used to implement the strategy for | |
| Agreement Name | Contracting Parties | Effective and Ending Dates | |
| | | | |
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| | vill be used to implement the strategy for this see or fee changes, etc.), and when will they take | | |
| | | | |
| | | | |
| . Person completing form: Jason Phone number: (912)449-2022 | Rubenbauer Date completed: 4/16/20 | | |
| | contacted by state agencies when evaluating vervice delivery strategy? ⊠Yes ⊡No | whether proposed local government | |
| If not, provide designated contact | person(s) and phone number(s) below: | | |
| | | | |

Pierce County Water Service Delivery Strategy Area



Legend



Service Area

City of Blackshear
City of Patterson

City of Waycross
Pierce County











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: PIERCE

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
- 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)).

| MURICION TITLE NAME SIGNATURE DATE | | | | | | |
|------------------------------------|----------|------------------|--------------|--------|--|--|
| JURISDICTION | TITLE | NAME | | | | |
| PIERCE COUNTY | Chairman | K. Neal Bennett | Very Sent | 27-202 | | |
| CITY OF BLACKSHEAR | Mayor | Kevin Grissom | Clin de gran | 6-11-2 | | |
| CITY OF OFFERMAN | Mayor | Brenda Denison | Jy Shap Azin | 6/1/2 | | |
| CITY OF PATERSON | Mayor | R.D. Thomas, Jr. | KUN 197 | 2/10/2 | | |
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RESOLUTION

Pierce County Board of Commissioners Adopt Revised Service Delivery Strategy

WHEREAS, one of the requirements of the Georgia Planning Act of 1989 is that all local governments review and revise, if applicable, sections of their Service Delivery Strategy as part of the mandatory updating of their Comprehensive Plan; and

WHEREAS, the intent of this legislation is to provide a flexible framework within which local governments in each county can develop a service delivery system that is both efficient and responsive to citizens in their county; and

WHEREAS, Pierce County has reviewed, and revised as necessary, each section of the current Service Delivery Strategy and all applicable agreements to ensure the Strategy is currently eliminating inefficiencies from duplication of services and competition between local governments and provides a mechanism to resolve disputes over local government service delivery, funding equity, and land use.

THEREFORE, BE IT RESOLVED, that the Pierce County Board of Commissioners agrees to approve the revisions and continue the unchanged provisions of the Strategy, and authorizes the Chairman of the Pierce County Board of Commissioners to sign the updated "Certifications" page that indicates the agreement of all jurisdictions required to approve the changes of this Strategy.

Adopted this 7th day of July, 2020

Need Bow ett Chairma

Amy Hitt County Clerk

RESOLUTION 2020-16

A RESOLUTION OF THE BLACKSHEAR CITY COUNCIL OF THE CITY OF BLACKSHEAR, GEORGIA ADOPTING THE REVISED SERVICE DELIVERY STRATEGY; TO PROVIDE FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

WHEREAS, one of the requirements of the Georgia Planning Act of 1989 is that all local governments review and revise, if applicable, sections of their Service Delivery Strategy as part of the mandatory updating of their Comprehensive Plan; and

WHEREAS, the intent of this legislation is to provide a flexible framework within which local governments in each county can develop a service delivery system that is both efficient and responsive to citizens in their county; and

WHEREAS, the City of Blackshear has reviewed, and revised as necessary, each section of the current Service Delivery Strategy and all applicable agreements to ensure the Strategy is currently eliminating inefficiencies from duplication of services and competition between local governments and provides a mechanism to resolve disputes over local government service delivery, funding equity, and land use.;

NOW THEREFORE, BE IT RESOLVED BY THE BLACKSHEAR CITY COUNCIL OF THE CITY OF BLACKSHEAR, GEORGIA, that the City of Blackshear of City Council agrees to approve the revisions and continue the unchanged provisions of the Strategy, and authorizes the Mayor of the City of Blackshear to sign the updated "Certifications" page that indicates the agreement of all jurisdictions required to approve the changes of this Strategy.

NOW, THEREFORE, BE IT RESOLVED BY THE BLACKSHEAR CITY COUNCIL OF THE CITY OF BLACKSHEAR, GEORGIA, THAT:

SECTION ONE. The Blackshear City Council hereby the revisions and continues the unchanged provisions of the Strategy.

SECTION TWO. The Blackshear City Council authorizes the Mayor of the City of Blackshear to sign the updated "Certifications" page that indicates the agreement of all jurisdictions required to approve the changes of this strategy.

SECTION THREE. This resolution shall become effective upon passage.

ADOPTED this 9th day of JUNE, 2020.

ATTEST:

JENNY GRANT

City Clerk

CITY OF BLACKSHEAR

KEVIN GRISSON

Mayor

RESOLUTION A RESOLUTION OF THE CITY OF OFFERMAN, GEORGIA ADOPTING THE REVISED SERVICE DELIVERY STRATEGY

WHEREAS, one of the requirements of the Georgia Planning Act of 1989 is that all local governments review and revise, if applicable, sections of their Service Delivery Strategy as part of the mandatory updating of their Comprehensive Plan; and

WHEREAS, the intent of this legislation is to provide a flexible framework within which local governments in each county can develop a service delivery system that is both efficient and responsive to citizens in their county; and

WHEREAS, the City of Offerman has reviewed, and revised as necessary, each section of the current Service Delivery Strategy and all applicable agreements to ensure the Strategy is currently eliminating inefficiencies from duplication of services and competition between local governments and provides a mechanism to resolve disputes over local government service delivery, funding equity, and land use.

NOW THEREFORE, BE IT RESOLVED BY THE OFFERMAN CITY COUNCIL OF THE CITY OF OFFERMAN, GEORGIA, that the City of Offerman of City Council agrees to approve the revisions and continue the unchanged provisions of the Strategy, and authorizes the Mayor of the City of Offerman to sign the updated "Certifications" page that indicates the agreement of all jurisdictions required to approve the changes of this Strategy.

Adopted this 26 day of May, 2020

Brenda Denison, Mayor

Janet Daniels, City Clerk

RESOLUTION

A RESOLUTION OF THE CITY OF PATTERSON, GEORGIA ADOPTING THE REVISED SERVICE DELIVERY STRATEGY

WHEREAS, one of the requirements of the Georgia Planning Act of 1989 is that all local governments review and revise, if applicable, sections of their Service Delivery Strategy as part of the mandatory updating of their Comprehensive Plan; and

WHEREAS, the intent of this legislation is to provide a flexible framework within which local governments in each county can develop a service delivery system that is both efficient and responsive to citizens in their county; and

WHEREAS, the City of Patterson has reviewed, and revised as necessary, each section of the current Service Delivery Strategy and all applicable agreements to ensure the Strategy is currently eliminating inefficiencies from duplication of services and competition between local governments and provides a mechanism to resolve disputes over local government service delivery, funding equity, and land use.

NOW THEREFORE, BE IT RESOLVED BY THE PATTERSON CITY COUNCIL OF THE CITY OF PATTERSON, GEORGIA, that the City of Patterson of City Council agrees to approve the revisions and continue the unchanged provisions of the Strategy, and authorizes the Mayor of the City of Patterson to sign the updated "Certifications" page that indicates the agreement of all jurisdictions required to approve the changes of this Strategy.

| Adopted this day of, 20 | 20 |
|------------------------------------|----|
| BY: R. D. Thomas, Mayor | |
| ATTEST: Ray Cunningham, City Clerk | |
| WD Linte | |
| Deresa Feggett | |
| get Agos get Ar / Hal | |