



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: DOUGLAS

I. GENERAL INSTRUCTIONS:

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

<p align="center">OPTION A <i>Revising or Adding to the SDS</i></p>	<p align="center">OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="841 1186 1542 1423" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center"> <i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at</i> http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279. </p> </div>

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

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN OFFICIAL 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.

See Attachment A

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 can continue as previously agreed with no need for modification.

See Attachment B

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.

See Attachment C

Attachment A – Local Governments and Authorities

City of Austell
City of Douglasville
City of Villa Rica
Cobb-Douglas Board of Health
Community Service Board
Department of Family and Children Services
Douglas County
Douglas County Board of Assessors
Douglas County Board of Elections and Registration
Douglas County Development Authority
Douglasville Development Authority
Douglasville-Douglas County Water and Sewer Authority
University of Georgia
West Georgia Regional Library

Attachment B – Services Extended Without Change*

1. 911 Call Answering, Emergency Vehicle Dispatch
2. Cemetery
3. City Street System Construction
4. City Street System Maintenance
5. County Road System Construction
6. County Road System Maintenance
7. Court – Municipal
8. Courts – State and County
9. Death Examinations
10. Downtown Development
11. Economic Development – Countywide
12. Elections – Federal, State, & County
13. Emergency Management
14. Emergency Medical Services
15. Family & Children Services
16. Law Enforcement – Cities
17. Library
18. Parks & Recreation – Cities
19. Parks & Recreation – Countywide
20. Prisoner Housing – Municipal Court Prisoners
21. Property Tax Valuation
22. Public Health
23. Senior Citizen Services
24. Solid Waste Collection – curbside service
25. Solid Waste Collection – collection sites
26. Stormwater Management
27. Tax Collection – City Taxes
28. Tourism Promotion – Cities
29. Tourism Promotion – Countywide
30. Bus Transit System
31. Wastewater Collection
32. Water Supply
33. Welfare Services

*In order to better describe the way specific services are delivered, we have renamed some services and subdivided others. While the manner in which the services are described on these forms may have changed since the 2004 Service Delivery Strategy, the actual mechanisms for delivering the services remain unchanged.

Attachment C – Services Revised or Added*

34. Agricultural Extension
35. Animal Control - Unincorporated Area
36. Animal Control - Cities
37. Building Inspection & Permits
38. Code Enforcement
39. Development Control and Administration
40. Economic Development - Cities
41. Elections - City
42. Fire Protection - Unincorporated Area
43. Fire Protection - Cities
44. Occupation Tax Collection
45. Planning & Zoning
46. Geographic Information System - County
47. Geographic Information System - Cities
48. Administrative Services - County
49. Administrative Services - Cities

*Services listed here have been modified beyond simple renaming since the 2004 Service Delivery Strategy. The nature of the change(s) is detailed in response to Question 4 on each Service Delivery Strategy Form 2.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: 911 Call Answering, Emergency Vehicle Dispatch

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	911 Fees

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement	Douglas County, Douglasville	3/6/90 - current

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Cemetery

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglasville	General Fund
Austell	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

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Instructions:

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

Service: *City Street System Construction*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	SPLOST, State and Federal Funding, General Fund
Douglasville	SPLOST, State and Federal Funding, General Fund
Villa Rica	SPLOST, State and Federal Funding, General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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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COUNTY: DOUGLAS

Service: *City Street System Maintenance*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	SPLOST, State and Federal Funding, General Fund
Douglasville	SPLOST, State and Federal Funding, General Fund
Villa Rica	SPLOST, State and Federal Funding, General Fund
Douglas County	SPLOST, State and Federal Funding, General Fund

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

No change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
City Streets Agreement	Douglas County/ Douglasville	1/1/15-12/31/24
Roads Agreement	Douglas County/ Douglasville	1/1/15-12/31/24

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/26/14**

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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COUNTY: DOUGLAS

Service: *County Road System Construction*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	SPLOST, State and Federal Funding, General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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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COUNTY: DOUGLAS

Service: *County Road System Maintenance*

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	SPLOST, State and Federal Funding, General Fund

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

No change.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
City Streets Agreement	Douglas County/ Douglasville	1/1/15-12/31/24
Roads Agreement	Douglas County/ Douglasville	1/1/15-12/31/24

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: 12/26/14

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

Service: Courts - Municipal

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Austell Municipal Court, Douglasville Municipal Court, Villa Rica Municipal Court**)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

Service: Courts - State and County

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Superior Court, State Court, Juvenile Court, Magistrate Court**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Death Examinations*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Coroner**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS	Service: <i>Downtown Development</i>
------------------------	---------------------------------------------

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglasville	General Fund
Villa Rica	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: DOUGLAS

Service: *Economic Development - Countywide*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County Development Authority**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund
Douglas Co. Development Authority	Bond Proceeds, Rental Income

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Elections - Federal, State, and County*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County Board of Elections and Registration**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Emergency Management*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Emergency Medical Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Fire Protection/EMS	Douglas County, Douglasville	1/1/15 - 12/31/34
Fire Protection/EMS	Douglas County, Villa Rica	1/1/15 - 12/31/24

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Family and Children Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Department of Family and Children Services**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Law Enforcement - Cities*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

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COUNTY: DOUGLAS

Service: *Library*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **West Georgia Regional Library**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund
Villa Rica	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Parks and Recreation - Cities*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

No change

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Parks and Recreation - Countywide*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Prisoner Housing - Municipal Court Prisoners*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Property Tax Valuation*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County Board of Assessors**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Public Health*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Cobb-Douglas Board of Health**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Senior Citizen Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Solid Waste Collection - Curbside Service*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	User Fees
Douglasville	User Fees
Villa Rica	User Fees

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: DOUGLAS

Service: *Solid Waste Collection - Collection Sites*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	User Fees

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

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COUNTY: DOUGLAS

Service: *Stormwater Management*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglasville-Douglas County Water and Sewer Authority	User Fees

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement re: Stormwater Management	Douglas County, Douglasville-Douglas County Water and Sewer Authority	1/1/04 - 12/31/33
Intergovernmental Agreement re: Stormwater Management	Douglasville, Douglasville-Douglas County Water and Sewer Authority	1/1/03 - 12/31/32

