





FORM 1

COUNTY: STEWART COUNTY

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.)

OPTION A Revising or Adding to the SDS	OPTION B Extending the Existing SDS
 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 Summary of Service Delivery Arrangements form (FORM 2). 	 4. In Section IV type, "NONE." 5. Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below.
6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]	For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

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

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

Stewart County

City of Richland

City of Lumpkin

Richland Downtown Development Authority

Richland Development Authority

Stewart County Development Authority

Southwest Georgia Regional Development Authority

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

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

Animal Control Facility

Code Enforcement, Planning & Zoning

Coroner

Court Services

Department of Family and Children Services

Economic Development

Emergency Medical Services (EMS)

Extension Services

Fire Department/Protection

Mental Health Services

Neighborhood Service Center

Public Health Services

Tax Digest

Water (Public)

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.

Á Á Elections, Jail, Law Enforcement, Library Services, Natural Gas, Parks and Recreation, Roads, Sewer (Public), Solid Waste







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

should be reported to the bepartment of community Analis.	
COUNTY:STEWART COUNTY	Service: Animal Control Facility
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

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

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

Local Government or Authority	Funding Method	
City of Lumpkin	General Fund, User Fees, Fines	
City of Richland	General Fund, User Fees,Fines	
4. How will the strategy change the pro-	evious arrangements for providing and/or funding this	service within the county?
No Change		
5. List any formal service delivery agrethis service:	eements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	be used to implement the strategy for this service (e.gor fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
At this time no other mechanism will	be used to implement this strategy.	
7. Person completing form: Rick Morr Phone number: 706-256-2910	is, Planning Director, RVRC Date completed: 12-5-2016	
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		oposed local government
If not, provide designated contact per STEWART COUNTY, JOE LEE WII CITY OF LUMPKIN, RANDY BUTTS CITY OF RICHLAND, ADOLPH MC	S, 229-838-0229	







FORM 2: Summary of Service Delivery Arrangements

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

modid be reported to the Department of Community Analis.		
COUNTY:	Service: Code Enforcement, Planning and Zoning	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government ,	
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Richland	
Other (If this box is checked, <u>attach a legible midentify</u> the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	

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

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

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

Local Government or Authority	Funding Method	d
Stewart County	General Fund, Building Permits	
City of Lumpkin	General Fund, Building Permits	
City of Richland	General Fund, Building Permits	
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	s service within the county?
No Change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name None 6. What other mechanisms (if any) will b	e used to implement the strategy for this service (efee changes, etc.), and when will they take effect?	
Agreement Name None 6. What other mechanisms (if any) will b	e used to implement the strategy for this service (efee changes, etc.), and when will they take effect?	

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

projects are consistent with the service delivery strategy? ☐Yes ☒No

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229

CITY OF RICHLAND, ADOLPH MCCLENDON, 229-887-3323

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







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Coroner	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Stewart County	
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the or Organization Here	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

	that will help to pay for this service and indicate how th I funds, special service district revenues, hotel/motel to	
Local Government or Authority	Funding Method	1
Stewart County	General Fund	
Stewart Searnly	Constant und	
4. How will the strategy change the p	revious arrangements for providing and/or funding this	service within the county?
No Change		
5. List any formal service delivery agr this service:	reements or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	Il be used to implement the strategy for this service (e. or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
At this time no other mechanism will	be used to implement this strategy.	
7. Person completing form: Rick Mor Phone number: 706-256-2910	ris, Planning Director, RVRC Date completed: 12-5-2016	
	ontacted by state agencies when evaluating whether p vice delivery strategy? \square Yes \boxtimes No	roposed local government
If not, provide designated contact p STEWART COUNTY, JOE LEE WI CITY OF LUMPKIN, RANDY BUTT CITY OF RICHLAND, ADOLPH MO	ΓS, 229-838-0229	







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should be reported to the Department of Community Analis.		
COUNTY:STEWART COUNTY	Service: Court Services	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Type Name of Government ,	
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the or Organization Here	
identify the government, authority, or other organization	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Stewart gistrate Court; City of Lumpkin: Traffic Court; City of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	

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

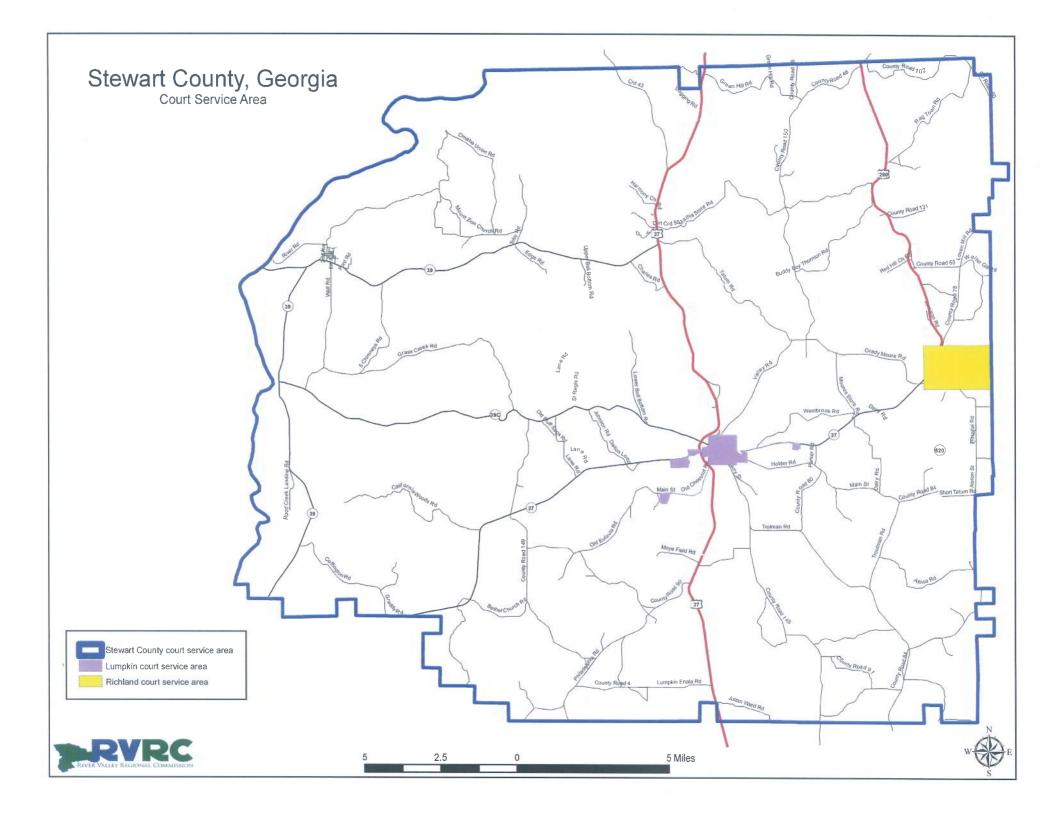
3	List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
	fees, bonded indebtedness, etc.).

