GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



SERVICE DELIVERY STRATEGY

FOR Wayne

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

- 1. 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 in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- 4. For **each** service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the *Certifications* form (page 4) 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, page 4).
- 7. Mail the completed forms along with any attachments to:

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

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.

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.

Wayne County, City of Jesup, City of Odum, City of Screven, Wayne County Industrial Development Authority, City of Jesup Downtown Development Authority, City of Jesup Housing Authority, Wayne County Solid Waste Authority, Wayne County Hospital Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

Aging Services, Airport, Ambulance Service, Animal Control, Cemeteries, Code Enforcement, Courts, Cultural, E-911, Economic Development, Elections, Emergency Management, Equipment Maintenance/Repair Shop, Extension Service, Fire Protection, Hospital, Indigent Defense, Jail, Law Enforcement, Library, Mapping/GIS, Parks, Planning/Zoning, Probation Service, Public Health, Public Housing, Public Welfare, Recreation, Recycling, Road/Street Construction, Road/Street Maintenance, Sewer, Solid Waste Management, Tax Assessment, Tax Collection, Tourism, Voter Registration, Water



Instructions:

County: Wayne	Service: Aging Services
1. Check the box that best describes the	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is checkervice.): Wayne County	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
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Other (If this hav is checked att	
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Local Government or Auth	nority: Funding	g Method:
Wayne County	General Fund & State	g
City of Jesup	General Fund & State	
4. How will the strategy change the county?	e the previous arrangements for providing	g and/or funding this service withi
No change is anticipated	d.	
5. List any formal service deliv-	ery agreements or intergovernmental con	ntracts that will be used to
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Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service na

County: Wayne	Service: Airport
1. Check the box that best describes t	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is che service.): Wayne County	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provide government, authority or organization providing the
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One or more cities will provide twill provide the service in unincorp authority or organization providing	this service only within their incorporated boundaries, and the county borated areas. (If this box is checked, identify the government(s), the service.):
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2. In developing the strategy, were over of this service identified?	erlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hi	r the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated a step or action that will be taken to eliminated to completing it.	under the strategy, attach an implementation schedule listing each ninate them, the responsible party and the agreed upon deadline for

Local Government or Aut	hority: Fundii	ig Method:
Vayne County	General Fund & State	
4. How will the strategy chang the county?	ge the previous arrangements for providing	ng and/or funding this service withi
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Instructions:

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

the bottom of the page) changes, this should be repo	rted to the Department of Community Affairs.
County: Wayne	Service: Ambulance Service
1. Check the box that best describes the ag	greed upon delivery arrangement for this service:
Service will be provided countywide service provider. (If this box is checked, service.): Wayne County	e (i.e., including all cities and unincorporated areas) by a single, identify the government, authority or organization providing the
Service will be provided only in the u (If this box is checked, identify the gove service.):	unincorporated portion of the county by a single service provider. ernment, authority or organization providing the
One or more cities will provide this s will not be provided in unincorporated a authority or organization providing the s	service only within their incorporated boundaries, and the service ureas. (If this box is checked, identify the government(s), service:
One or more cities will provide this so will provide the service in unincorporate authority or organization providing the s	ervice only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):
Other (If this box is checked, attach a provider, and identify the government, a each service area.):	a legible map delineating the service area of each service authority, or other organization that will provide service within
2. In developing the strategy, were overlap of this service identified? ☐Yes ☑No	ping service areas, unnecessary competition and/or duplication
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f these conditions will be eliminated under tep or action that will be taken to eliminate ompleting it.	r the strategy, attach an implementation schedule listing each e them, the responsible party and the agreed upon deadline for

Local Government or Authorit	ty: Fundin	ig Method:
Wayne County	General Fund & Fees	0
4. How will the strategy change the the county?	e previous arrangements for providir	ng and/or funding this service within
No change is anticipated.		
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Agreement Name:	Contracting Parties:	Effective and Ending Dates:
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Instructions:

County: Wayne	Service: Cemeteries
. Check the box that best describes the	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is checkervice.):	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
will not be provided in unincorporate	his service only within their incorporated boundaries, and the service ted areas. (If this box is checked, identify the government(s), the service: Cily of Jesup, Cily of Odum, Cily of Screven
One or more cities will provide the will provide the service in unincorporauthority or organization providing the service in unincorporation providing the service in unincorporation providing the service in the service in unincorporation of the service in the service in unincorporation of the service in the service of the se	his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
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these conditions will be eliminated usep or action that will be taken to elimonpleting it.	inder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

	t fees, bonded indebtedness, etc.).	
Local Government or Auth		iding Method:
City of Jesup	General Fund & Plot Fees	
City of Odum	General Fund & Plot Fees	
City of Screven	General Fund & Plot Fees	
4. How will the strategy change the county?	the previous arrangements for provi	iding and/or funding this service within
No change is anticipated	1.	
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Instructions:

completing it.

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs, County: Wayne Service: Code Enforcement 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Wayne County, City of Jesup 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐Yes ✓ No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for

Local Government or Authority:	Fundi	ng Method:
Wayne County	General Fund & User Fees	.0
City of Jesup	General Fund & User Fees	
(0.4-1)		
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Agreement Istune.	Contracting Parties:	Effective and Ending Dates:
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Instructions:	
listed on page 1. Answer each question below	e for each service listed on page 1, Section III. Use exactly the same service names v, attaching additional pages as necessary. If the contact person for this service (listed at the reported to the Department of Community Affairs,
County: Wayne	Service: Courts
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count service provider. (If this box is che service.):	ywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	n the unincorporated portion of the county by a single service provider. e government, authority or organization providing the
One or more cities will provide will not be provided in unincorporauthority or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
One or more cities will provide will provide the service in unincompathority or organization providing Caty of Jesup and City of Screven (Municipal Courts), Wayn	
Other (If this box is checked, at provider, and identify the governmeach service area.):	tach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
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arrangement (i.c., overlapping but h	er the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A.36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated step or action that will be taken to eliminate completing it.	under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for

Local Government or Authority		ig Method:
Vayne County	General Fund, Fees, Fines/Forfe	
City of Jesup	General Fund, Fees, Fines/Forfe	
City of Screven	General Fund, Fees, Fines/Forfe	eitures
4. How will the strategy change the the county?	previous arrangements for providing	ng and/or funding this service within
No change is anticipated.		
5. List any formal service delivery a	agreements or intergovernmental co	ntracts that will be used to
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Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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	e reported to the Department of Community Affairs.
County: Wayne	Service: Cultural
1. Check the box that best describes the	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is cher service.): Wayne County Historical So.	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the ciety
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide twill not be provided in unincorpora authority or organization providing	this service only within their incorporated boundaries, and the service ted areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide the will provide the service in unincorpauthority or organization providing	his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att: provider, and identify the government cach service area.):	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were ove of this service identified? ☐ Yes ☑ No	erlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated ustep or action that will be taken to eliminate completing it.	under the strategy, attach an implementation schedule listing each ninate them, the responsible party and the agreed upon deadline for