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

None

7. Person completing form: **Eric Linton, County Administrator**

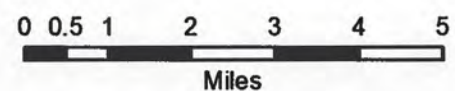
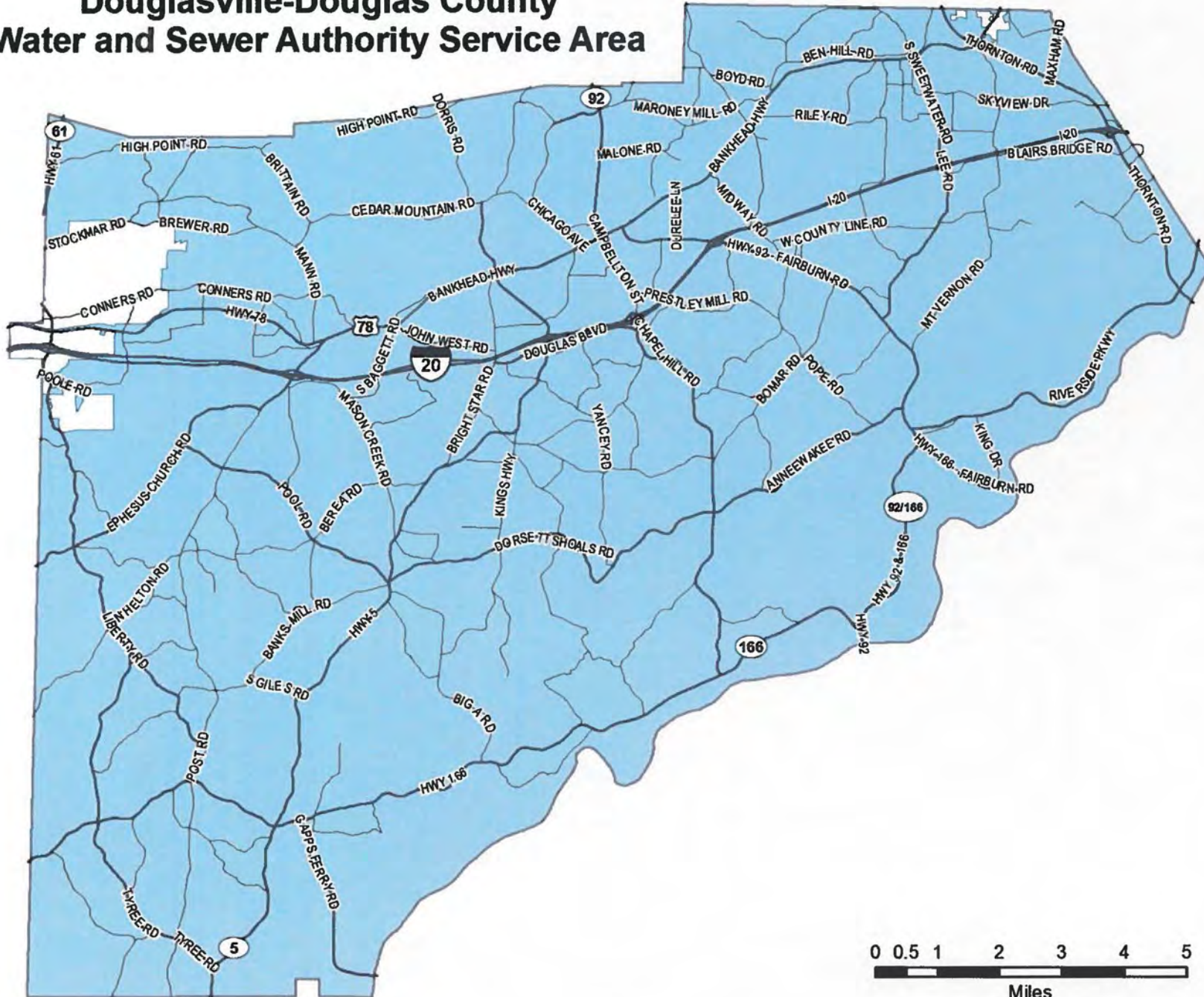
Phone number: **770-920-7209**

Date completed: **12/8/14**

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:

Douglasville-Douglas County Water and Sewer Authority Service Area





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Tax Collection - City Taxes

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Austell, Douglasville, Villa Rica (See further explanation in response to Question 4)**)

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

THERE IS NO CHANGE. However, for further clarity, Douglasville and Villa Rica contract with the Douglas County Tax Commissioner to provide this service pursuant to the agreements listed below.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement	Douglas County Tax Commissioner, Douglasville, and Douglas County	1/1/13 - 12/31/16
Agreement	Douglas County Tax Commissioner, Villa Rica, and Douglas County	1/1/13 - 12/31/16

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Tourism Promotion - Cities*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglasville	Hotel/Motel Taxes
Villa Rica	Hotel/Motel Taxes

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Tourism Promotion - Countywide*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	Hotel/Motel Taxes

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed:

12/8/14

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Bus Transit System*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	User Fees, Grants, General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Wastewater Collection*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Douglasville-Douglas County Water and Sewer Authority (for Douglasville and Unincorporated Douglas County), Austell, Villa Rica**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglasville - Douglas County Water and Sewer Authority	User Fees
Austell	User Fees
Villa Rica	User Fees

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Water Supply*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Douglasville-Douglas County Water and Sewer Authority (for Douglasville and Unincorporated Douglas County), Austell, Villa Rica**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglasville - Douglas County Water and Sewer Authority	User Fees
Austell	User Fees
Villa Rica	User Fees

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Welfare Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Community Service Board**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund

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

No change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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:

Attachment C – Services Revised or Added*

34. Agricultural Extension
35. Animal Control - Unincorporated Area
36. Animal Control - Cities
37. Building Inspection & Permits
38. Code Enforcement
39. Development Control and Administration
40. Economic Development - Cities
41. Elections - City
42. Fire Protection - Unincorporated Area
43. Fire Protection - Cities
44. Occupation Tax Collection
45. Planning & Zoning
46. Geographic Information System - County
47. Geographic Information System - Cities
48. Administrative Services - County
49. Administrative Services - Cities

*Services listed here have been modified beyond simple renaming since the 2004 Service Delivery Strategy. The nature of the change(s) is detailed in response to Question 4 on each Service Delivery Strategy Form 2.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Agricultural Extension*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **University of Georgia**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	General Fund
Douglasville-Douglas County Water and Sewer Authority	General Fund

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

The Douglasville-Douglas County Water and Sewer Authority now pays a portion of the cost of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Animal Control - Unincorporated Area

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	Special District Revenues

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

Beginning January 1, 2015, Douglas County will fund this service provided for the unincorporated area from special district revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Animal Control	Austell, Douglas County	1/1/15 - 12/31/34
Animal Control	Douglasville, Douglas County	1/1/15 - 12/31/34
Animal Control	Villa Rica, Douglas County	1/1/15 - 12/31/34

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?

Resolution creating special district.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Animal Control - Cities*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

Beginning January 1, 2015, Douglas County will provide this service within the cities pursuant to Agreements with the cities.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Animal Control	Austell, Douglas County	1/1/15 - 12/31/34
Animal Control	Douglasville, Douglas County	1/1/15 - 12/31/34
Animal Control	Villa Rica, Douglas County	1/1/15 - 12/31/34

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

None

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Building Inspection and Permits*

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Austell, Douglasville, Villa Rica, Douglas County**
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund
Douglas County	Special District Revenues

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

Beginning January 1, 2015, Douglas County will fund this service provided for the unincorporated area from special district revenues.

The Douglas County Fire Department serves as the Fire Marshall for the entire county and provides all related inspections.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

Resolution creating special district.

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Code Enforcement

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund
Douglas County	Special District Revenues

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

Beginning January 1, 2015, Douglas County will fund this service provided for the unincorporated area from special district revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

Resolution creating special district.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Development Control and Administration*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund
Douglas County	Special District Revenues

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

Beginning January 1, 2015, Douglas County will fund this service provided for the unincorporated area from special district revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

Resolution creating special district.

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Economic Development - Cities*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglasville	General Fund
Villa Rica	General Fund

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

The Douglasville Development Authority provides this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Elections - City

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Austell, Douglasville, Villa Rica (See further explanation in response to Question 4)**)

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

Villa Rica now contracts with the Douglas County Board of Elections and Registration per election. The cities (Douglasville and Villa Rica) contract with Douglas County on an election by election basis. As of January 30, 2015, there are no current agreements, because there are no current elections being held.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Fire Protection - Unincorporated Area

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County (See further explanation in response to Question 4)**

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Douglas County	Special District Revenues

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

Beginning January 1, 2015, Douglas County will fund this service provided for the unincorporated area from special district revenues. In addition to its unincorporated area, Douglas County provides fire protection to Douglasville and Villa Rica pursuant to a contracts with each of those cities. Douglasville and Villa Rica pay Douglas County to provide this service within their incorporated boundaries.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Fire Protection/EMS	Villa Rica, Douglas County	1/1/15 - 12/31/24
Fire Protection/EMS	Douglasville, Douglas County	1/1/15 - 12/31/34

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?