Local Government or Authorit	y Funding N	Method
Stewart County	General Funds, Fines/Fees	
City of Lumpkin	General Funds, Fines/Fees	
City of Richland	General Funds, Fines/Fees	
I. How will the strategy change the բ	previous arrangements for providing and/or fundi	ng this service within the county?
No Change		
5. List any formal service delivery ac	reements or intergovernmental contracts that wil	Il be used to implement the strategy fo
this service:	J	,
Agroomont Namo	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Date:
None	Contracting Parties	Effective and Ending Dates
None 6. What other mechanisms (if any) w	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ex	vice (e.g., ordinances, resolutions, loca
None 6. What other mechanisms (if any) w	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
i. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
i. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
S. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
S. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wacts of the General Assembly, rate	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take exwell the used to implement this strategy.	vice (e.g., ordinances, resolutions, loc

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

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229









FORM 2: Summary of Service Delivery Arrangements

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

should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Department of Family and Children Services (DFACS)	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
1. Offect the box that best describes the agreed upor	ruenvery arrangement for this service.	
Service will be provided countywide (i.e., includi this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): DFACS	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
	Page 1 of 2	

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	
Stewart County	General Fund, State Funds	

,	,	
4. How will the strategy change	the previous arrangements for providing and/or funding	g this service within the county?
No change.		
5. List any formal service delive this service:	ry agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Service Delivery	Stewart County and Stewart County DFACS	Year-to-year basis

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?

At this time no other mechanisms will be used to implement this strategy.

- 7. Person completing form: **Rick Morris, Planning Director, RVRC**Phone number: **706-256-2910**Date completed: 12-5-2016
- 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:

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229







FORM 2: Summary of Service Delivery Arrangements

Instructions:

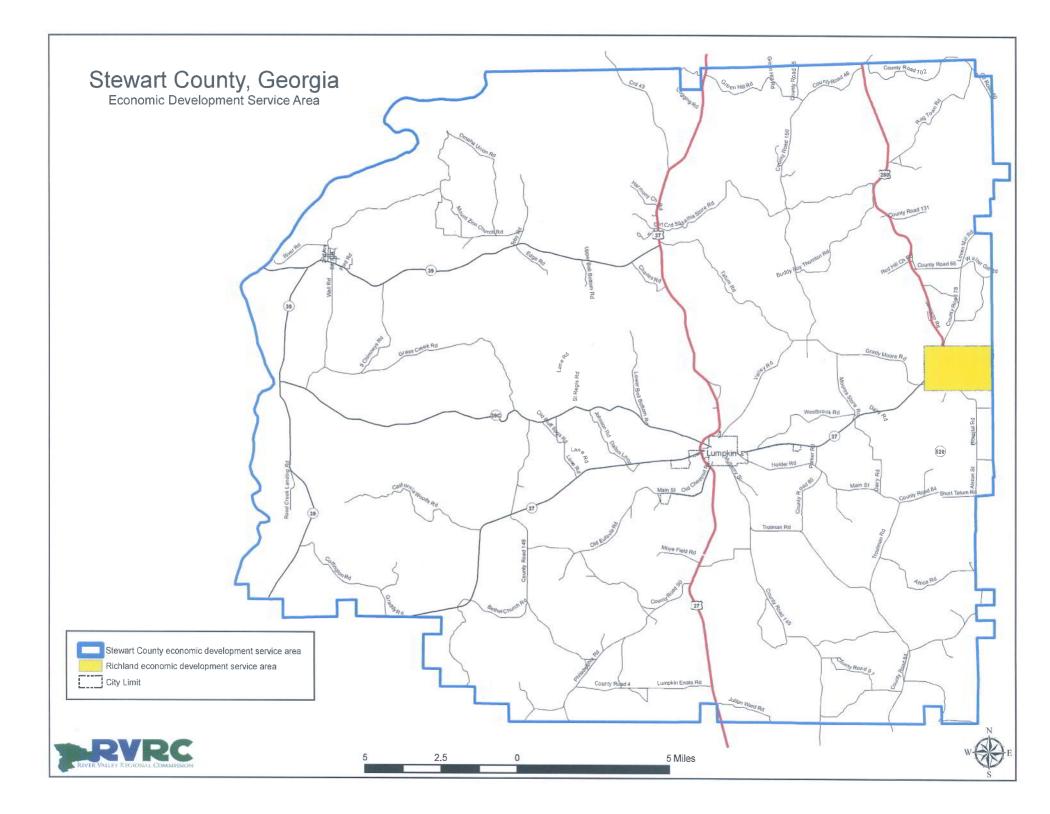
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

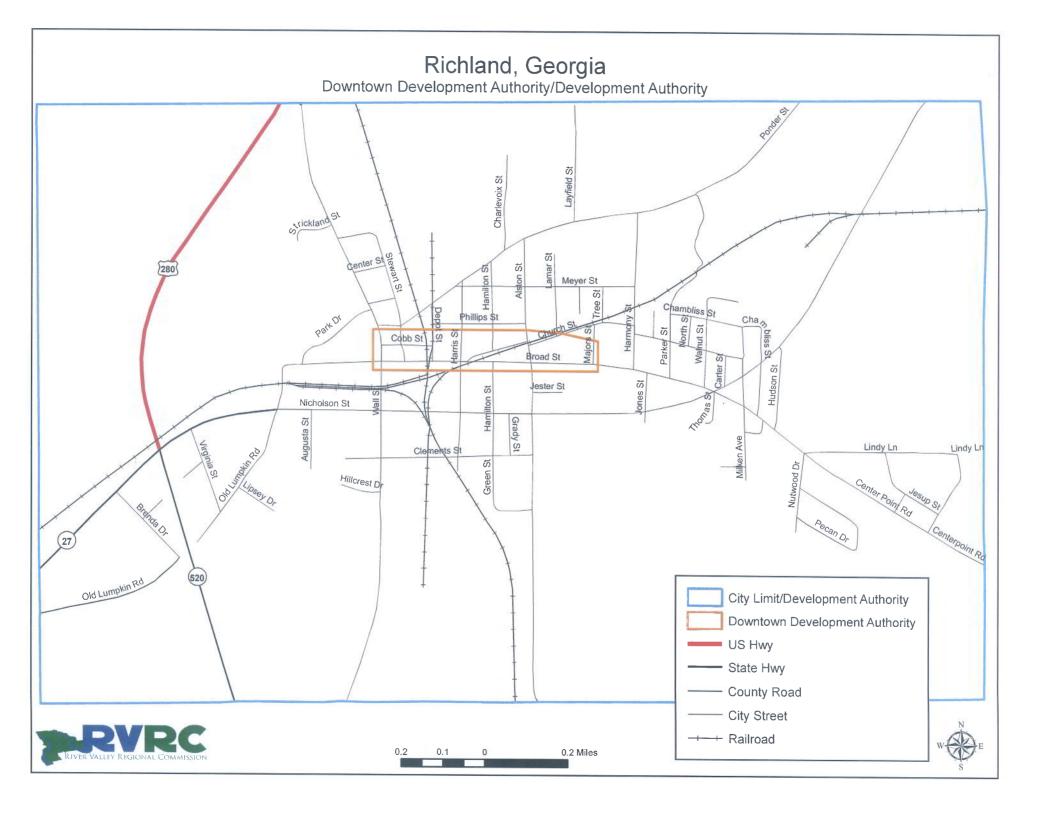
should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Economic Development	
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority).	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Downtown Authority; Stewart County Economic Development Authority; nority	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