Local Government or Author	ity:	Funding Method:
Wayne County	General Fund	Maria de Maria de Caracteria d
City of Jesup	General Fund	
4. How will the strategy change the county?	ne previous arrangements for	providing and/or funding this service with
No change is anticipated.		
 List any formal service delivery implement the strategy for this stated Agreement Name; 	agreements or intergovernm service: Contracting Parti	nental contracts that will be used to ies: Effective and Ending Date
		Effective and Enaing Date
100000000000000000000000000000000000000		Effective and Emaing Date
		Effective and Entaing Date
		Effective and Emaing Date
		Effective and Emaing Date
5. What other mechanisms (if any)) will be used to implement th	he strategy for this service (e.g., ordinance hanges, etc.), and when will they take effe
6. What other mechanisms (if any resolutions, local acts of the Ger) will be used to implement th	he strategy for this service (e.g., ordinance
6. What other mechanisms (if any resolutions, local acts of the Ger) will be used to implement th	he strategy for this service (e.g., ordinance
6. What other mechanisms (if any resolutions, local acts of the Ger) will be used to implement th	he strategy for this service (e.g., ordinance
6. What other mechanisms (if any resolutions, local acts of the Ger) will be used to implement th	he strategy for this service (e.g., ordinance
6. What other mechanisms (if any resolutions, local acts of the Ger) will be used to implement th	he strategy for this service (e.g., ordinance
 What other mechanisms (if any resolutions, local acts of the Ger None) will be used to implement the neral Assembly, rate or fee ch	he strategy for this service (e.g., ordinance
6. What other mechanisms (if any) resolutions, local acts of the Ger) will be used to implement the neral Assembly, rate or fee ch	he strategy for this service (e.g., ordinance hanges, etc.), and when will they take effe
6. What other mechanisms (if any resolutions, local acts of the Ger) will be used to implement the neral Assembly, rate or fee ch	he strategy for this service (e.g., ordinance
6. What other mechanisms (if any resolutions, local acts of the Ger None 7. Person completing form: Mike Der Phone number: 912-427-5900	owill be used to implement the neral Assembly, rate or fee changes and the company of the company of the company of the contacted by state agencies of the c	he strategy for this service (e.g., ordinance hanges, etc.), and when will they take effe hanges. Appleted: 9/22/10 when evaluating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
County: Wayne	Service: E-911	

	nd to topolical to the Department of Community Arraits,
County: Wayne	Service: E-911
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided conservice provider. (If this box is service.): Wayne County	intywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
	in the unincorporated portion of the county by a single service provider. the government, authority or organization providing the
One or more cities will provi will not be provided in unincorp authority or organization provid	de this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), ing the service:
One or more cities will provi will provide the service in uninc authority or organization provid	de this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ing the service.):
Other (If this box is checked, provider, and identify the govereach service area.):	attach a legible map delineating the service area of each service mment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified? ☐Yes ☑No	overlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping bu	nder the strategy, attach an explanation for continuing the thigher levels of service (Sec O.C.G.A. 36-70-24(1)), overriding one that overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated as a setting that will be a setting that will be a set in the	ed 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.

Local Government or Authorit	p. 11	
Vayne County	General Fund & Phone Fees	ng Method:
	Salara and an india 1 dos	
4. How will the strategy change the the county?	e previous arrangements for providi	ng and/or funding this service within
he County will totally fund lispatching for police, fire,	E-911 service county wide ambulance, and sheriff's de	e. E-911 will handle all epartments.
5. List any formal service delivery implement the strategy for this se	agreements or intergovernmental co ervice:	ontracts that will be used to
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:
 What other mechanisms (if any) 	will be used to implement the strate	egy for this service (e.g., ordinances.
 What other mechanisms (if any) 	will be used to implement the strate	
6. What other mechanisms (if any) resolutions, local acts of the General None 7. Person completing form: Mike Dea	will be used to implement the strate eral Assembly, rate or fee changes, o	egy for this service (e.g., ordinances, etc.), and when will they take effect?
5. What other mechanisms (if any) resolutions, local acts of the Gendone None 7. Person completing form: Mike Dear Phone number: 912-427-5900 6. Is this the person who should be one	will be used to implement the strate eral Assembly, rate or fee changes, o	egy for this service (e.g., ordinances, etc.), and when will they take effect? 9/22/10 valuating whether proposed local



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Wayne Service: Economic Development 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Provided county wide through Industrial Development Authority, but Jesup also has a Downtown Development Authority Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.); 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes No The Downtown Development Authority is considered an enhanced level of service, If these conditions will continue under the strategy, attach an explanation for continuing the benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

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.

Local Government or Auth		ding Method;
Wayne County	General Fund - County	
City of Jesup	General Fund	
4. How will the strategy change the county?	the previous arrangements for provi	ding and/or funding this service within
No change is anticipated	d.	H
5. List any formal service delive	ery agreements or intergovernmental	contracts that will be used to
implement the strategy for the Agreement Name:	s service: Contracting Parties:	Effective and Ending Dates:
		System take Dailey
6. What other mechanisms (if a resolutions, local acts of the C	ny) will be used to implement the stra	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect?
6. What other mechanisms (if a resolutions, local acts of the C	ny) will be used to implement the stra general Assembly, rate or fee changes	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect?
resolutions, local acts of the (ny) will be used to implement the stra ieneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect?
resolutions, local acts of the C	General Assembly, rate or fee changes	s, etc.), and when will they take effect?
7. Person completing form: Mike Phone number: 912-427-5900 8. Is this the person who should	General Assembly, rate or fee changes	t: 9/22/10



Instructions:

County: Wayne	Service: Elections
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
service provider. (If this box is ch	ntywide (i.e., including all cities and unincorporated areas) by a single hecked, identify the government, authority or organization providing the
Service will be provided only (If this box is checked, identify the service.):	in the unincorporated portion of the county by a single service provider ne government, authority or organization providing the
One or more cities will provide will not be provided in unincorpo authority or organization providir	e this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), and the service:
One or more cities will provide will provide the service in uninco authority or organization providing	e this service only within their incorporated boundaries, and the county reporated areas. (If this box is checked, identify the government(s), and the service.):
✓ Other (If this box is checked, a provider, and identify the govern each service area.): Wayne County (countywide), City of Jesus	attach a legible map delineating the service area of each service ument, authority, or other organization that will provide service within p. City of Odum, City of Screven
. In developing the strategy, were of this service identified? ☐Yes ☑No	overlapping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but l	der the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).
these conditions will be eliminated ep or action that will be taken to el ompleting it.	d under the strategy, attach an implementation schedule listing each liminate them, the responsible party and the agreed upon deadline for

Local Government or A	uthority:	Fund	ing Method:
Wayne County		General Fund	
City of Jesup		General Fund	
ity of Odum		General Fund	
City of Screven		General Fund	
the county?			ing and/or funding this service within to be to provide for countywide
elections as well as st	ate and f	ederal elections and el um, and Screven will p	ections in unincorporated
5. List any formal service de implement the strategy for Agreement Name:	livery agree this service	ements or intergovernmental cos: Contracting Partles:	ontracts that will be used to Effective and Ending Dates:
			Jacob and Emaily Dates.
	e	as used to implement the strate	egy for this service (e.g., ordinances
resolutions, local acts of th	e General A	assembly, rate or fee changes,	etc.), and when will they take effect
. What other mechanisms (i. resolutions, local acts of the lone	e General A	assembly, rate or fee changes,	etc.), and when will they take effect
lone	e General A	ssembly, rate or fee changes,	etc.), and when will they take effect.
Person completing form: A Phone number: 912-427-5900 Is this the person who shou government projects are con	dike Deal, Cour	nty Administrator Date completed: cted by state agencies when even the service delivery strategy	etc.), and when will they take effect. 9/22/10 valuating whether proposed local ? Yes \sum No
Person completing form: A Phone number: 912-427-5900 Is this the person who shou government projects are con	dike Deal, Cour	nty Administrator Date completed: cted by state agencies when even the service delivery strategy on(s) and phone number(s) bel	etc.), and when will they take effect. 9/22/10 valuating whether proposed local ? Yes \sum No



Instructions:

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

County: Wayne	Service: Emergency Management
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countywick service provider. (If this box is checke service.): Wayne County	de (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the governice.):	e unincorporated portion of the county by a single service provider vernment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
One or more citics will provide this will provide the service in unincorpora authority or organization providing the	service only within their incorporated boundaries, and the county ted areas. (If this box is checked, identify the government(s), service.):
Other (If this box is checked, attach provider, and identify the government each service area.):	a a legible map delineating the service area of each service, authority, or other organization that will provide service within
. In developing the strategy, were overla of this service identified? ☐Yes ☑No	apping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but highe	e strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding toverlapping service areas or competition cannot be eliminated).
these conditions will be eliminated und tep or action that will be taken to elimina completing it.	ter the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Local Government or Authority	: Fundin	g Method:
Wayne County	General Fund	
4. How will the strategy change the the county?	previous arrangements for providin	g and/or funding this service withir
No change is anticipated.		
5. List any formal service delivery a implement the strategy for this ser	greements or intergovernmental cor	ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name:		Effective and Ending Dates:
Agreement Name:		Effective and Ending Dates:
		Effective and Ending Dates:
Agreement Name: Ione 5. What other mechanisms (if any) w	Contracting Parties:	gy for this service (e.g., ordinances,
Agreement Name: lone 5. What other mechanisms (if any) we resolutions, local acts of the General	Contracting Parties: vill be used to implement the strateg	gy for this service (e.g., ordinances,
Agreement Name: Solutions (if any) we resolutions, local acts of the General Name	Contracting Parties: vill be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances,
Agreement Name: Jone 5. What other mechanisms (if any) we resolutions, local acts of the General None	Contracting Parties: vill be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect.
Agreement Name: Some S	Contracting Parties: vill be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect, and when will the effect, and when will the effect, and when will the effect effect, and when will the effect effect, and when will the effect effect effect effect effect effect.



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed on page 1) and the contact person for this service (listed on page 1).

County: Wayne	Service: Equipment Maintenance/Repair Shop
1. Check the box that best describes th	e agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is check service.):	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in t (If this box is checked, identify the g service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing to	nis service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide the will provide the service in unincorporauthority or organization providing to Wayne County, City of Jesup, City of Odum,	
Other (If this box is checked, atta provider, and identify the governme each service area.):	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
d. In developing the strategy, were over of this service identified? ☐Ycs ☑No	rlapping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the there levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated u	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Au		ling Method:
Wayne County	General Fund	
City of Jesup	General Fund	
City of Odum City of Screven	General Fund	
only of Screven	General Fund	
4. How will the strategy char the county?	nge the previous arrangements for provio	ling and/or funding this service within
urisdiction. The Count of Jesup for this servic of List any formal service del	ivery agreements or intergovernmental of	ehicles operated by the City
implement the strategy for	this service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
o. What other mechanisms (if	any) will be used to implement the strat	epy for this service (e.g. ordinances
5. What other mechanisms (if		epy for this service (e.g. ordinances
6. What other mechanisms (if resolutions, local acts of the None None Person completing form: M	any) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (c.g., ordinances, etc.), and when will they take effect?
b. What other mechanisms (if resolutions, local acts of the lone None Person completing form: Market Phone number: 912-427-5900 Is this the person who shoul	any) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (c.g., ordinances, etc.), and when will they take effect?



Instructions:	
listed on page 1. Answer each question below, a	or each service listed on page 1, Section III. Use exactly the same service names attaching additional pages as necessary. If the contact person for this service (listed a reported to the Department of Community Affairs,
County: Wayne	Service: Extension Service
1. Check the box that best describes th	e agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is check service.): Wayne County Extension Service.	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the vice
Service will be provided only in t (If this box is checked, identify the g service.):	he unincorporated portion of the county by a single service provide government, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing t	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide the will provide the service in unincorporauthority or organization providing to	is service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), he service.):
Other (If this box is checked, atta provider, and identify the governme each service area.):	ach a legible map delineating the service area of each service ant, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
If these conditions will be climinated un step or action that will be taken to elimi- completing it.	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Autho		g Method:
Vayne County	General Fund & State	
		- 12 W - W
4. How will the strategy change the county?	the previous arrangements for providin	g and/or funding this service within
No change is anticipated	•	
5. List any formal service delive	ry agreements or intergovernmental cor	ntracts that will be used to
implement the strategy for this	s service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Effective and Ending Dates:
Agreement Name:	Contracting Parties:	
Agreement Name: 5. What other mechanisms (if an		gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: y) will be used to implement the strateg	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if an	Contracting Parties: y) will be used to implement the strateg	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: y) will be used to implement the strateg	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: y) will be used to implement the strateg	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: y) will be used to implement the strateg	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect?
Agreement Name: 6. What other mechanisms (if an resolutions, local acts of the G None 7. Person completing form: Mike Phone number: 912-427-5900 8. Is this the person who should be a second or	Contracting Parties: y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect?



Instructions:

	*
County: Wayne	Service: Fire Protection
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count service provider. (If this box is che service.):	ywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing th
Service will be provided only in (If this box is checked, identify the service.):	n the unincorporated portion of the county by a single service provider e government, authority or organization providing the
One or more cities will provide will not be provided in unincorpora authority or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), at the service:
One or more cities will provide will provide the service in unincorpauthority or organization providing	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att provider, and identify the governmeach service area.): Wayne County, City of Jesup, City of Odum,	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
. In developing the strategy, were ov of this service identified? ☐ Yes ☑ No	erlapping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but hi	r the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
these conditions will be eliminated to the eliminated to ep or action that will be taken to elimompleting it.	under the strategy, attach an implementation schedule listing each ninate them, the responsible party and the agreed upon deadline for

	thority: Fund	ling Method:
City of Jesup	General Fund	
Wayne County	General Fund	
City of Odum	General Fund	
City of Screven	General Fund	
4. How will the strategy chan the county?	ge the previous arrangements for provi	ding and/or funding this service within
structural fires in the uninco eight (8) volunteer fire depa unincorporated areas as we ire department vehicles. 5. List any formal service deli	y fund the Jesup Fire Department. orporated areas of Wayne County. artments throughout the county and ell as each of the cities. The County very agreements or intergovernmental	The County will totally fund the I will respond to fires in the y will furnish maintenance on all
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates.		Effective and Ending Dates:
	-	
6. What other mechanisms (if resolutions, local acts of the	any) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, , etc.), and when will they take effect
resolutions, local acts of the	any) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the	General Assembly, rate or fee changes	, etc.), and when will they take effect
V. Person completing form: Mil Phone number: 912-427-5900	General Assembly, rate or fee changes	t: 9/22/10
7. Person completing form: Mil Phone number: 912-427-5900 8. Is this the person who should government projects are con	ke Deal, County Administrator Date completed by state agencies when existent with the service delivery strategentact person(s) and phone number(s) by	t: 9/22/10 evaluating whether proposed local y? ✓ Yes □No



Instructions:

Make copies of this form and complete one for each service listed on page 1. Section III. Use exactly the same service names

ounty: Wayne	Service: Hospital
Check the box that best describes t	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is cheservice.): Wayne County Hospital Autt	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the providing the contract of the co
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provide government, authority or organization providing the
One or more cities will provide twill not be provided in unincorpora authority or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide twill provide the service in unincorpauthority or organization providing	this service only within their incorporated boundaries, and the county porated areas, (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att provider, and identify the government cach service area.):	each a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
In developing the strategy, were ov of this service identified? ☐Yes ☐No	erlapping service areas, unnecessary competition and/or duplication
rangement (i.e., overlapping but hi	r the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
nefits of the duplication, or reasons	