Resolution creating special district.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Fire Protection - Cities*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Austell, Douglasville, Villa Rica (See further explanation in response to Question 4)**)

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

Beginning January 1, 2015, Austell will provide this service within Austell. Also beginning January 1, 2015, Douglas County will provide this service within Douglasville and Villa Rica pursuant to Agreements with Douglasville and Villa Rica. Pursuant to said agreements, Douglasville and Villa Rica will pay Douglas County to provide fire protection within their incorporated boundaries.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Fire Protection/EMS	Douglasville, Douglas County	1/1/15 - 12/31/34
Fire Protection/EMS	Villa Rica, Douglas County	1/1/15 - 12/31/24

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

None

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Occupation Tax Collection*

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

- No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund
Douglas County	Special District Revenues

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

Beginning January 1, 2015, Douglas County will fund this service provided for the unincorporated area from special district revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

Resolution creating special district.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: *Planning and Zoning*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund
Douglas County	Special District Revenues

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

Beginning January 1, 2015, Douglas County will fund this service provided for the unincorporated area from special district revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

Resolution creating a special district

7. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209** Date completed: **12/8/14**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Geographic Information System - County

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Douglas County	General Fund

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

There is no change to this service. Although this service was not identified in the 2004 Service Delivery Strategy, the mechanism for delivering this service was in existence at that time and is not new.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Geographic Information System - Cities

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

There is no change to this service. Although this service was not identified in the 2004 Service Delivery Strategy, the mechanism for delivering this service was in existence at that time and is not new.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Administrative Services - Cities

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Austell	General Fund
Douglasville	General Fund
Villa Rica	General Fund

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

There is no change to this service. Although this service was not identified in the 2004 Service Delivery Strategy, the mechanism for delivering this service was in existence at that time and is not new.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

None.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Service: Administrative Services - County

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Douglas County**

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

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

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

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

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Douglas County	General Fund

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

There is no change to this service. Although this service was not identified in the 2004 Service Delivery Strategy, the mechanism for delivering this service was in existence at that time and is not new.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None.

7. Person completing form: **Eric Linton, County Administrator**
 Phone number: **770-920-7209** Date completed: 1/30/15

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

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



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: DOUGLAS

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

None

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

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

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.

If "other measures" was checked, describe these measures:

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Douglas County and Douglasville have entered into current 30 year agreements with the Douglasville-Douglas County Water and Sewer Authority.

4. Person completing form: **Eric Linton, County Administrator**

Phone number: **770-920-7209**

Date completed: **12/8/14**

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

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



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 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: DOUGLAS

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
<u>AUSTELL</u>	Mayor	Joe Jerkins	<i>Joe Jerkins</i>	12/29/14
<u>DOUGLASVILLE</u>	Mayor	Harvey K. Persons,	<i>Harvey Persons</i>	12/29/14
<u>VILLA RICA</u>	Mayor	Jay Collins	<i>J. Allen Colh</i>	12/29/14
<u>DOUGLAS COUNTY</u>	Chairman	Tom Worthan	<i>Tom Worthan</i>	12/29/14

ROADS AGREEMENT

This agreement, made and entered into by and between Douglas County, Georgia (the "County") and the City of Douglasville, Georgia (the "City");

WITNESSETH:

WHEREAS, the City operates a city street system,

WHEREAS, the County operates a county road system,

WHEREAS, county roads extend into municipalities within the county,

WHEREAS, the City desires the County to assume total control of certain roads and streets defined herein, including any associated funding for the purposes of construction, operation and maintenance of the designated roads and streets, and

WHEREAS, the County is willing to assume control of the following named streets and roads for said purposes: Hospital Drive, Chicago Avenue, Riverside Parkway, Chapel Hill Road, Prestley Mill Road, and Cedar Mountain Road (hereafter collectively " Roads");

NOW THEREFORE, the County and the City agree as follows:

1. Designation of Roads

1.1 To the extent said Roads are not presently on the County road system, the City does hereby consent to said Roads being designated and considered a part of the County road system under O.C.G.A. §§§ 32-4-1, 32-4-2, and 32-4-40, and the County hereby accepts the Roads as roads which shall be part of the County road system, subject to the City's maintaining responsibility and funding for any existing project of any kind which the City has already committed to complete with the Georgia Department of Transportation ("GDOT") or for which the City has received funding from GDOT relating to the Roads.

1.2 The City further agrees to provide the County within 10 days of execution of this Agreement a list of existing projects which the City has committed to complete with GDOT or for which the City has received funding from GDOT along with the corresponding Project Identification Numbers ("PI#"). Any funding allocated by GDOT associated with said Roads shall be transferred or paid by the City to the County.

1.3 The City and County agree that this Agreement shall not: (a) be construed to and shall not limit the City's police and law enforcement powers in, over, along, and through said Roads; (b) affect the law enforcement powers of the Douglas County Sheriff; (c) affect the legal status of any previous annexations by the City; (d) affect the City's rights to any future annexations of properties along or adjacent to any of said Road; (e) affect the existing or future speed limits set by the City along said Roads; and (f) affect the City's utility lines which shall include, but not limited to, water, sewer, gas, electrical, and cable.

1.4 In the event the GDOT requires a change in the speed limits on said Roads, the County shall notify the City thereof and the County will be authorized to adjust the speed limits as required by the GDOT.

2. Cooperation; Additional Documents

The City and the County shall cooperate and execute any additional documents necessary or required by law, rule, or regulation, to designate the Roads as part of the County road system contemplated under O.C.G.A. §§ 32-4-1 and 32-4-2.

3. Validity, Effective Date

3.1. This Agreement shall be effective January 1, 2015.

4. General Provisions

4.1. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

4.2. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

4.3. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

4.4. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or be construed as a waiver of any future default, whether like or different in character.

4.5. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

4.6 The obligations of the City herein described shall survive the execution and delivery of the premises described herein.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

(Signatures On Next Page)

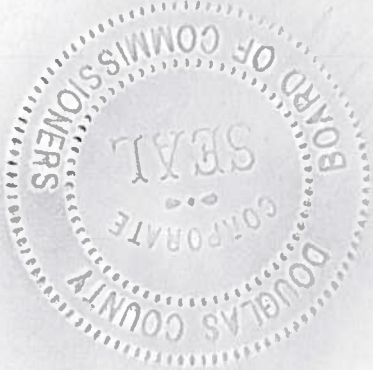
Douglas County Board of Commissioners:

By: [Signature]
Chairman

County Seal

Attest: [Signature]
County Clerk

Date: 12-26-14



City of Douglasville:

By: [Signature]
Mayor

City Seal

Attest: [Signature]
City Clerk

Date: 12-23-14



CITY STREETS AGREEMENT

This agreement, made and entered into by and between Douglas County, Georgia (the "County") and the City of Douglasville, Georgia (the "City"), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, the City operates a city street system,

WHEREAS, the City desires the County to provide assistance to the City's provision of the City's street system, and

WHEREAS, the County is willing to provide such assistance as provided herein;

NOW THEREFORE, the County and the City agree as follows:

I. Network Roads

For purposes of this Agreement, "network roads" shall mean those portions of the following roadways which are part of the City's system of streets: Douglas Boulevard, Rose Avenue, Slater Mill Road, Malone Road, Cave Springs Road, Central Church Road, John West Road, Blairs Bridge Road, Bright Star Road, South Flat Rock Road, Stewart Mill Road, Timber Ridge Drive, and West Stewart Mill Road.

2. Traffic Control Center

For network roads, the County shall provide traffic control center services in the same manner that it provides such services for the county road system.

3. Traffic Signal Maintenance

The County shall provide through in-house staff routine maintenance of traffic signals for all city streets.

4. Traffic Studies

For network roads, the County shall provide traffic studies by in-house staff as reasonably determined by in-house staff.

5. Traffic Sign Maintenance

For network roads, the County shall provide routine maintenance of traffic signs through in-house staff.

6. Arbitration

Any dispute, controversy, or claim arising out of or relating to this Agreement shall be submitted to and settled by arbitration administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures, or if JAMS is no longer in existence or is otherwise unable or unwilling to administer the arbitration, by the American Arbitration Association ("AAA") pursuant to its Commercial Arbitration Rules. The arbitration shall be before a single neutral arbitrator selected by the parties pursuant to the rules of JAMS or AAA, as applicable. The arbitration shall be conducted in Douglasville, Georgia. Any award of the arbitrator shall be final, conclusive, and binding upon the parties, and the final award rendered by the arbitrator may be made the judgment of and enforced by any court having jurisdiction. Each party shall bear its own attorney's fees and other expenses of arbitration. Costs payable to the arbitrator shall be borne by the City and County in proportion to the populations of the City and the unincorporated area of the County according to the most recent United States decennial census for which results are available.

7. Validity, Effective Date, Term

7.1. This Agreement shall be effective January 1, 2015.

7.2. The term of this Agreement shall be 10 years unless this Agreement is sooner terminated by mutual agreement of the parties.