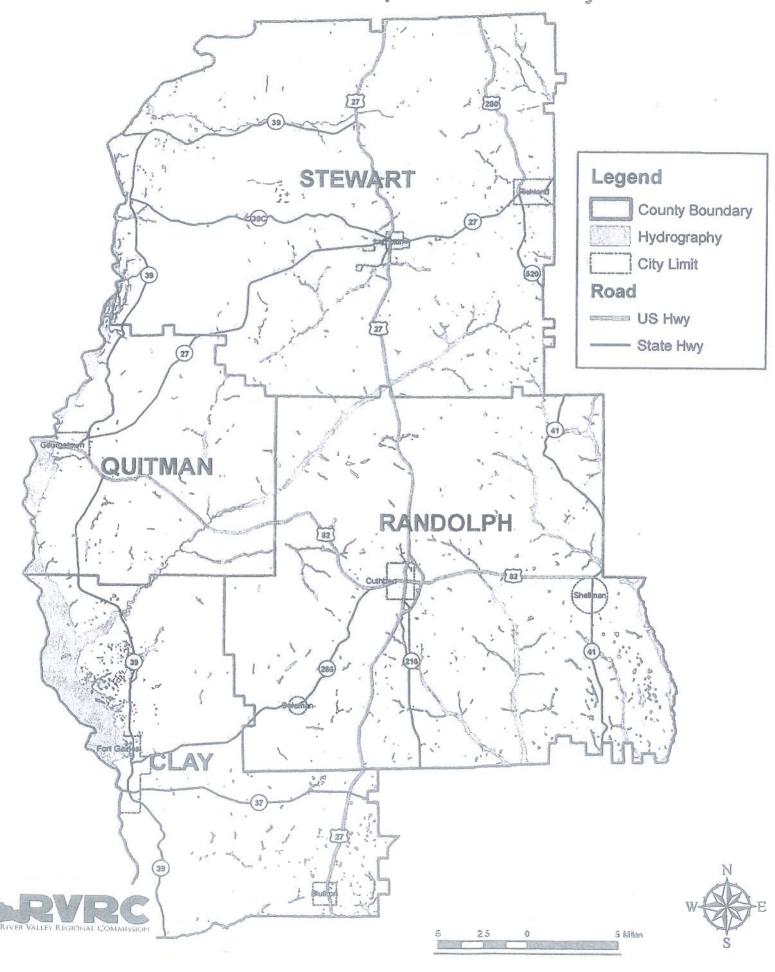
Local Government or Authority	Funding Method
Richland Downtown Development	Local Funds, government grants and loans.
Authority	
Richland Development Authority	Local Funds, government grants and loans.
Stewart County Economic	
Development Authority	Local Funds,government grants, loans
Southwest GA. Regional Dev.Auth.	County general funds of Clay, Quitman, Randolph, and Stewart Counties

Stowart County Foonamia			
Stewart County Economic			
Development Authority		Local Funds,government grants, loans	
Southwest GA. Regional Dev.Auth.		County general funds of Clay,Quitman,Randolph,	and Stewart Counties
4. How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?
Added the Stewart County Econo	omic D	evelopment Authority	
List any formal service delivery a this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
At this time no other mechanisms	s will b	e used to implement this strategy.	
7. Person completing form: Rick M Phone number: 706-256-2910		Planning Director, RVRC ate completed: 12-5-2016	
Is this the person who should be projects are consistent with the s		acted by state agencies when evaluating whether probe delivery strategy? \square Yes \boxtimes No	oposed local government
If not, provide designated contac STEWART COUNTY, JOE LEE CITY OF LUMPKIN, RANDY BU	WILL		





SWGA Development Authority









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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Elections	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the	
identify the government, authority, or other organization	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Richland lds all other Federal, State and County elections and has an ections.	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A).	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate	gy. attach an implementation schedule listing each step or action that	

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

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

Local Government or Authority	Funding Method
Stewart County	County General Fund
City of Lumpkin	City of Lumpkin General Fund
City of Richland	City of Richland General Fund

	•	
4. How will the strategy change th	ne previous arrangements for providing and/or fur	nding this service within the county?
Stewart County conducts Lumple	kin's Municipal Elections	
5. List any formal service delivery	agreements or intergovernmental contracts that	will be used to implement the strategy for
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties Stewart County and the City of Lumpkin	Effective and Ending Dates Year-to-year basis
this service: Agreement Name	_	
this service: Agreement Name	_	
this service: Agreement Name	_	
this service: Agreement Name	_	
this service: Agreement Name	_	
Agreement Name Service Delivery Agreement 6. What other mechanisms (if any	_	Year-to-year basis service (e.g., ordinances, resolutions, local