Local Government or Authority	r: Fundin	g Method:
Vayne County Hospital Authority	Bonded Indebtedness & User Fe	es es
4. How will the strategy change the the county?	previous arrangements for providing	g and/or funding this service within
No change is anticipated.		
5. List any formal service delivery a implement the strategy for this ser	greements or intergovernmental convice:	ntracts that will be used to
Agreement Name;	Contracting Parties:	Effective and Ending Dates:
5. What other mechanisms (if any) v	vill be used to implement the strates	gy for this service (e.g., ordinances.
 What other mechanisms (if any) v 	vill be used to implement the strates ral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances.
 What other mechanisms (if any) v 	vill be used to implement the strates	gy for this service (e.g., ordinances.
b. What other mechanisms (if any) versolutions, local acts of the General	vill be used to implement the strates	gy for this service (e.g., ordinances.
i. What other mechanisms (if any) veresolutions, local acts of the General None 7. Person completing form: Mike Deal	will be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect?
i. What other mechanisms (if any) veresolutions, local acts of the General None	will be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect?
b. What other mechanisms (if any) we resolutions, local acts of the General Mone Person completing form: Mike Deal Phone number: 912-427-5900 Is this the person who should be c	will be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect? 9/22/10 aluating whether proposed local



Instructions:

the bottom of the page) changes, this should be reported to the	Department of Community Affairs.
County: Wayne	Service: Indigent Defense
1. Check the box that best describes the agreed upon	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single to the government, authority or organization providing the
Service will be provided only in the unincorp (If this box is checked, identify the government, service.):	orated portion of the county by a single service provider, authority or organization providing the
One or more cities will provide this service or will not be provided in unincorporated areas. (If authority or organization providing the service:	nly within their incorporated boundaries, and the service this box is checked, identify the government(s),
One or more cities will provide this service or will provide the service in unincorporated areas. authority or organization providing the service.):	nly within their incorporated boundaries, and the county (If this box is checked, identify the government(s),
Other (If this box is checked, attach a legible provider, and identify the government, authority each service area.):	e map delineating the service area of each service v, or other organization that will provide service within
2. In developing the strategy, were overlapping ser of this service identified? ☐Yes ☑No	vice areas, unnecessary competition and/or duplication
f these conditions will continue under the strategy. arrangement (i.e., overlapping but higher levels openefits of the duplication, or reasons that overlapping the duplication of the duplication.	, attach an explanation for continuing the f service (See O.C.G.A. 36-70-24(1)), overriding service areas or competition cannot be eliminated).
f these conditions will be eliminated under the strategy or action that will be taken to eliminate them, to completing it.	ategy, attach an implementation schedule listing each the responsible party and the agreed upon deadline for

Local Government or Authority:		g Method:
Wayne County	General Fund, Court Fees, Fines	& Forfeitures
4. How will the strategy change the p the county?	revious arrangements for providin	g and/or funding this service within
No change is anticipated.		
to offdrigo to artifolipation.		
5. List any formal service delivery agr	reements or intergovernmental cor	ntracts that will be used to
	ice:	
implement the strategy for this serv		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Effective and Ending Dates:
		Effective and Ending Dates:
		Effective and Ending Dates:
Agreement Name:	Contracting Parties: If be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) wi resolutions, local acts of the Genera	Contracting Parties: If be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) wi resolutions, local acts of the Genera	Contracting Parties: If be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) wi resolutions, local acts of the Genera	Contracting Parties: If be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) wi resolutions, local acts of the Genera	Contracting Parties: If be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) wi resolutions, local acts of the Genera	Contracting Parties: If be used to implement the strateged Assembly, rate or fee changes, e	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) wi	Contracting Parties: If be used to implement the strateged Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect?
Agreement Name: 6. What other mechanisms (if any) wi resolutions, local acts of the General None 7. Person completing form: Mike Deal, Completing form:	Contracting Parties: If be used to implement the strateged Assembly, rate or fee changes, end assembly, rate or fee changes, end assembly and assembly are completed:	gy for this service (e.g., ordinances, tc.), and when will they take effect



Instructions:

the bottom of the page) changes, this should be re	eported to the Department of Community Affairs.
County: Wayne	Service: Jail
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
Service will be provided countyw service provider. (If this box is check service.): Wayne County	vide (i.e., including all cities and unincorporated areas) by a single red, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the goservice.):	ne unincorporated portion of the county by a single service provider. overnment, authority or organization providing the
One or more cities will provide thi will not be provided in unincorporate authority or organization providing the	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), ne service:
One or more cities will provide thi will provide the service in unincorpor authority or organization providing the	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), ne service.):
Other (If this box is checked, attacprovider, and identify the government each service area.):	ch a legible map delineating the service area of each service at, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐Yes ☑No	lapping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but high	the strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding nat overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated un tep or action that will be taken to elimin completing it.	nder the strategy, attach an implementation schedule listing each mate them, the responsible party and the agreed upon deadline for

	ority: Fundin	g Method:
Wayne County	General Fund, Fees & Fines	
City of Jesup	General Fund, Fines & Forfeiture	S
4. How will the strategy change the county?	the previous arrangements for providin	g and/or funding this service within
except for medical expe City of Jesup will adopt a Funds will be transferred	y fund the jail and will house of enses not covered under count a 10 percent add-on to Fines/F I monthly to Wayne County.	y medical contract). The orfeitures for jail staffing.
implement the strategy for thi	s service:	made s that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if ar resolutions, local acts of the C	ny) will be used to implement the strategeneral Assembly, rate or fee changes, e	y for this service (e.g., ordinances, tc.), and when will they take effect
resolutions, local acts of the C	ny) will be used to implement the strateg General Assembly, rate or fee changes, c	gy for this service (e.g., ordinances, tc.), and when will they take effect
resolutions, local acts of the C	ny) will be used to implement the strateg General Assembly, rate or fee changes, e	ty for this service (e.g., ordinances, tc.), and when will they take effect
resolutions, local acts of the C	ny) will be used to implement the strateg General Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect
resolutions, local acts of the C	General Assembly, rate or fee changes, e	tc.), and when will they take effect
Person completing form: Mike Phone number: 912-427-5900 Is this the person who should	General Assembly, rate or fee changes, e	tc.), and when will they take effect 9/22/10
7. Person completing form: Mike Phone number: 912-427-5900 8. Is this the person who should government projects are consi	Deal, County Administrator Date completed: be contacted by state agencies when evastent with the service delivery strategy? tact person(s) and phone number(s) below	e/22/10 Sluating whether proposed local



PAGE 2

Instructions:

he bottom of the page) changes, this should be reported to the Department of Community Affairs.	
County: Wayne	Service: Law Enforcement
1. Check the box that best describes the agreed	d upon delivery arrangement for this service:
Service will be provided countywide (i.e service provider. (If this box is checked, ide service.):	e., including all cities and unincorporated areas) by a single ntify the government, authority or organization providing the
Service will be provided only in the unite (If this box is checked, identify the governm service.):	corporated portion of the county by a single service provider. ent, authority or organization providing the
One or more cities will provide this service will not be provided in unincorporated areas authority or organization providing the service.	ce only within their incorporated boundaries, and the service s. (If this box is checked, identify the government(s), identify the government (s), identify the g
One or more cities will provide this service will provide the service in unincorporated are authority or organization providing the service Wayne County Sheriff's Department (countywide), City of Jes	
Other (If this box is checked, attach a leg provider, and identify the government, autheach service area.):	gible map delineating the service area of each service ority, or other organization that will provide service within
2. In developing the strategy, were overlapping of this service identified?	g service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higher leve	tegy, attach an explanation for continuing the els of service (See O.C.G.A. 36-70-24(1)), overriding that the principle of the service areas or competition cannot be eliminated).
f these conditions will be eliminated under the step or action that will be taken to eliminate the completing it.	e strategy, attach an implementation schedule listing each em, the responsible party and the agreed upon deadline for