8. General Provisions

8.1. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

8.2. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

8.3. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

8.4. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or be construed as a waiver of any future default, whether like or different in character.

8.5. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

Douglas County Board of Commissioners:

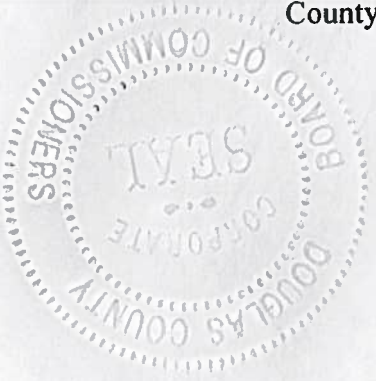
[Signature]

By: _____
Chairman

Attest: [Signature]
County Clerk

Date: 12-26-14

County Seal



City of Douglasville:

By: [Signature]
Mayor

Attest: [Signature]
City Clerk

Date: 12-23-14

City Seal



STATE OF GEORGIA
COUNTY OF DOUGLAS

AGREEMENT

FOR PROVISION AND FUNDING OF ANIMAL CONTROL SERVICES

This Agreement, made and entered into by and between Douglas County, Georgia (the "County") and the City of Douglasville, Georgia (the "City"), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNES SETH:

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide animal control services within the unincorporated area of the County;

WHEREAS, the County is prepared to and intends to provide animal control services within the unincorporated area of the County;

WHEREAS, the County may fund animal control services provided to inhabitants of the unincorporated area of the County from the County's Unincorporated Area Special District Fund;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the City to provide animal control services within the boundaries of the City;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide animal control services within the boundaries of a City only by contract with the City;

WHEREAS, the City desires the County to provide animal control services within the boundaries of the City; and

WHEREAS, the City is agreeable to paying the cost of animal control services provided by the County within the boundaries of the City as provided herein;

NOW, THEREFORE, the County and the City hereby agree as follows:

Section 1. Provision of Services

1.1. The County shall provide animal control services within the unincorporated area of the County.

1.2. The County shall provide animal control services within the boundaries of the City according to the terms of the City's ordinances, rules, and regulations, provided such ordinances, rules, and regulations are acceptable to the County, which acceptance shall not be unreasonably withheld.

1.3. For purposes of this Agreement, animal control services shall include, but not be limited to, temporary impounding or harboring seized, stray, homeless, abandoned, or unwanted dogs, cats, and other animals in accordance with state and local laws, rules, and regulations, including, but not limited to, temporary care, maintenance, and shelter, subject to space limitations, pending dispositions through adoptions or other legal means.

Section 2. Fund; Fund Budget

2.1. For purposes of funding the cost of animal control services provided pursuant to this Agreement, the County shall establish a fund entitled the Douglas County Animal Control Services Fund (the "Fund").

2.2. Prior to or at the beginning of each calendar year, the County shall establish and notify the City of an annual budget for the Fund (the "Fund Budget") for such calendar year based on the total anticipated cost of providing animal control services less all anticipated revenues from the provision of animal control services during such calendar year.

Section 3. Annual Funding

3.1. For purposes of funding the annual cost of animal control services provided within the unincorporated area of the County, the County shall pay into the Fund an amount equal to the Fund Budget less payments to be made into the Fund by the City and any other city or cities within which the County provides animal control services during the applicable calendar year.

3.2. The County shall make such annual payments into the Fund from the County's Unincorporated Special District Fund. The County shall not levy any taxes, fees, or assessments on any property within the City for purposes of making such annual payments into the Fund.

3.3. For purposes of funding the annual cost of animal control services provided within the boundaries of the City, the City shall pay into the Fund \$250,000 per year beginning 2015 and each year thereafter during the term of this Agreement.

3.4. The City shall make such annual payments into the Fund from City revenues.

3.5. The City shall pay its annual share of the Fund Budget in twelve equal monthly installments paid on or before the first day of each month of each calendar year.

3.6. All annual costs of providing animal control services pursuant to and in accordance with this Agreement shall be paid from the Fund, which costs may include, but shall not be limited to, the costs of facilities, equipment, and personnel.

Section 4. Fund Balance

4.1. The County shall carry over the balance of the Fund as of the end of each calendar year to the succeeding calendar year.

4.2. For purposes of establishing the Fund Budget for each calendar year of this Agreement, the County shall consider and may adjust the Fund Budget based on the anticipated or existing, as applicable, balance of the Fund as of the beginning of such calendar year.

Section 5. Facilities, Equipment, Staffing

5.1. The County shall maintain a facility or facilities for the provision of animal control services at a location or locations determined by the County adequate for the provision of animal control services in accordance with this Agreement, the annual costs of which shall be paid from the Fund.

5.2. The County shall equip and staff the facility or facilities in and from which animal control services are provided with equipment and personnel adequate for the provision of the service, the annual costs of which shall be paid from the Fund.

5.3. The cost of constructing and financing construction of any new or additional facility or facilities for the provision of animal control services as determined by the County shall be considered in establishing the Fund Budget and paid from the Fund.

Section 6. Arbitration

Any dispute, controversy, or claim arising out of or relating to this Agreement shall be submitted to and settled by arbitration administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures, or if JAMS is no longer in existence or is otherwise unable or unwilling to administer the arbitration, by the American Arbitration Association ("AAA") pursuant to its Commercial Arbitration Rules. The arbitration shall be before a single neutral arbitrator selected by the parties pursuant to the rules of JAMS or AAA, as applicable. The arbitration shall be conducted in Douglasville, Georgia. Any award of the arbitrator shall be final, conclusive, and binding upon the parties, and the final award rendered by the arbitrator may be made the judgment of and enforced by any court having jurisdiction. Each party shall bear its own attorney's fees and other expenses of arbitration. Costs payable to the arbitrator shall be borne by the City and County in proportion to the populations of the City and the

unincorporated area of the County according to the most recent United States decennial census for which results are available.

Section 7. Validity, Effective Date, Term

7.1. This Agreement shall be effective January 1, 2015.

7.2. The term of this Agreement shall be 10 years unless this Agreement is sooner terminated by mutual agreement of the parties.

Section 8. General Provisions

8.1. This Agreement supersedes all prior agreements between the County and the City concerning the provision and funding of animal control services.

8.2. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

8.3. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

8.4. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

8.5. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or be construed as a waiver of any future default, whether like or different in character.

8.6. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

Douglas County Board of Commissioners:

By: [Signature]
Chairman

Attest: [Signature]
County Clerk

Date: 12-26-14

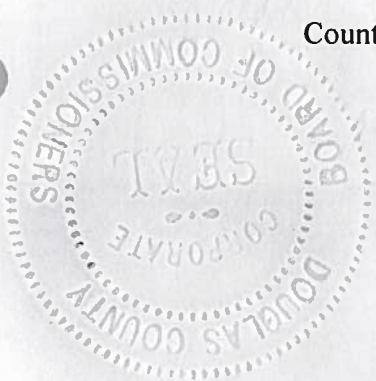
City of Douglasville:

By: [Signature]
Mayor

Attest: [Signature]
City Clerk

Date: 12-23-14

County Seal



City Seal



STATE OF GEORGIA
COUNTY OF DOUGLAS

**AGREEMENT FOR PROVISION AND FUNDING OF
FIRE PROTECTION SERVICES AND EMERGENCY MEDICAL SERVICES**

This Agreement, made and entered into by and between Douglas County, Georgia (the “County”) and the City of Douglasville, Georgia (the “City”), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide fire protection services within the unincorporated area of the County;

WHEREAS, the County is prepared to and intends to provide fire protection services within the unincorporated area of the County;

WHEREAS, the County may fund fire protection services provided to inhabitants of the unincorporated area of the County from the County’s Unincorporated Area Special District Fund;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the City to provide fire protection services within the boundaries of the City;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide fire protection services within the boundaries of a City only by contract with the City;

WHEREAS, the City desires the County to provide fire protection services within the boundaries of the City;

WHEREAS, the City is agreeable to paying the cost of the fire protection services provided by the County within the boundaries of the City as provided herein;

WHEREAS, the County is authorized by Chapter 11 of Title 31 of the Official Code of Georgia to provide emergency medical services throughout the County;

WHEREAS, the County intends to provide emergency medical services throughout the County;

WHEREAS, the County intends to fund the cost of emergency medical services provided throughout the County from the County's general fund and revenues generated from the provision of emergency medical services ("EMS Revenues"); and

WHEREAS, the County provides fire protection services and emergency medical services using the same facilities, equipment, and personnel;

NOW, THEREFORE, the County and the City hereby agree as follows:

Section 1. Definitions

1.1. For purposes of this Agreement, fire protection services shall include, but not be limited to, fire suppression, fire inspections, fire plan reviews, and fire marshal services

1.2. For purposes of this Agreement, emergency medical services shall include, but not be limited to, temporary emergency care and/or transportation for an injured or sick person to a place where medical or hospital care is furnished.