7. Person completing form: Rick Morris, Planning Director, RVRC

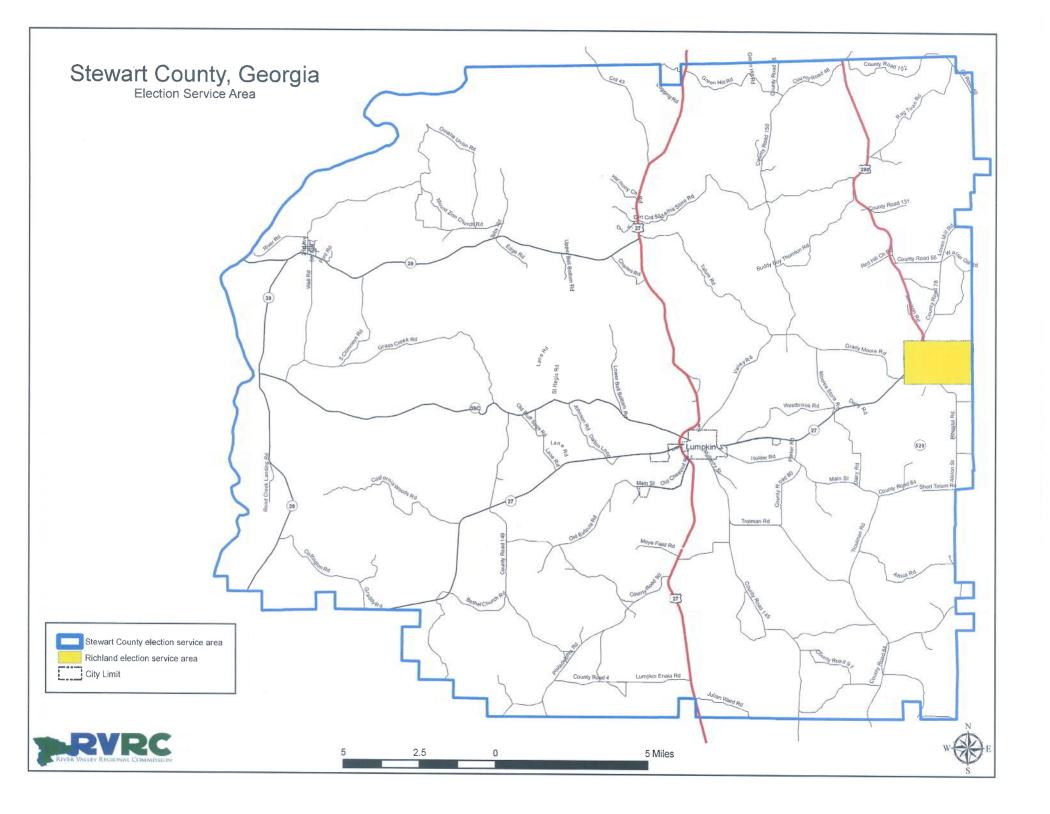
Phone number: **706-256-2910** Date completed: 12-5-2016

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:

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229









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

should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Emergency Medical Services (EMS)	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Stewart County EMS	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority	Funding Method	
Stewart County	General Fund, User Fees	
No change.		
. List any formal service delivery agree	ments or intergovernmental contracts that will be us	ed to implement the strategy fo
this service:		
	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date

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?

At this time no other mechanisms will be used to implement this strategy.

7. Person completing form: **Rick Morris**, **Planning Director**, **RVRC**Phone number: **706-256-2910**Date completed: 12-5-16

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:

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229







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should be reported to the Department of Community Analis.		
COUNTY:STEWART COUNTY	Service: Extension Services	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): University of Georgia	
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: nd	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here	
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that	

Page 1 of 2

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

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

Local Government or Author	ority	Funding Me	ethod
Stewart County		General Fund; State Funds	
4. How will the strategy change th	ne prev	ous arrangements for providing and/or funding	g this service within the county?
No Change			
5. List any formal service deliver	/ agree	ments or intergovernmental contracts that will I	he used to implement the strategy for
this service:	agreer	nents of intergovernmental contracts that will t	be used to implement the strategy for
	ı		
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Service	UGA	Extension Service and Stewart County	Year-to-year basis
		e used to implement the strategy for this service changes, etc.), and when will they take effe	
At this time no other mechanism	ns will b	e used to implement this strategy.	
7. Person completing form: Rick			
Phone number: 706-256-2910	D	ate completed: 12-5-2016	
		acted by state agencies when evaluating whetle delivery strategy? \square Yes \boxtimes No	her proposed local government
STEWART COUNTY, JOE LEI	E WILL		
CITY OF LUMPKIN, RANDY B CITY OF RICHLAND, ADOLPI			







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should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Fire Department/Protection	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
☐ Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,	
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Richland	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that	

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

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

General Fund; Fire SPLOST	
,	
General Fund; SPLOST	
General Fund; SPLOST	
ious arrangements for providing and/or fundi	ing this service within the county?
ments or intergovernmental contracts that wi	
Contracting Parties	Effective and Ending Dates
	General Fund; SPLOST ious arrangements for providing and/or fundi

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

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:

At this time no other mechanisms will be used to implement this strategy.

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149 CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229

CITY OF RICHLAND, ADOLPH MCCLENDON, 229-887-3323

7. Person completing form: **Rick Morris**, **Planning Director**, **RVRC**Phone number: **706-256-2910**Date completed: 12-5-2016







FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Jail	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Richland	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the conditions are serviced to the condit	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Stewart County	General Fund
City of Lumpkin	General Fund
City of Richland	General Fund

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

Each jurisdiction contracts independently with other counties to incarcerate those arrested in Stewart County, Lumpkin, Richland.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Jail Services Contract	Stewart County and Sumter County	Year-to-year basis
Jail Services Contract	Stewart County and Randolph County	Year-to- year basis
Jail Services Contract	City of Lumpkin and Sumter County	Year- to- year basis
Jail Services Contract	City of Richland and Sumter County	Year- to- year basis
Jail Services Contract	City of Richland & Randolph County	Year-to-year basis

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?

At this time no other mechanisms will be used to implement this strategy.

- 7. Person completing form: **Rick Morris, Planning Director, RVRC**Phone number: **706-256-2910**Date completed: 12-5-2016
- 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:

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229







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should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service:Law Enforcement	
1. Check the box that best describes the agreed upon	, ,	
this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):	
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
identify the government, authority, or other organiz	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Stewart of Lumpkin, City of Richland will provide service within their	
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
	entation as described, below)	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the condition of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that	

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	
Stewart County	General Fund, Fees, Fines	
City of Lumpkin	General Fund, Fees, Fines	
City of Richland	General Fund, Fees, Fines	
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
Added fines and fees as a revenue so	ource.	
5. List any formal service delivery agree	ements or intergovernmental contracts that will be us	ed to implement the strategy for
this service:	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name None 6. What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this service (e.g. refee changes, etc.), and when will they take effect?	
this service: Agreement Name None 6. What other mechanisms (if any) will	be used to implement the strategy for this service (e.r fee changes, etc.), and when will they take effect?	