	et fees, bonded indebtedness, etc.).	
Local Government or Auth		ng Method:
Vayne County	General Fund	
ity of Jesup	General Fund	
ity of Screven	General Fund	
		AD-AA-A-
l. How will the strategy chang the county?	e the previous arrangements for providir	ng and/or funding this service within
lo change is anticipate	d.	
i. List any formal service deliving implement the strategy for the	very agreements or intergovernmental co	intracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name: . What other mechanisms (if a	Contracting Parties: any) will be used to implement the strate;	gy for this service (e.g., ordinances.
Agreement Name: . What other mechanisms (if a	Contracting Parties:	gy for this service (e.g., ordinances.
Agreement Name: . What other mechanisms (if a resolutions, local acts of the	Contracting Parties: any) will be used to implement the strate;	gy for this service (e.g., ordinances.
Agreement Name: . What other mechanisms (if a resolutions, local acts of the	Contracting Parties: any) will be used to implement the strate; General Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, etc.), and when will they take effect?
Agreement Name: . What other mechanisms (if a resolutions, local acts of the cone . Person completing form: Mike Phone number: 912-427-5900 . Is this the person who should	Contracting Parties: any) will be used to implement the strate, General Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, etc.), and when will they take effect? 9/22/10 aluating whether proposed local



Instructions:	
Make copies of this form and complete one for listed on page 1. Answer each question below, att the bottom of the page) changes, this should be re-	each service listed on page 1, Section III. Use exactly the same service names taching additional pages as necessary. If the contact person for this service (listed at apported to the Department of Community Affairs,
County: Wayne	Service: Library
1. Check the box that hest describes the	agreed upon delivery arrangement for this service:
Service will be provided countywiservice provider, (If this box is checked service.): Wayne County Library Board	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
Service will be provided only in th (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provider overnment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:
One or more cities will provide this will provide the service in unincorpor authority or organization providing the	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):
Other (If this box is checked, attac provider, and identify the government cach service area.):	h a legible map delineating the service area of each service al, authority, or other organization that will provide service within
2. In developing the strategy, were overlof this service identified?	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	ne strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
If these conditions will be climinated unstep or action that will be taken to elimin completing it.	der the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for

Vayne County		g Method:
	General Fund	
Vayne County School Board	General Fund	
4. How will the strategy change the county?	ne previous arrangements for providin	g and/or funding this service within
lo change is anticipated.		
 List any formal service delivery implement the strategy for this a Agreement Name: 	vagreements or intergovernmental conservice: Contracting Parties:	ntracts that will be used to Effective and Ending Dates:
To the state of th	Comments	byjecure and Eming Dines.
resolutions, local acts of the Ge) will be used to implement the strateg neral Assembly, rate or fee changes, e	
resolutions, local acts of the Ge	neral Assembly, rate or fee changes, e	tc.), and when will they take effect
Person completing form: Mike D Phone number: 912-427-5900 Is this the person who should be	neral Assembly, rate or fee changes, e	tc.), and when will they take effect 9/22/10 aluating whether proposed local



Instructions:

County: Wayne	Service: Mapping/GIS
1. Check the box that best describes t	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is cheeservice,): Wayne County	rwide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide t will not be provided in unincorpora authority or organization providing	this service only within their incorporated boundaries, and the service ted areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide t will provide the service in unincorp authority or organization providing	his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att provider, and identify the government each service area.):	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
provider, and identify the governme ach service area.):	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within erlapping service areas, unnecessary competition and/or duplication
provider, and identify the governme ach service area.): In developing the strategy, were over of this service identified? Yes No f these conditions will continue under trangement (i.e., overlapping but his	ent, authority, or other organization that will provide service within

Local Government or Authority:	Funding Method:
Wayne County	General Fund
City of Jesup	General Fund
4. How will the strategy change the protection the county?	revious arrangements for providing and/or funding this service within
No change is anticipated.	
5. List any formal service delivery agr implement the strategy for this servi	reements or intergovernmental contracts that will be used to ice: Contracting Parties: Effective and Ending Dates:
	, , , , , , , , , , , , , , , , , , ,
6. What other mechanisms (if any) will resolutions, local acts of the General	II be used to implement the strategy for this service (e.g., ordinances, I Assembly, rate or fee changes, etc.), and when will they take effect
resolutions, local acts of the General	II be used to implement the strategy for this service (e.g., ordinances, I Assembly, rate or fee changes, etc.), and when will they take effect
6. What other mechanisms (if any) wil resolutions, local acts of the General None	Il be used to implement the strategy for this service (e.g., ordinances, I Assembly, rate or fee changes, etc.), and when will they take effect
resolutions, local acts of the General	II be used to implement the strategy for this service (e.g., ordinances, I Assembly, rate or fee changes, etc.), and when will they take effect
resolutions, local acts of the General	II be used to implement the strategy for this service (e.g., ordinances, I Assembly, rate or fee changes, etc.), and when will they take effect
resolutions, local acts of the General	Il be used to implement the strategy for this service (e.g., ordinances, I Assembly, rate or fee changes, etc.), and when will they take effect
resolutions, local acts of the General	I Assembly, rate or fee changes, etc.), and when will they take effect
resolutions, local acts of the General None 7. Person completing form: Mike Deal, C	I Assembly, rate or fee changes, etc.), and when will they take effect
resolutions, local acts of the General	I Assembly, rate or fee changes, etc.), and when will they take effect
7. Person completing form: Mike Deal, C Phone number: 912-427-5900 8. Is this the person who should be con	I Assembly, rate or fee changes, etc.), and when will they take effect



Instructions:	
Make copies of this form and complete one for listed on page 1. Answer each question below, atta the bottom of the page) changes, this should be required.	each service listed on page 1, Section III. Use exactly the same service names aching additional pages as necessary. If the contact person for this service (listed at ported to the Department of Community Affairs.
County: Wayne	Service: Parks
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countywic service provider. (If this box is checke service.):	de (i.e., including all cities and unincorporated areas) by a single ad, identify the government, authority or organization providing the
Scrvice will be provided only in the (If this box is checked, identify the governice.):	e unincorporated portion of the county by a single service provider. vernment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), eservice:
One or more cities will provide this will provide the service in unincorpora authority or organization providing the Wayne County, City of Jesup, City of Odum, City of S	service only within their incorporated boundaries, and the county ted areas. (If this box is checked, identify the government(s), service.):
Other (If this box is checked, attach provider, and identify the government each service area.);	a legible map delineating the service area of each service, authority, or other organization that will provide service within
2. In developing the strategy, were overla of this service identified? Yes No City parks are considered an	apping service areas, unnecessary competition and/or duplication
irrangement (i.e., overlapping but highe	e strategy, attach an explanation for continuing the relevels of service (See O.C.G.A. 36-70-24(1)), overriding toverlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated und step or action that will be taken to eliminate completing it.	er the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Local Government or A	thority: Funding Method:
Vayne County	General Fund
City of Jesup	General Fund
City of Odum City of Screven	General Fund
sky of Screven	General Fund
4. How will the strategy ch the county?	ge the previous arrangements for providing and/or funding this service wi
No change is anticipa	ed.
 List any formal service d implement the strategy fo Agreement Name: 	ivery agreements or intergovernmental contracts that will be used to this service: Contracting Parties: Effective and Ending Da.
5. What other mechanisms (resolutions, local acts of the None	any) will be used to implement the strategy for this service (c.g., ordinance General Assembly, rate or fee changes, etc.), and when will they take eff



Instructions:

County: Wayne	Service: Planning/Zoning
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
(If this box is checked, identify the go	te unincorporated portion of the county by a single service provider overnment, authority or organization providing the
	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide this will provide the service in unincorpor authority or organization providing the	s service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), se service.):
	th a legible map delineating the service area of each service at, authority, or other organization that will provide service within
2. In developing the strategy, were overlof this service identified? ☐Yes ☑No	lapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	he strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated un step or action that will be taken to elimin completing it.	der the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for

Local Government or Authority.	: Fundin	g Method:
City of Jesup	General Fund	6
4. How will the strategy change the the county?	previous arrangements for providin	g and/or funding this service within
No change is anticipated.		
5. List any formal service delivery ag	greements or intergovernmental con	atracts that will be used to
Distany torinar service derivery ag	greements of intergovernmental con	itracis that will be used to
implement the strategy for this ser	vice:	
Agreement Name:		Effective and Ending Dates:
	vice: Contracting Parties:	Effective and Ending Dates:
		Effective and Ending Dates:
		Effective and Ending Dates:
Agroement Name:	Contracting Parties:	
Agreement Name: 5. What other mechanisms (if any) w	Contracting Parties:	ty for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties:	ty for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any) w	Contracting Parties:	ty for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties:	ty for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties:	ty for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any) w resolutions, local acts of the Gener	Contracting Parties:	ty for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any) we resolutions, local acts of the Gener None 7. Person completing form: Mike Deal,	Contracting Parties: Fill be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect
Agreement Name: D. What other mechanisms (if any) we resolutions, local acts of the General None D. Person completing form: Mike Deal, Phone number: 912-427-5900	Contracting Parties: Fill be used to implement the strategal Assembly, rate or fee changes, e	ty for this service (e.g., ordinances, tc.), and when will they take effect
Agreement Name: D. What other mechanisms (if any) we resolutions, local acts of the General None D. Person completing form: Mike Deal,	Contracting Parties: Fill be used to implement the strategal Assembly, rate or fee changes, e County Administrator Date completed:	ty for this service (e.g., ordinances, tc.), and when will they take effect



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Wayne	Service: Probation Services
1. Check the box that best describes th	ne agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is checkervice.): Wayne County	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing	his service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide the will provide the service in unincorporauthority or organization providing	nis service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service,):
Other (If this box is checked, attaprovider, and identify the government each service area.):	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were ove of this service identified? ☐Yes ☑No	erlapping service areas, unnecessary competition and/or duplication
rrangement (i.c., overlapping but hig	the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
	under the strategy, attach an implementation schedule listing each

Local Government or Authori	ity: Fundin	ig Method:
Wayne County	General Fund, State, Fees, Fine	
4. How will the strategy change the county?	he previous arrangements for providir	ng and/or funding this service within
No change is anticipated.		
5 List one Course gowing Julius		untracts that will be used to
5. List any format service derivery	y agreements or intergovernmental co	made that will be abed to
implement the strategy for this s	y agreements or intergovernmental co service:	and the man will be about to
implement the strategy for this s Agreement Name:	y agreements or intergovernmental co service: Contracting Parties:	Effective and Ending Dates:
implement the strategy for this s	service:	
implement the strategy for this s	service:	
implement the strategy for this s	service:	
implement the strategy for this s	service:	
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any)	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances.
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any)	Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances.
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances.
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances.
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances.
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances.
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties: will be used to implement the strateger and Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances.
Agreement Name: Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger None 7. Person completing form: Mike De	Contracting Parties: Contracting Parties: will be used to implement the strateger and Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger None 7. Person completing form: Mike De Phone number: 912-427-5900	Contracting Parties: Contracting Parties:) will be used to implement the strate, neral Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, etc.), and when will they take effect.
Agreement Name: Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger None 7. Person completing form: Mike De Phone number: 912-427-5900	Contracting Parties: Contracting Parties: will be used to implement the strateger and Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, etc.), and when will they take effect 9/22/10 aluating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names
listed on page 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.

listed on page 1. Answer each question below the bottom of the page) changes, this should b	s, attaching additional pages as necessary. If the contact person for this service (listed at the person to the Department of Community Affairs.
County: Wayne	Service: Public Health
1. Check the box that best describes t	the agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is che service.): Wayne County Health Department	ywide (i.e., including all cities and unincorporated areas) by a single secked, identify the government, authority or organization providing the artment
Service will be provided only in (If this box is checked, identify the service.):	n the unincorporated portion of the county by a single service provider. government, authority or organization providing the
One or more cities will provide will not be provided in unincorpora authority or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
One or more cities will provide will provide the service in unincorpauthority or organization providing	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
Other (If this box is checked, at provider, and identify the governmeach service area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
2. In developing the strategy, were ov of this service identified?	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A. 36-70-24(1)), overriding a that overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated step or action that will be taken to eliminate to the completing it.	under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for

Local Government or Authori		g Method:
Vayne County	General Fund, User Fees, and S	tate
4. How will the strategy change th the county?	e previous arrangements for providin	g and/or funding this service within
No change is anticipated.		
List any formal service delivery	a company and interest and the last	ntracts that will be used to
. List any format service derivery	agreements or intergovernmental col	made that will be able to
implement the strategy for this s	agreements or intergovernmental col	made that will be about to
implement the strategy for this s	ervice:	
implement the strategy for this s Agreement Name:	Contracting Parties:	Effective and Ending Dates:
implement the strategy for this s	ervice:	
implement the strategy for this s	ervice:	
implement the strategy for this s	ervice:	
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any)	Contracting Parties: Contracting Parties: will be used to implement the strategory	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any)	Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strategory	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strategory	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strategory	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strategory	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strates eral Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen None 7. Person completing form: Mike De	Contracting Parties: Contracting Parties: will be used to implement the strategeral Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, tc.), and when will they take effect?
Agreement Name: Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen None 7. Person completing form: Mike De Phone number: 912-427-5900	will be used to implement the strategeral Assembly, rate or fee changes, e	Effective and Ending Dates: By for this service (e.g., ordinances, tc.), and when will they take effect?
6. What other mechanisms (if any) resolutions, local acts of the Gen None 7. Person completing form: Mike De Phone number: 912-427-5900	Contracting Parties: Contracting Parties: will be used to implement the strategeral Assembly, rate or fee changes, e	Effective and Ending Dates: By for this service (e.g., ordinances, tc.), and when will they take effect? 9/22/10 aluating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Wayne	Service: Public Housing
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
Service will be provided countyw service provider. (If this box is check service.):	vide (i.e., including all cities and unincorporated areas) by a single sed, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the greenice.):	ne unincorporated portion of the county by a single service provider overnment, authority or organization providing the
	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), ne service: City of Jesup Housing Authority
One or more cities will provide thi will provide the service in unincorpor authority or organization providing the	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), he service.):
Other (If this box is checked, attace provider, and identify the government each service area.):	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐Yes ☑No	lapping service areas, unnecessary competition and/or duplication
irrangement (i.e., overlapping but high	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated ur step or action that will be taken to elimi completing it.	nder the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for