Section 2. Provision of Services

2.1. The County shall provide fire protection services within the unincorporated area of the County.

2.2. The County shall provide fire protection services within the boundaries of the City.

2.3. The County shall provide emergency medical services throughout the County.

Section 3. Fund; Fund Budget

3.1. For purposes of funding the costs of fire protection services and emergency medical services provided pursuant to this Agreement, the County shall establish a fund entitled the Douglas County Fire Protection Services and Emergency Medical Services Fund (the "Fund").

3.2. Prior to or at the beginning of each calendar year, the County shall establish and notify the City of an annual budget for the Fund (the "Fund Budget") for such calendar year which shall include a budget for the annual costs of fire protection services (the "Fire Protection Services Budget") based on one-half of the total anticipated annual costs of providing fire protection services and emergency medical services during such calendar year (the "Total Costs"), less anticipated revenues generated by the provision of fire protection services, and a budget for the annual costs of emergency medical services (the "EMS Budget") based on one-half of the Total Costs less anticipated EMS Revenues.

Section 4. Annual Funding

4.1. For purposes of funding the annual costs of fire protection services provided within the unincorporated area of the County, the County shall pay into the Fund an amount equal to the Fire Protection Services Budget less payments to be made into the Fund by the City and any other city or cities within which the County provides fire protection services during the applicable calendar year.

4.2. The County shall make such annual payments into the Fund from the County's Unincorporated Area Special District Fund. The County shall not levy any taxes, fees, or assessments on any property within the City for purposes of making such annual payments into the Fire Protection Services Budget.

4.3. For purposes of funding the annual costs of fire protection services provided within the boundaries of the City, the City shall pay into the Fund \$1,600,000 per year beginning 2015 and each year thereafter during the term of this Agreement.

4.4. The City shall make such annual payments into the Fund from City revenues.

4.5. For purposes of funding the annual costs of emergency medical services, the County shall pay into the Fund an amount equal to the EMS Budget paid from the County's general fund.

4.6. The City shall pay its annual share of the Fund Budget in twelve equal monthly installments paid on or before the first day of each month of each calendar year.

4.7. All annual costs of providing fire protection services and emergency medical services pursuant to and in accordance with this Agreement shall be paid from the Fund, which costs may include, but shall not be limited to, the costs of facilities, equipment, and personnel.

Section 5. Fund Balance

5.1. The County shall carry over the balance of the Fund as of the end of each calendar year to the succeeding calendar year.

5.2. For purposes of establishing the Fund Budget for each calendar year of this Agreement, the County shall consider and may adjust the Fire Protection Services Budget and EMS Budget based on the anticipated or existing, as applicable, fund balances as of the beginning of such calendar year.

Section 6. Facilities, Equipment, Staffing

6.1. The County shall maintain facilities for the provision of fire protection services and emergency medical services at locations determined by the County adequate for the provision of

fire protection services and emergency medical services in accordance with this Agreement, the annual costs of which shall be paid from the Fund.

6.2. The County shall equip and staff the facilities in and from which fire protection services and emergency medical services are provided with equipment and personnel adequate for the provision of the services, the annual costs of which shall be paid from the Fund.

6.3. Except as otherwise provided by Section 7 of this Agreement, the cost of constructing and financing construction of any new or additional facility or facilities for the provision of fire protection services and emergency medical services as determined by the County shall be considered in establishing the Fund Budget and paid from the Fund.

6.4. The County may continue to use both or either of the two station facilities owned by the City located at 6771 Church Street and 7792 Highway 92, both within the City, for the provision of fire protection services and emergency medical services pursuant to this Agreement and in such event the County shall provide routine maintenance for such station facilities and pay for such maintenance from the Fund.

Section 7. SPLOST Funding of Capital Outlay Projects

7.1. In the event the County identifies capital outlay projects unfunded by annual payments into the Fund which the County reasonably determines necessary for the provision of fire protection services and emergency medical services pursuant to and during the term of this Agreement, then the City and the County shall include such capital outlay projects on the referendum of any future Special Purpose Local Option Sales Tax ("SPLOST") levied during the term of this Agreement pursuant to Title 48, Chapter 8, Article 3, Part 1 of the Official Code of Georgia, not to exceed \$20,000,000.00. The County and the City shall fund such capital outlay projects by making payments from the proceeds from such future SPLOST allocated to the City

and County in shares based on the population of the unincorporated area of the County and the incorporated area of the City.

7.2. If a SPLOST referendum is approved authorizing proceeds therefrom to be used to fund capital outlay projects for the provision of fire protection services and emergency medical services provided pursuant to this Agreement, then in addition to the payments described in section 4.3 above, the City shall make its payments of said SPLOST proceeds to the County, which shall use the City's payments of said SPLOST proceeds and the County's share of said SPLOST proceeds for the purpose of funding such capital outlay projects.

Section 8. Return of City Owned Station Facilities Upon Termination

Upon termination of this Agreement, if the parties do not enter into another agreement pursuant to which the County continues to provide fire protection services within the boundaries of the City, the County shall return to the City the two station facilities owned by the City located at 6771 Church Street and 7792 Highway 92, one fire truck and one aerial fire truck in good operating condition, along with the gear and equipment meeting the minimum standards of the state of Georgia for said stations. If the City finds that the fire truck, aerial truck, gear and/or equipment being provided in each of the City stations are not acceptable, the parties shall submit the dispute to arbitration as provided in Section 9 of this Agreement. The arbitrator's authority shall be limited to making an equitable substitution of a fire truck, aerial truck, gear and equipment from the County's existing fleet and equipment.

Section 9. Arbitration

Any dispute, controversy, or claim arising out of or relating to this Agreement shall be submitted to and settled by arbitration administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures, or if JAMS is no longer in existence or is otherwise unable or

unwilling to administer the arbitration, by the American Arbitration Association (“AAA”) pursuant to its Commercial Arbitration Rules. The arbitration shall be before a single neutral arbitrator selected by the parties pursuant to the rules of JAMS or AAA, as applicable. The arbitration shall be conducted in Douglasville, Georgia. Any award of the arbitrator shall be final, conclusive, and binding upon the parties, and the final award rendered by the arbitrator may be made the judgment of and enforced by any court having jurisdiction. Each party shall bear its own attorney’s fees and other expenses of arbitration. Costs payable to the arbitrator shall be borne by the City and the County in proportion to the populations of the City and the unincorporated area of the County according to the most recent United States decennial census for which results are available.

Section 10. Validity, Effective Date, Term

10.1. This Agreement shall be effective January 1, 2015.

10.2. The term of this Agreement shall be 10 years unless this Agreement is sooner terminated by mutual agreement of the parties.

Section 11. General Provisions

11.1. This Agreement supersedes all prior agreements between the County and the City concerning the provision and funding of fire protection services and emergency medical services.

11.2. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

11.3. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid,

shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.


11.4. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

11.5. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or be construed as a waiver of any future default, whether like or different in character.