If not, provide designated contact person(s) and phone number(s) below: STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

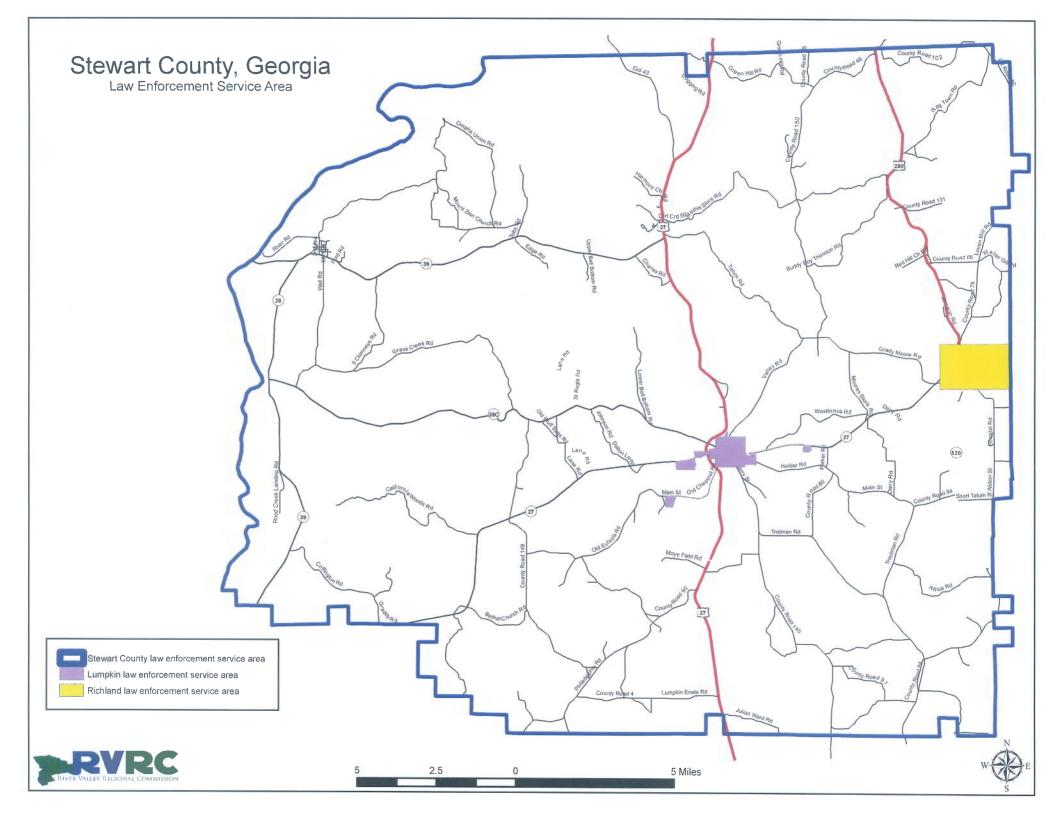
projects are consistent with the service delivery strategy? ☐Yes ☒No

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229

CITY OF RICHLAND, ADOLPH MCCLENDON, 229-887-3323

Phone number: **706-256-2910** Date completed: 12-5-2016

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









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Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:STEWART COUNTY	Service: Library Services
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Chattahoochee Valley
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	ı
Stewart County	General Fund	<u> </u>
City of Richland	General Fund	
Chattahoochee Valley Regional	State Funds	
Library Services	Ciato i anao	
Library Corvices		
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?
City of Lumpkin no longer funds the Lib	orary program.	
this service:	ments or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
l Ni	•	g_acce
None	•	
None		
6. What other mechanisms (if any) will b	e used to implement the strategy for this service (effee changes, etc.), and when will they take effect?	
6. What other mechanisms (if any) will b	e used to implement the strategy for this service (efee changes, etc.), and when will they take effect?	
6. What other mechanisms (if any) will b acts of the General Assembly, rate or At this time no other mechanisms will be	e used to implement the strategy for this service (efee changes, etc.), and when will they take effect? The used to implement this strategy.	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or At this time no other mechanisms will be 7. Person completing form: Rick Morris	e used to implement the strategy for this service (efee changes, etc.), and when will they take effect? The used to implement this strategy.	

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

projects are consistent with the service delivery strategy? ☐Yes ☒No

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229







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should be reported to the Department of Community Affairs.	
COUNTY:STEWART COUNTY	Service: Mental Health Services
Check the box that best describes the agreed upor	n delivery arrangement for this service:
1. Officer the box that best describes the agreed upor	in delivery arrangement for this service.
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): New Horizons
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Stewart County General Fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: **Agreement Name** Contracting Parties** Effective and Ending Date** Master Service Delivery New Horizons & Stewart County Year-to-year basis** What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 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	Local Government or Auth	nority Funding N	Method
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name	Stewart County	General Fund	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name	How will the strategy change	the previous arrangements for providing and/or fundi	ng this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name			
Agreement Name Master Service Delivery New Horizons & Stewart County Year-to-year basis What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	No Change		
Agreement Name Master Service Delivery New Horizons & Stewart County Year-to-year basis What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
Agreement Name Master Service Delivery New Horizons & Stewart County Year-to-year basis What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
Agreement Name Master Service Delivery New Horizons & Stewart County Year-to-year basis What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	List any formal service deliver	v agreements or intergovernmental contracts that wi	Il he used to implement the strategy
Master Service Delivery New Horizons & Stewart County Year-to-year basis What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government		y agreements of intergovernmental contracts that wi	in be ased to implement the strategy
Master Service Delivery New Horizons & Stewart County Year-to-year basis What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			150 0 15 0 50
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	viasiei Service Delivery	New Horizons & Stewart County	rear-to-year basis
At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
At this time no other mechanisms will be used to implement this strategy. Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if ar	ny) will be used to implement the strategy for this servents or fee above as a table and when will they take a	vice (e.g., ordinances, resolutions, lo
Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if ar acts of the General Assembly,	ny) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Person completing form: Rick Morris, Planning Director, RVRC Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	. What other mechanisms (if ar acts of the General Assembly,	ny) will be used to implement the strategy for this server rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	. What other mechanisms (if ar acts of the General Assembly,	ny) will be used to implement the strategy for this server rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	acts of the General Assembly,	rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	acts of the General Assembly,	rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loffect?
Phone number: 706-256-2910 Date completed: 12-5-2016 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	acts of the General Assembly,	rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
	acts of the General Assembly, At this time no other mechanism	rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
	At this time no other mechanism Person completing form: Rick	ms will be used to implement this strategy. Morris, Planning Director, RVRC	vice (e.g., ordinances, resolutions, lo
	At this time no other mechanism Person completing form: Rick Phone number: 706-256-2910	ms will be used to implement this strategy. Morris, Planning Director, RVRC Date completed: 12-5-2016	ffect?
	At this time no other mechanism. Person completing form: Rick Phone number: 706-256-2910. Is this the person who should	ms will be used to implement this strategy. Morris, Planning Director, RVRC Date completed: 12-5-2016 be contacted by state agencies when evaluating when	ffect?
If not, provide designated contact person(s) and phone number(s) below: STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149	At this time no other mechanism. Person completing form: Rick Phone number: 706-256-2910. Is this the person who should projects are consistent with the lf not, provide designated consistent.	ms will be used to implement this strategy. Morris, Planning Director, RVRC Date completed: 12-5-2016 be contacted by state agencies when evaluating where service delivery strategy? Yes No tact person(s) and phone number(s) below:	ffect?