ity of Jesup Housing Authority	1111D - 111 - E		Method:	
	HUD and User Fe			
				-
. How will the strategy change the the county?	e previous arrangemen	ts for providing	and/or funding this service w	vithin.
lo change is entisinated				
lo change is anticipated.				
				-
. List any formal service delivery implement the strategy for this s	agreements or intergov	ernmental conti	acts that will be used to	
implement the strategy for this s	ervice:			
Agreement Name:	Contracting	Parties:	Effective and Ending Da	OLATOR OF
	The second secon		Sylvenive min estima si	nes:
		-	- Syjeense um Chung Di	ites:
			System time oming the	ites:
				ites:
				ites:
. What other mechanisms (if any)	will be used to implen	nent the strategy	for this service (e.g., ordinan	nces.
. What other mechanisms (if any) resolutions, local acts of the Ger	will be used to implen	nent the strategy	for this service (e.g., ordinan	nces.
resolutions, local acts of the Ger	will be used to implen	nent the strategy	for this service (e.g., ordinan	nces.
. What other mechanisms (if any) resolutions, local acts of the Ger	will be used to implen	nent the strategy	for this service (e.g., ordinan	nces.
resolutions, local acts of the Ger	will be used to implen	nent the strategy	for this service (e.g., ordinan	nces.
resolutions, local acts of the Ger	will be used to implen	nent the strategy	for this service (e.g., ordinan	nces.
resolutions, local acts of the Ger	will be used to implen	nent the strategy	for this service (e.g., ordinan	nces.
resolutions, local acts of the Gerone Person completing form: Mike De	will be used to implemeral Assembly, rate or	nent the strategy fee changes, etc	for this service (e.g., ordinan.), and when will they take ef	nces.
resolutions, local acts of the Ger	will be used to implemeral Assembly, rate or	nent the strategy	for this service (e.g., ordinan.), and when will they take ef	nces.
resolutions, local acts of the Gerone Person completing form: Mike De	will be used to implemeral Assembly, rate or al, County Administrator Dat contacted by state ager	nent the strategy fee changes, etc e completed: 9/	for this service (e.g., ordinan.), and when will they take ef	nces, Tect



Instructions:

County: Wayne	Service: Public Welfare
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided couservice provider. (If this box is service.): Department of Family ar	untywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the defilier Services
Service will be provided only (If this box is checked, identify service.):	y in the unincorporated portion of the county by a single service provider the government, authority or organization providing the
One or more cities will provi will not be provided in unincorp authority or organization provide	de this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ing the service:
One or more cities will provi will provide the service in uninc authority or organization provid	de this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ing the service.):
Other (If this box is checked, provider, and identify the govereach service area.):	attach a legible map delineating the service area of each service mment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified? ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping bu	nder the strategy, attach an explanation for continuing the thigher levels of service (See O.C.G.A. 36-70-24(1)), overriding one that overlapping service areas or competition cannot be climinated).
f these conditions will be eliminat	red under the strategy, attach an implementation schedule listing each eliminate them, the responsible party and the agreed upon deadline for

Local Government or Author	ority: Fundin	g Method:
Vayne County	General Fund and State	
4. How will the strategy change the county?	the previous arrangements for providin	g and/or funding this service within
No change is anticipated		
 List any formal service delive implement the strategy for thi Agreement Name: 	ery agreements or intergovernmental consistency agreements agreement	ntracts that will be used to Effective and Ending Dates:
implement the strategy for thi	s service:	
implement the strategy for thi	s service:	
implement the strategy for thi	s service:	
implement the strategy for thi	s service:	
implement the strategy for thi Agreement Name: 5. What other mechanisms (if an	s service:	Effective and Ending Dates:
implement the strategy for thi Agreement Name: 6. What other mechanisms (if ar resolutions, local acts of the C	S service: Contracting Parties: Language of the strates of the s	Effective and Ending Dates:
implement the strategy for thi Agreement Name: 5. What other mechanisms (if an	S service: Contracting Parties: Language of the strates of the s	Effective and Ending Dates:
implement the strategy for thi Agreement Name: 6. What other mechanisms (if ar resolutions, local acts of the C	S service: Contracting Parties: Language of the strates of the s	Effective and Ending Dates:
Agreement Name: Agreement Name: O. What other mechanisms (if ar resolutions, local acts of the Company of the	S service: Contracting Parties: Language of the strates of the s	Effective and Ending Dates:
Agreement Name: Agreement Name: O. What other mechanisms (if ar resolutions, local acts of the Company of the	S service: Contracting Parties: Language of the strates of the s	Effective and Ending Dates:
Agreement Name: Agreement Name: . What other mechanisms (if ar resolutions, local acts of the Colone	Contracting Parties: Contracting Parties: Deal, County Administrator	Effective and Ending Dates: gy for this service (e.g., ordinances, tc.), and when will they take effect
implement the strategy for thi Agreement Name: 6. What other mechanisms (if ar resolutions, local acts of the Colone	Contracting Parties: Contracting Parties: By will be used to implement the strategieneral Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, tc.), and when will they take effect
Agreement Name: Agreement Name: 5. What other mechanisms (if ar resolutions, local acts of the Colone 7. Person completing form: Mike Phone number: 912-427-5900 6. Is this the person who should	Contracting Parties: Contracting Parties: Deal, County Administrator	Effective and Ending Dates: gy for this service (e.g., ordinances, tc.), and when will they take effect 9/22/10 aluating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Wayne	Service: Recreation
1. Check the box that best describes th	e agreed upon delivery arrangement for this service:
Service will be provided country service provider. (If this box is checkervice.): Wayne County	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in to (If this box is checked, identify the generated):	he unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing t	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide the will provide the service in unincorporauthority or organization providing to	is service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), he service.):
Other (If this box is checked, atta provider, and identify the governme each service area.):	ch a legible map delineating the service area of each service ant, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication
urrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated un tep or action that will be taken to elimi completing it.	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Authoris	ty: Fundin	g Method:
Wayne County	General Fund and User Fees	5
How will the strategy change the the county?	e previous arrangements for providing	g and/or funding this service within
No change is anticipated.		
5.7.7.		
). List any formal service delivery	20166Ments of intergovernmental cor	itracts that wall be used to
implement the strategy for this se	agreements or intergovernmental cor ervice;	itracts that will be used to
implement the strategy for this so	ervice;	
S. List any formal service delivery implement the strategy for this so	agreements or intergovernmental corervice: Contracting Parties:	Effective and Ending Dates:
implement the strategy for this so	ervice;	
implement the strategy for this so	ervice;	
implement the strategy for this so	ervice;	
implement the strategy for this se Agreement Name: 6. What other mechanisms (if any)	ervice;	Effective and Ending Dates:
implement the strategy for this so Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strateg	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms (if any)	Contracting Parties: Contracting Parties: will be used to implement the strateg	Effective and Ending Dates:
implement the strategy for this so Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strateg	Effective and Ending Dates:
implement the strategy for this so Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strateg	Effective and Ending Dates:
implement the strategy for this so Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strateg	Effective and Ending Dates:
Agreement Name: Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen None	Contracting Parties: Contracting Parties: will be used to implement the strategeral Assembly, rate or fee changes, et	Effective and Ending Dates: Ty for this service (e.g., ordinances, ic.), and when will they take effect.
Agreement Name: Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Contracting Parties: will be used to implement the strategeral Assembly, rate or fee changes, et	Effective and Ending Dates: Ty for this service (e.g., ordinances, ic.), and when will they take effect.
Agraement Name: Agraement Name: 6. What other mechanisms (if any) resolutions, local acts of the Gen None 7. Person completing form: Mike Dec. Phone number: 912-427-5900	Contracting Parties: Contracting Parties: will be used to implement the strategeral Assembly, rate or fee changes, et	Effective and Ending Dates: y for this service (e.g., ordinances, tc.), and when will they take effect?



Instructions

man actions.	
Make copies of this form and complete one for of listed on page 1. Answer each question below, atta the bottom of the page) changes, this should be rep	each service listed on page 1, Section III. Use exactly the same service names ching additional pages as necessary. If the contact person for this service (listed at outed to the Department of Community Affairs.
County: Wayne	Service: Recycling
1. Check the box that best describes the a	ngreed upon delivery arrangement for this service:
Service will be provided countywick service provider. (If this box is checked service.): City of Jesup	de (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the gov service.):	unincorporated portion of the county by a single service provider vernment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
	service only within their incorporated boundaries, and the county ted areas. (If this box is checked, identify the government(s), service.):
	a a legible map delineating the service area of each service, authority, or other organization that will provide service within
2. In developing the strategy, were overla of this service identified? ☐ Yes ☑No	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but highe	e strategy, attach an explanation for continuing the or levels of service (See O.C.G.A. 36-70-24(1)), overriding toverlapping service areas or competition cannot be eliminated).