11.6. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

Douglas County Board of Commissioners:

By: 

Chairman

Attest: 

County Clerk

Date: 12-26-14

County Seal



City of Douglasville:

By: Harvey Persons

Mayor

Attest: Vicki Asher

City Clerk

Date: 12-23-14

City Seal



STATE OF GEORGIA
COUNTY OF DOUGLAS

AGREEMENT

FOR PROVISION AND FUNDING OF ANIMAL CONTROL SERVICES

This Agreement, made and entered into by and among Douglas County, Georgia (the "County") and the City of Austell, Georgia (the "City"), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide animal control services within the unincorporated area of the County;

WHEREAS, the County is prepared to and intends to provide animal control services within the unincorporated area of the County;

WHEREAS, O.C.G.A. § 33-8-8.3 permits the County to fund animal control services provided to inhabitants of the unincorporated area of the County with the proceeds from the county tax for county purposes imposed on life insurance companies by O.C.G.A. § 33-8-8.1(b)(1) and allocated to the County pursuant to O.C.G.A. § 33-8-8.1(d)(1);

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the City to provide animal control services within the boundaries of the City;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide animal control services within the boundaries of a City only by contract with the City;

WHEREAS, the City desires the County to provide animal control services within the boundaries of the City as herein defined; and

WHEREAS, the City is agreeable to paying the cost of animal control services provided by the County within the boundaries of the City as herein defined based on the population of the City as herein defined as a percentage of the total population of the County to which the County provides animal control services;

NOW, THEREFORE, the County and the City hereby agree as follows:

Section 1. Provision of Services

1.1. The County shall provide animal control services within the unincorporated area of the County.

1.2. The County shall provide animal control services within the boundaries of the City as herein defined according to the terms of the City's ordinances, rules, and regulations, provided such ordinances, rules, and regulations are acceptable to the County, which acceptance shall not be unreasonably withheld.

1.3. For purposes of this Agreement, animal control services shall include, but not be limited to, temporary impounding or harboring seized, stray, homeless, abandoned, or unwanted dogs, cats, and other animals in accordance with state and local laws, rules, and regulations, including, but not limited to, temporary care, maintenance, and shelter, subject to space limitations, pending dispositions through adoptions or other legal means.

1.4. For purposes of this Agreement, the population of the City shall mean the population of the City within the County and not within a contiguous county.

1.5. For purposes of this Agreement, the boundaries of the City shall mean the boundaries of the area of the City located within the County and not within a contiguous county.

Section 2. Fund; Fund Budget

2.1. For purposes of funding the cost of animal control services provided pursuant to this Agreement, the County shall establish a fund entitled the Douglas County Animal Control Services Fund (the "Fund").

2.2. Prior to or at the beginning of each calendar year, the County shall establish and notify the City of a budget for the Fund (the "Fund Budget") for such calendar year based on the total anticipated cost of providing animal control services less all anticipated revenues from the provision of animal control services during such calendar year.

Section 3. Funding

3.1. For purposes of funding the cost of animal control services provided within the unincorporated area of the County, the County shall pay into the Fund an amount equal to the Fund Budget times the population of the unincorporated area of the County as a percentage of the total population of the County to which the County provides animal control services.

3.2. The County shall make such payments into the Fund from the proceeds from the county tax for county purposes imposed on life insurance companies by O.C.G.A. § 33-8-8.1(b)(1) and allocated to the County pursuant to O.C.G.A. § 33-8-8.1(d)(1) and other revenues the County derives solely from within the unincorporated area of the County.

3.3. For purposes of funding the cost of animal control services provided within the boundaries of the City, the City shall pay into the Fund an amount equal to the Fund Budget times the population of the City as a percentage of the total population of the County to which the County provides animal control services.

3.4. The City shall make such payments into the Fund from City revenues.

3.5. The populations of the City and the total population of the County to which the County provides animal control services shall be based on the most recent decennial census for which results are available.

3.6. The County and the City shall each pay its respective proportionate share of the Fund Budget in twelve equal monthly installments paid on or before the first day of each month of each calendar year.

3.7. All costs of providing animal control services pursuant to and in accordance with this Agreement shall be paid from the Fund, which costs shall include, but not be limited to, the costs of facilities, equipment, and personnel.

Section 4. Fund Balance

4.1. The County shall carry over the balance of the Fund as of the end of each calendar year to the succeeding calendar year.

4.2. For purposes of establishing the Fund Budget for each calendar year of this Agreement, the County shall consider and may adjust the Fund Budget based on the anticipated balance of the Fund as of the beginning of such calendar year.

Section 5. Facilities, Equipment, Staffing

5.1. The County shall maintain a facility or facilities for the provision of animal control services at a location or locations determined by the County adequate for the provision of animal control services in accordance with this Agreement, the cost of which shall be paid from the Fund.

5.2. The County shall equip and staff the facility or facilities in and from which animal control services are provided with equipment and personnel adequate for the provision of the service, the cost of which shall be paid from the Fund.

5.3. The cost of constructing and financing construction of any new or additional facility or facilities for the provision of animal control services shall be considered in establishing the Fund Budget and paid from the Fund.

5.4. In conjunction with the negotiation of any future Special Purpose Local Option Sales Tax, the County and the City shall consider and seek agreement upon allocations of the proceeds of such tax to the Fund for purposes of funding capital improvements for the provision of animal control services.

Section 6. General Provisions

6.1. This Agreement shall become valid only if it is approved by and executed on behalf of the County and the City on or before June 30, 2014.

6.2. This Agreement shall be effective January 1, 2015.

6.3. The term of this Agreement shall be 20 years unless this Agreement is sooner terminated by mutual agreement of the parties.

6.4. This Agreement supersedes all prior agreements between the County and the City concerning the provision and funding of animal control services.

6.5. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

6.6. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

6.7. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

6.8. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or different in character.

6.9. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

Board of Commissioners:

By: [Signature]
Chairman

Attest: [Signature]
County Clerk

Date: 7/23/2014

City of Austell:

By: [Signature]
Mayor

Attest: [Signature]
City Clerk

Date: 7/8/2014

County Seal



City Seal



STATE OF GEORGIA
COUNTY OF DOUGLAS

**AGREEMENT FOR PROVISION AND FUNDING OF
FIRE PROTECTION SERVICES AND EMERGENCY MEDICAL SERVICES**

This Agreement, made and entered into by and between Douglas County, Georgia (the "County") and the City of Villa Rica (the "City"), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide fire protection services in the unincorporated area of the County;

WHEREAS, the County is prepared to and intends to provide fire protection services within the unincorporated area of the County;

WHEREAS, O.C.G.A. § 33-8-8.3 permits the County to fund fire protection services provided to inhabitants to the unincorporated area of the County with the proceeds of the county tax for county purposes imposed on life insurance companies by O.C.G.A. § 33-8-8.1 and allocated and distributed to the County pursuant to said Code section;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the City to provide fire protection services within the boundaries of the City;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide fire protection services within the boundaries of a City only by contract with the City;

WHEREAS, the City desires the County to provide fire protection services within the boundaries of the City as herein defined;

WHEREAS, the City is agreeable to paying the cost of fire protection services provided by the County within the boundaries of the City as herein defined as provided herein;

WHEREAS, the County is authorized by Chapter 11 of Title 31 of the Official Code of Georgia to provide emergency medical services throughout the County;

WHEREAS, the County intends to provide emergency medical services throughout the County;

WHEREAS, the County intends to fund the cost of emergency medical services provided throughout the County from the County's general fund and revenues generated from the provision of emergency medical services ("EMS Revenues"); and

WHEREAS, the County provides fire protection services and emergency medical services using the same facilities, equipment, and personnel;

NOW, THEREFORE, the County and the City hereby agree as follows:

Section 1. Definitions

1.1. For purposes of this Agreement, fire protection services shall include, but not be limited to, fire suppression, fire inspections, fire plan reviews, and fire marshal services.

1.2. For purposes of this Agreement, emergency medical services shall include, but not be limited to, temporary emergency care and transportation for an injured or sick person to a place where medical or hospital care is furnished.

1.3. For purposes of this Agreement, unless otherwise provided, the population of the City shall mean the population of the City within the County and not within a contiguous county.

1.4. For purposes of this Agreement, unless otherwise provided, the boundaries of the City shall mean the boundaries of the area of the City located within the County and not within a contiguous county.

1.5. For purposes of this Agreement, all populations shall be based on the most recent United States decennial census for which official results are available.