FORM 2: Summary of Service Delivery Arrangements

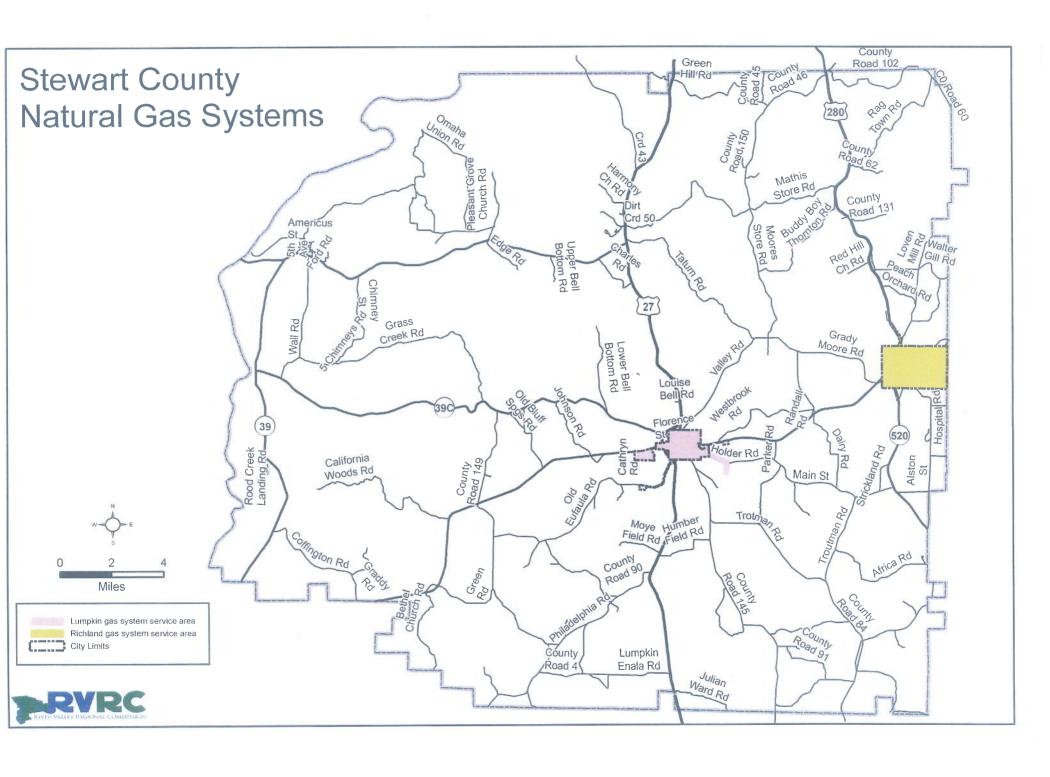
Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:STEWART COUNTY	Service: Natural Gas
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government ,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): City of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
ⅪNo	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

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

	eral funds, special serv		ate how the service will be funded (e.g., tel/motel taxes, franchise taxes, impact
Local Covernment or Author	i4.,	Eundin	og Mothod
Local Government or Author City of Lumpkin	User fees	Fullalli	ng Method
City of Richland	User fees		
City of Richard	User rees		
4. How will the strategy change the	previous arrangemen	ts for providing and/or fu	unding this service within the county?
City of Lumpkin extended a gas li5. List any formal service delivery a this service:			f the city limits. t will be used to implement the strategy for
Agreement Name	Con	tracting Parties	Effective and Ending Date
None			
6. What other mechanisms (if any) acts of the General Assembly, ra			service (e.g., ordinances, resolutions, loc se effect?
At this time no other mechanisms	will be used to implem	nent this strategy.	
	Date completed: 12 contacted by state ag	2-5-2016 encies when evaluating	whether proposed local government
If not, provide designated contact STEWART COUNTY, JOE LEE	t person(s) and phone WILLIAMS, 229-942-3	number(s) below: s149; CITY OF LUMPKI	IN, RANDY BUTTS, 229-838-0229









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 neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:STEWART COUNTY	Service: Neighborhood Service Center
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Enrichment Services
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government or
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): County Name
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Autho	rity	Funding Method	
Stewart County		General Fund; Federal Funds	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
No Change			
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Service Delivery	Stewa	art County and Enrichment Services	Year-to-year basis
			-
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
At this time no other mechanisms	s will be	e used to implement this strategy.	
	· · · · · ·	o dood to implement the oblatogy.	
7. Person completing form: Rick Phone number: 706-256-2910		, Planning Director ate completed: 12-5-2016	
		acted by state agencies when evaluating whether problems delivery strategy? \square Yes \boxtimes No	oposed local government
If not, provide designated contact person(s) and phone number(s) below: STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149 CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229 CITY OF RICHLAND, ADOLPH MCCLENDON, 229-887-3323			
,		•	







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the bepartment of community Analis.	
COUNTY:STEWART COUNTY	Service: Parks and Recreation
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

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

	eral funds, sp	elp to pay for this service and indicate how the pecial service district revenues, hotel/motel ta	
Local Government or Author	ritv	Funding Method	
City of Lumpkin		eral Fund	
City of Richland	Gene	eral Fund	
4. How will the strategy change the	e previous arı	rangements for providing and/or funding this	service within the county?
		Service in the Unincorporated Area	
this service:	agreements o	or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
		to implement the strategy for this service (e.eanges, etc.), and when will they take effect?	g., ordinances, resolutions, loca
At this time no other mechanisms	s will be used	to implement this strategy.	
7. Person completing form: Rick N Phone number: 706-256-2910		ning Director, RVRC mpleted: 12-5-2016	
8. Is this the person who should be projects are consistent with the		y state agencies when evaluating whether pr ery strategy?	roposed local government
If not, provide designated contact STEWART COUNTY, JOE LEE			

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:STEWART COUNTY	Service: Public Health Services
Check the box that best describes the agreed upo	on delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): West Central Health District
	ted portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ration that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Author					
Stewart County	General Fund, State Funds, User Fees				
4. How will the strategy change the	previous arrangements for providing and/or funding this	service within the county?			
No Change					
this service:	5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates			
None					
	will be used to implement the strategy for this service (e. te or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local			
At this time no other mechanisms	will be used to implement this strategy.				
7. Person completing form: Rick N Phone number: 706-256-2910	orris, Planning Director, RVRC Date completed: 12-5-2016				
	contacted by state agencies when evaluating whether p ervice delivery strategy? ☐Yes ⊠No	roposed local government			
If not, provide designated contact STEWART COUNTY, JOE LEE CITY OF LUMPKIN, RANDY BU CITY OF RICHLAND, ADOLPH	TTS, 229-838-0229				







FORM 2: Summary of Service Delivery Arrangements

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ould be reported to the Department of Community Affairs.				
COUNTY:STEWART COUNTY	Service: Roads (Public Works Department)			
. Check the box that best describes the agreed upon	n delivery arrangement for this convice:			
. Check the box that best describes the agreed upon	in delivery arrangement for this service.			
	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.): Type Name of Government ,			
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: nd			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Richland			
	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			

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

3. List each government or authority that will help to pay for this service and indicate how the service will be fund	ed (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	d		
Stewart County	General Fund,TIA			
City of Lumpkin	General Fund, TIA			
City of Richland	General Fund, TIA			
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	s service within the county?		
Transportation Investetment Act (TIA)	Transportation Investetment Act (TIA) funds are used to fund road projects			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
this service:				
this service: Agreement Name	ments or intergovernmental contracts that will be use	sed to implement the strategy for Effective and Ending Dates		
this service:				
this service: Agreement Name				
this service: Agreement Name				
this service: Agreement Name				
this service: Agreement Name				
this service: Agreement Name				
this service: Agreement Name None 6. What other mechanisms (if any) will b		Effective and Ending Dates		

7. Person completing form: **Rick Morris**, **Planning Director**, **RVRC**Phone number: **706-256-2910**Date completed: 12-5-2016

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:

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229







FORM 2: Summary of Service Delivery Arrangements

Instructions:

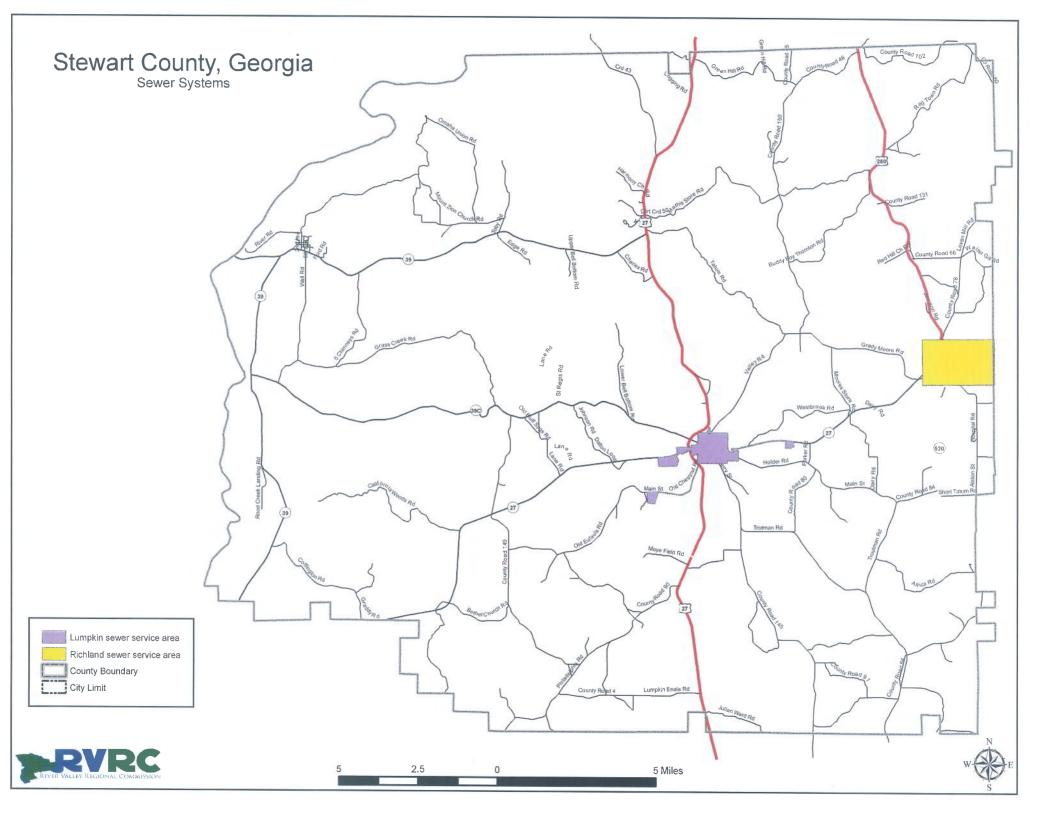
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

should be reported to the Department of Community Affairs.			
COUNTY:STEWART COUNTY	Service: Sewer (Public)		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government ,		
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
f these conditions will continue under this strategy, <u>a</u> ctiverlapping but higher levels of service (See O.C.G.Activerlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		

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

3. List each government or authority that will help to pay for this service and indicate how the service will be fund	ed (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	uthority Funding Method		
City of Lumpkin	User's Fees, Grants		
City of Richland	User's Fees, Grants		
4. How will the strategy change the p	revious arrangements for providing and/or funding	g this service within the county?	
Added as a service.			
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that will be	pe used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
None			
6. What other mechanisms (if any) w acts of the General Assembly, rate	ill be used to implement the strategy for this servic or fee changes, etc.), and when will they take effe	ce (e.g., ordinances, resolutions, local ect?	
At this time no other mechanisms w	rill be used to implement this strategy.		
7. Person completing form: Rick Mo n Phone number: 706-256-2910	rris, Planning Director, RVRC Date completed: 12-5-2016		
	ontacted by state agencies when evaluating wheth vice delivery strategy? ☐Yes ☑No	ner proposed local government	
If not, provide designated contact p STEWART COUNTY, JOE LEE W CITY OF LUMPKIN, RANDY BUT CITY OF RICHLAND, ADOLPH M	TS, 229-838-0229		









FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.			
COUNTY:STEWART COUNTY	Service: Solid Waste		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government ,		
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Richland		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that		

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

Local Government or Authority	Funding Method
Stewart County	User Fees
City of Lumpkin	User Fees
City of Richland	User Fees

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

Stewart County has a contract with Crisp County to use the county's landfill . Lumpkin no longer has a cvontract with Crisp County. Lumpkin and Richland both contract with a private contractor that picks up solid waste and then takes to the appropriate landfil.l

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
Master Service Delivery	Stewart County and Crisp County	Year-to-year basis

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?	