Section 2. Provision of Services

2.1. The County shall provide fire protection services within the unincorporated area of the County.

2.2. The County shall provide fire protection services within the boundaries of the City as herein defined.

2.3. The County shall provide emergency medical services throughout the County.

Section 3. Fund; Fund Budget

3.1. For purposes of funding the annual operating costs of fire protection services and emergency medical services provided pursuant to this Agreement, the County shall establish a fund entitled the Douglas County Fire Protection Services and Emergency Medical Services Fund (the "Fund").

3.2. Prior to or at the beginning of each calendar year, the County shall establish and notify the City of an annual operating budget for the Fund (the "Fund Budget") for such calendar year which shall include a budget for the annual operating costs of fire protection services (the "Fire Protection Services Budget") based on one-half of the total anticipated annual operating costs of providing fire protection services and emergency medical services during such calendar year (the "Total Costs") and a budget for the annual operating costs of emergency medical services (the "EMS Budget") based on one-half of the Total Costs less anticipated EMS Revenues.

Section 4. Annual Operating Funding

4.1. For purposes of funding the annual operating costs of fire protection services provided within the unincorporated area of the County, the County shall pay into the Fund an amount equal to the Fire Protection Services Budget less payments into the Fund by the City and any other city within which the County provides fire protection services made for purposes of funding annual operating costs.

4.2. The County shall make such payments into the Fund from the proceeds of the county tax for county purposes imposed on life insurance companies by O.C.G.A. § 33-8-8.1 and allocated and distributed to the County pursuant to said Code section and other revenues the County derives solely from within the unincorporated area of the County.

4.3. For purposes of funding the annual operating costs of fire protection services provided within the boundaries of the City, the City shall impose the tax authorized by O.C.G.A. § 33-8-8.1, and within fourteen (14) days of distribution of the proceeds of said tax to the City pursuant to said Code section, shall pay into the Fund a percentage of said proceeds allocated and distributed to the City pursuant to said Code section proportionate to the population of the City within the County as a percentage of the total population of the City including the population of the City within Carroll County.

4.4. For purposes of funding the annual operating costs of emergency medical services, the County shall pay into the Fund an amount equal to the EMS Budget paid from the County's general fund.

4.5. All annual operating costs of providing fire protection services and emergency medical services pursuant to and in accordance with this Agreement shall be paid from the Fund,

which costs may include, but shall not be limited to, the costs of facilities, equipment, and personnel.

Section 5. Fund Balance

5.1. The County shall carry over the balance of the Fund as of the end of each calendar year to the succeeding calendar year.

5.2. For purposes of establishing the Fund Budget for each calendar year of this Agreement, the County shall consider and may adjust the Fire Protection Services Budget and EMS Budget based on applicable anticipated or existing fund balances as of the beginning of such calendar year.

Section 6. Facilities, Equipment, Staffing

6.1. The County shall maintain facilities for the provision of fire protection services and emergency medical services at locations determined by the County adequate for the provision of fire protection services and emergency medical services in accordance with this Agreement, the annual operating costs of which shall be paid from the Fund.

6.2. The County shall equip and staff the facilities in and from which fire protection services and emergency medical services are provided with equipment and personnel adequate for the provision of the services, the annual operating costs of which shall be paid from the Fund.

6.3 For and during the term of this Agreement, the County shall locate an ambulance at its Station No. 8 located at 2701 Tyson Road ("Station No. 8"), which ambulance may be used to respond to calls for and to provide emergency medical service throughout the County; provided however, the County may relocate said ambulance from Station No. 8 in the event the County reasonably determines the relocation of said ambulance from Station No. 8 is warranted for the provision of emergency medical services provided throughout the County.

Section 7. Major Capital Outlay Projects

7.1. In addition to making payments into the Fund for annual operating costs, the County and the City shall fund major capital outlay projects, including facilities and equipment, unfunded by the Fund, which the County reasonably determines necessary for the provision of fire protection services and emergency medical services pursuant to this Agreement, by making payments from the proceeds of a future Special Purpose Local Option Sales Tax ("SPLOST") levied during the term of this Agreement pursuant to Title 48, Chapter 8, Article 3, Part 1 of the Official Code of Georgia allocated to the City and County in shares based on the population of the unincorporated area of the County and the population of the City within the County.

7.2. The City shall make its payments of said SPLOST proceeds to the County, which shall use the City's payments of said SPLOST proceeds and the County's share of said SPLOST proceeds for the purpose of funding such major capital outlay projects.

Section 8. Right of First Refusal

8.1. In the event the County receives a written offer to purchase Station No. 8 which the County intends to accept, the County shall provide the City written notice of the County's intention to sell Station No. 8 for the price and on the terms and conditions contained in the offer to the County.

8.2. Within thirty (30) days of receipt of the County's notice to the City of said offer, the City shall give the County written notice that it desires and agrees to purchase Station No. 8 for the same price and on the same terms and conditions contained in the offer to the County, in which event the City shall purchase Station No. 8 for the same price and on the same terms and conditions contained in the offer to the County.

8.3. If the City does not give such notice to the County that it desires and agrees to purchase Station No. 8 for the same price and on the same terms and conditions contained in the offer to the County, the County may accept the offer to the County and sell Station No. 8 for the price and on the terms and conditions contained in the offer to the County.

8.4. The City's right of first refusal shall automatically expire and terminate upon the termination of this Agreement by its terms or the City's exercise of the right to terminate this Agreement as provided herein, whichever shall first occur.

Section 9. Validity, Effective Date, Term

9.1. This Agreement shall become valid only if it is approved by and executed on behalf of the County and the City on or before August 30, 2014.

9.2. This Agreement shall be effective January 1, 2015.

9.3. The term of this Agreement shall be ten years unless this Agreement is sooner terminated by mutual agreement of the parties; provided, however, the City may terminate the Agreement by giving the County written notice of termination effective the first day of the year designated by the City at least eighteen (18) months after the County's receipt of the City's notice of termination.

Section 10. General Provisions

10.1. This Agreement supersedes all prior agreements between the County and the City concerning the provision and funding of fire protection services and emergency medical services.

10.2. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

10.3. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to

fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

10.4. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

10.5. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or different in character.

10.6. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

Douglas County:

By: 
Chairman

Attest: 
County Clerk

Date: 8-14-14

County Seal

(signatures continued on following page)

City of Villa Rica:



By: J. Allen Colli
Mayor

Attest: Barbara Daniel
City Clerk

Date: 8-13-2014

STATE OF GEORGIA
COUNTY OF DOUGLAS

AGREEMENT

FOR PROVISION AND FUNDING OF ANIMAL CONTROL SERVICES

This Agreement, made and entered into by and among Douglas County, Georgia (the "County") and the City of Villa Rica, Georgia (the "City"), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide animal control services within the unincorporated area of the County;

WHEREAS, the County is prepared to and intends to provide animal control services within the unincorporated area of the County;

WHEREAS, O.C.G.A. § 33-8-8.3 permits the County to fund animal control services provided to inhabitants of the unincorporated area of the County with the proceeds from the county tax for county purposes imposed on life insurance companies by O.C.G.A. § 33-8-8.1(b)(1) and allocated to the County pursuant to O.C.G.A. § 33-8-8.1(d)(1);

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the City to provide animal control services within the boundaries of the City;

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide animal control services within the boundaries of a City only by contract with the City;

WHEREAS, the City desires the County to provide animal control services within the boundaries of the City as herein defined; and

WHEREAS, the City is agreeable to paying the cost of animal control services provided by the County within the boundaries of the City as herein defined based on the population of the City as herein defined as a percentage of the total population of the County to which the County provides animal control services;

NOW, THEREFORE, the County and the City hereby agree as follows:

Section 1. Provision of Services

1.1. The County shall provide animal control services within the unincorporated area of the County.

1.2. The County shall provide animal control services within the boundaries of the City as herein defined according to the terms of the City's ordinances, rules, and regulations, provided such ordinances, rules, and regulations are acceptable to the County, which acceptance shall not be unreasonably withheld.

1.3. For purposes of this Agreement, animal control services shall include, but not be limited to, temporary impounding or harboring seized, stray, homeless, abandoned, or unwanted dogs, cats, and other animals in accordance with state and local laws, rules, and regulations, including, but not limited to, temporary care, maintenance, and shelter, subject to space limitations, pending dispositions through adoptions or other legal means.