At this time no other mechanisms will be used to implement this strategy.

- 7. Person completing form: **Rick Morris, Planning Director, RVRC**Phone number: **706-256-2910**Date completed: 12-5-2016
- 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:

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:STEWART COUNTY	Service: Tax Digest
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Stewart County
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	ral funds	I help to pay for this service and indicate how , special service district revenues, hotel/motel	
Local Government or Author	itv	Funding Metho	nd
Stewart County		General Fund)
Stewart Sounty		ochoral i ana	
4. How will the strategy change the	previous	s arrangements for providing and/or funding th	is service within the county?
No Change			
List any formal service delivery a this service:	greemen	nts or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None		<u> </u>	<u> </u>
		sed to implement the strategy for this service (changes, etc.), and when will they take effect	
At this time no other mechanisms	will be us	sed to implement this strategy.	
7. Person completing form: Rick M Phone number: 706-256-2910		anning Director, RVRC completed: 12-5-2016	
8. Is this the person who should be projects are consistent with the se		ed by state agencies when evaluating whether elivery strategy?	proposed local government
If not, provide designated contact STEWART COUNTY, JOE LEEV	WILLIAM	IS, 229-942-3149	







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should be reported to the Department of Community Affairs.		
COUNTY:STEWART COUNTY	Service: Water (Public)	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,	
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: nd	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
☑Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organiza County, City of Lumpkin, City of Richland	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Stewart	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	

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

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

Local Government or Authority	Funding Method
Stewart County	User Fees, Grants
City of Lumpkin	User Fees, Grants
City of Richland	User Fees, Grants
Unified Government of Webster	User Fees, Grants
Unified Government of Cusseta and	
Chattahoochee County	User Fees, Grants

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
Water Service	Stewart Co., Unified Govt. of Cusseta &Chatt County	Year-to-year basis
Water Service	Stewart Co., Unified Govt. of Webster County	9/1/2014-10/31/2025
Water Service	Stewart Co., Cities of Lumpkin and Richland	Year-to-year basis
Water Service	City of Richland, Unified Govt. of Webster County	Year-to-year basis

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?	

At this time no other mechanisms will be used to implement this strategy.

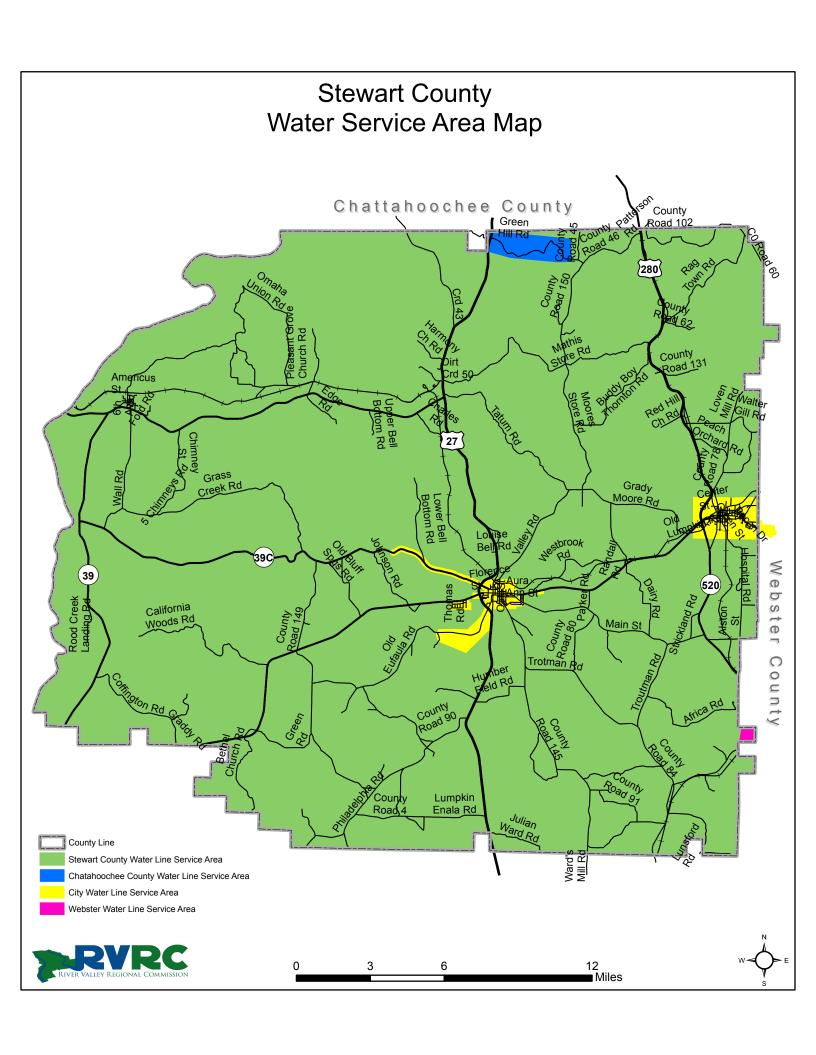
- 7. Person completing form: **Rick Morris, Planning Director, RVRC**Phone number: **706-256-2910**Date completed: 12-5-2016
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

 Yes
 No

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

STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149

CITY OF LUMPKIN, RANDY BUTTS, 229-838-0229









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:STEWART COUNTY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of
Check the boxes indicating how these incompatibilities or conflicts were addressed:	
Amendments to existing comprehensive plans	NOTE:
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures: Not Applicable	·
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Stewart County, the Stewart County Water and Sewerage Authority, the Richland still utilize the adopted 1999 Intergovernmental Agreement for the provision of eservices.	with all applicable land use plans are City of Lumpkin and the City of
4. Person completing form: Rick Morris, RVRC Planning Director	
Phone number: 706-256-2910 Date completed: 12-5-2015	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ☐Yes ☒No	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
STEWART COUNTY, JOE LEE WILLIAMS, 229-942-3149, CITY OF LUMPKIN, RAN OF RICHLAND, ADOLPH MCCLENDON, 229-887-3323.	DY BUTTS, 229-838-0229, CITY







Service Delivery Strategy FORM 4: Certifications

Instructions:

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

COUNTY: TYPE COUNTY NAME HERE

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
STEWART COUNTY	Chairman, Stewart County Board of	Joe Lee Williams	for be will 12/13/16
CITY OF LUMPKIN	Commissioners Mayor, City of Lumpkin	James P. Babb	James P. Balf 1/3/17
CITY OF RICHLAND	Mayor, City of Richland	Adolph McLendon	0 de ph 1 2 en 201 12/5/16