1.4. For purposes of this Agreement, the population of the City shall mean the population of the City within the County and not within a contiguous county.

1.5. For purposes of this Agreement, the boundaries of the City shall mean the boundaries of the area of the City located within the County and not within a contiguous county.

Section 2. Fund; Fund Budget

2.1. For purposes of funding the cost of animal control services provided pursuant to this Agreement, the County shall establish a fund entitled the Douglas County Animal Control Services Fund (the "Fund").

2.2. Prior to or at the beginning of each calendar year, the County shall establish and notify the City of a budget for the Fund (the "Fund Budget") for such calendar year based on the total anticipated cost of providing animal control services less all anticipated revenues from the provision of animal control services during such calendar year.

Section 3. Funding

3.1. For purposes of funding the cost of animal control services provided within the unincorporated area of the County, the County shall pay into the Fund an amount equal to the Fund Budget times the population of the unincorporated area of the County as a percentage of the total population of the County to which the County provides animal control services.

3.2. The County shall make such payments into the Fund from the proceeds from the county tax for county purposes imposed on life insurance companies by O.C.G.A. § 33-8-8.1(b)(1) and allocated to the County pursuant to O.C.G.A. § 33-8-8.1(d)(1) and other revenues the County derives solely from within the unincorporated area of the County.

3.3. For purposes of funding the cost of animal control services provided within the boundaries of the City, the City shall pay into the Fund an amount equal to the Fund Budget times the population of the City as a percentage of the total population of the County to which the County provides animal control services.

3.4. The City shall make such payments into the Fund from City revenues.

3.5. The populations of the City and the total population of the County to which the County provides animal control services shall be based on the most recent decennial census for which results are available.

3.6. The County and the City shall each pay its respective proportionate share of the Fund Budget in twelve equal monthly installments paid on or before the first day of each month of each calendar year.

3.7. All costs of providing animal control services pursuant to and in accordance with this Agreement shall be paid from the Fund, which costs shall include, but not be limited to, the costs of facilities, equipment, and personnel.

Section 4. Fund Balance

4.1. The County shall carry over the balance of the Fund as of the end of each calendar year to the succeeding calendar year.

4.2. For purposes of establishing the Fund Budget for each calendar year of this Agreement, the County shall consider and may adjust the Fund Budget based on the anticipated balance of the Fund as of the beginning of such calendar year.

Section 5. Facilities, Equipment, Staffing

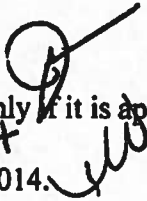
5.1. The County shall maintain a facility or facilities for the provision of animal control services at a location or locations determined by the County adequate for the provision of animal control services in accordance with this Agreement, the cost of which shall be paid from the Fund.

5.2. The County shall equip and staff the facility or facilities in and from which animal control services are provided with equipment and personnel adequate for the provision of the service, the cost of which shall be paid from the Fund.

5.3. The cost of constructing and financing construction of any new or additional facility or facilities for the provision of animal control services shall be considered in establishing the Fund Budget and paid from the Fund.

5.4. In conjunction with the negotiation of any future Special Purpose Local Option Sales Tax, the County and the City shall consider and seek agreement upon allocations of the proceeds of such tax to the Fund for purposes of funding capital improvements for the provision of animal control services.

Section 6. General Provisions

6.1. This Agreement shall become valid only if it is approved by and executed on behalf of the County and the City on or before ~~June 30, 2014.~~ ^{August} 

6.2. This Agreement shall be effective January 1, 2015.

6.3. The term of this Agreement shall be 20 years unless this Agreement is sooner terminated by mutual agreement of the parties.

6.4. This Agreement supersedes all prior agreements between the County and the City concerning the provision and funding of animal control services.

6.5. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

6.6. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

6.7. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

6.8. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or different in character.

6.9. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

County Seal

Board of Commissioners:
By: [Signature]
Chairman
Attest: [Signature]
County Clerk
Date: 8-14-14

City of Villa Rica:
By: [Signature]
Mayor
Attest: [Signature]
City Clerk
Date: 8-13-2014



A RESOLUTION

To create a special district of the unincorporated area of the county for the provision of local government services within such district and for the levy and collection of fees, assessments, and taxes within such district to pay, wholly or partially, the cost of providing services therein and to construct and maintain facilities therefor.

WHEREAS, Article 9, Section 2, Paragraph 6 of the Georgia Constitution provides (a) special districts may be created for the provision of local government services within such districts, (b) fees, assessments, and taxes may be levied and collected within such districts to pay, wholly or partially, the cost of providing such services therein and to construct and maintain facilities therefor, and (c) such special districts may be created and fees, assessments, or taxes may be levied and collected therein by county resolution;

WHEREAS, O.C.G.A. § 36-70-24(3) provides (a) the local government service delivery strategy developed by local governments pursuant to Article 2 of Chapter 70 of Title 36 of the Official Code of Georgia shall ensure that the cost of any service which a county provides primarily for the benefit of the unincorporated area of the county shall be borne by the unincorporated area residents, individuals, and property owners who receive the service, (b) when a county and one or more municipalities jointly fund a county-wide service, the county share of such funding shall be borne by the unincorporated area residents, individuals, and property owners that receive the service, and (c) such funding shall be derived from special service districts created by the county in which property taxes, insurance premium taxes, assessments, or user fees are levied or imposed or through such other mechanism agreed upon by the affected parties;

WHEREAS, Douglas County provides certain services primarily for the benefit of the unincorporated area of the County;

WHEREAS, Douglas County and one or more municipalities located wholly or partially within the County may jointly fund the cost of services provided within the unincorporated area of the County and also within the boundaries of municipalities located within the County;

WHEREAS, Douglas County desires to ensure that the cost of services the County provides primarily for the benefit of the unincorporated area of the County and the County share of funding of services the County and one or more municipalities jointly fund shall be borne by the unincorporated area residents, individuals, and property owners who receive the service;

NOW THEREFORE, BE IT RESOLVED, AND IT IS HEREBY RESOLVED, by the Board of Commissioners of Douglas County, pursuant to the authority granted by Article 9, Section 2, Paragraph 6 of the Georgia Constitution, that a special district of the unincorporated area of the County is created for the provision of local government services within such district and that fees, assessments, and taxes may be levied and collected within such district to pay, wholly or partially, the cost of providing services therein and to construct and maintain facilities therefor as follows.

1.

The Board of Commissioners of Douglas County hereby creates a special district of the unincorporated area of the County for the provision of local government services within such district.

2.

Fees, assessments, and taxes may be levied and collected within such district. Such fees, assessments, and taxes may include insurance premium taxes, franchise fees, occupation taxes, financial institution taxes, alcoholic beverage license fees, alcoholic beverage excise taxes, permit and license fees, contractor and trade register fees, and unrestricted hotel-motel taxes.

3.

Such fees, assessments, and taxes levied and collected within such district shall be used to pay, wholly or partially, the cost of providing, and constructing and maintaining facilities for, services Douglas County provides primarily for the benefit of the unincorporated area of the County and the County share of the cost of services the County and one or more municipalities jointly fund. Services which the County may provide primarily for the benefit of the unincorporated area of the County, or which the County and one or more municipalities may jointly fund, include permit and building inspection services, development control and administration services, planning and zoning services, occupation tax collection services, code enforcement services, animal control services, and fire protection services.

4.

All resolutions or ordinances or parts of resolutions or ordinances in conflict herewith shall be, and the same are, hereby repealed.

5.


This Resolution shall become effective January 1, 2015.

SO RESOLVED, this 8 day of April, 2014.


DOUGLAS COUNTY BOARD OF COMMISSIONERS



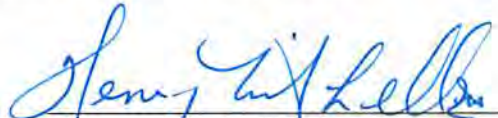
Tom Worthan, Chairman



Kelly Robinson, District II



Ann Jones Guider, District IV



Henry Mitchell, III, District I



Michael Mulcare, District III



Lisa Watson, County Clerk