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

Local Government or Authority		ig Method:
City of Jesup	User Fees and Material Sales	
7/4		
4. How will the strategy change the the county?	previous arrangements for providing	ng and/or funding this service within
The City of Jesup will totally seek to contract with an age		
	, ,	
5. List any formal service delivery a	greements or intergovernmental co-	ntracts that will be used to
implement the strategy for this ser	vice:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Effective and Ending Dates:
		Effective and Ending Dates:
Agreement Name: 6. What other mechanisms (if any) w	Contracting Parties: vill be used to implement the strategory	
Agreement Name: 6. What other mechanisms (if any) w	Contracting Parties: vill be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the General	Contracting Parties: vill be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the General	Contracting Parties: vill be used to implement the strategory	gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the General None	Contracting Parties: vill be used to implement the strate; ral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the General None 7. Person completing form: Mike Deal, Phone number: 912-427-5900 8. Is this the person who should be called	vill be used to implement the strategral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, etc.), and when will they take effect 9/22/10



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

insted on page 1. Answer each question below, attaching additional the bottom of the page) changes, this should be reported to the De	al pages as necessary. If the contact person for this service (listed at epartment of Community Affairs.
County: Wayne	Service: Roads/Street Construction
1. Check the box that best describes the agreed upon	delivery arrangement for this service:
	uding all cities and unincorporated areas) by a single the government, authority or organization providing the
Service will be provided only in the unincorpor (If this box is checked, identify the government, as service.):	ated portion of the county by a single service provider. uthority or organization providing the
One or more cities will provide this service only will not be provided in unincorporated areas. (If the authority or organization providing the service:	y within their incorporated boundaries, and the service is box is checked, identify the government(s),
One or more cities will provide this service only will provide the service in unincorporated areas, (I authority or organization providing the service.): Wayne County, City of Jesup, City of Screven, City of Odum	y within their incorporated boundaries, and the county f this box is checked, identify the government(s),
Other (If this box is checked, attach a legible n provider, and identify the government, authority, each service area.):	nap delineating the service area of each service or other organization that will provide service within
2. In developing the strategy, were overlapping service of this service identified? Yes No	ce areas, unnecessary competition and/or duplication
f these conditions will continue under the strategy, a arrangement (i.e., overlapping but higher levels of spenefits of the duplication, or reasons that overlapping	attach an explanation for continuing the service (See O.C.G.A. 36-70-24(1)), overriding ag service areas or competition cannot be eliminated).
f these conditions will be eliminated under the strate step or action that will be taken to eliminate them, the completing it.	egy, attach an implementation schedule listing each e responsible party and the agreed upon deadline for

Local Government or Aut		ng Method:
Wayne County	General Fund	
City of Jesup	General Fund	
City of Odum	General Fund	
City of Screven	General Fund	
4. How will the strategy chang the county?	ge the previous arrangements for providi	ng and/or funding this service withi
lo change is anticipate	ed. The County provides all bas	sing for streets in the cities.
 List any formal service deli implement the strategy for t Agreement Name: 	very agreements or intergovernmental consistency of this service: Contracting Parties:	entracts that will be used to Effective and Ending Dates:
)
(What shows a law in CC		
	any) will be used to implement the strate General Assembly, rate or fee changes,	
resolutions, local acts of the		
resolutions, local acts of the None 7. Person completing form: M	General Assembly, rate or fee changes,	etc.), and when will they take effect
resolutions, local acts of the	General Assembly, rate or fee changes,	etc.), and when will they take effect
7. Person completing form: MPhone number: 912-427-5900	General Assembly, rate or fee changes,	etc.), and when will they take effect 9/22/10 valuating whether proposed local
7. Person completing form: M. Phone number: 912-427-5900 8. Is this the person who shoul government projects are con	ke Deal, County Administrator Date completed: d be contacted by state agencies when esistent with the service delivery strategy ontact person(s) and phone number(s) be	etc.), and when will they take effect 9/22/10 /aluating whether proposed local ? [V] Yes [No



Instructions:

the bottom of the page) changes, this should be repo	orted to the Department of Community Affairs.
County: Wayne	Service: Roads/Street Maintenance
1. Check the box that best describes the a	greed upon delivery arrangement for this service:
Service will be provided countywid service provider. (If this box is checked service.):	le (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the gov service.):	unincorporated portion of the county by a single service provider rement, authority or organization providing the
will not be provided in unincorporated:	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
One or more cities will provide this swill provide the service in unincorporat authority or organization providing the Wayne County, City of Jesup, City of Odum, City of Sc	
Other (If this box is checked, attach provider, and identify the government, each service area.):	a legible map delineating the service area of each service authority, or other organization that will provide service within
 In developing the strategy, were overlap of this service identified? ☐ Yes ☑ No 	pping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higher	e strategy, attach an explanation for continuing the r levels of service (See O.C.G.A. 36-70-24(1)), overriding coverlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated undestep or action that will be taken to eliminal completing it.	er the strategy, attach an implementation schedule listing each te them, the responsible party and the agreed upon deadline for

ame level in the cities pe ditches. A County Fity of Jesup Departme County Public Works States of the County	d/or funding this service within as the county performs in Road Maintenance Prison and Head of Street and Superintendent.
gements for providing and gements for providing and gements for providing and gement level in the cities ge ditches. A County Fity of Jesup Departme County Public Works State of Jesup Public Works State of Jesup Parties: and Municipalities 1/1/2	as the county performs in Road Maintenance Prison ent Head of Street and Superintendent. Its that will be used to Effective and Ending Dates: 2000-unit
gements for providing and gements for providing and gements for providing and gements for providing and gements. A County Fity of Jesup Departme County Public Works States of the general contract for general genera	as the county performs in Road Maintenance Prison ent Head of Street and Superintendent. Its that will be used to Effective and Ending Dates: 2000-unit
gements for providing and ame level in the cities ge ditches. A County Fity of Jesup Departme County Public Works States of the county Public	as the county performs in Road Maintenance Prison ent Head of Street and Superintendent. Its that will be used to Effective and Ending Dates: 2000-unit
ame level in the cities pe ditches. A County Fity of Jesup Departme County Public Works States of the County	as the county performs in Road Maintenance Prison ent Head of Street and Superintendent. Its that will be used to Effective and Ending Dates: 2000-unit
pe ditches. A County Fity of Jesup Departme County Public Works S Intergovernmental contract Facting Parties: and Municipalities 1/1/2 Implement the strategy for	Road Maintenance Prison ent Head of Street and Superintendent. Its that will be used to Effective and Ending Dates:
and Municipalities 1/1/2	r this service (e.g. ordinances
and Municipalities 1/1/2	r this service (e.g. ordinances
mplement the strategy for	r this service (e.g. ordinances
mplement the strategy for ate or fee changes, etc.), a	r this service (e.g., ordinances, and when will they take effect
mplement the strategy for ate or fee changes, etc.), a	r this service (e.g., ordinances, and when will they take effect
mplement the strategy for ate or fee changes, etc.), a	r this service (e.g., ordinances, and when will they take effect
mplement the strategy for ate or fee changes, etc.), a	r this service (e.g., ordinances, and when will they take effect
Date completed: 9/22/10 te agencies when evaluating de delivery strategy? 7Ye	ng whether proposed local
aone number(s) below: 3	
t	te agencies when evaluati

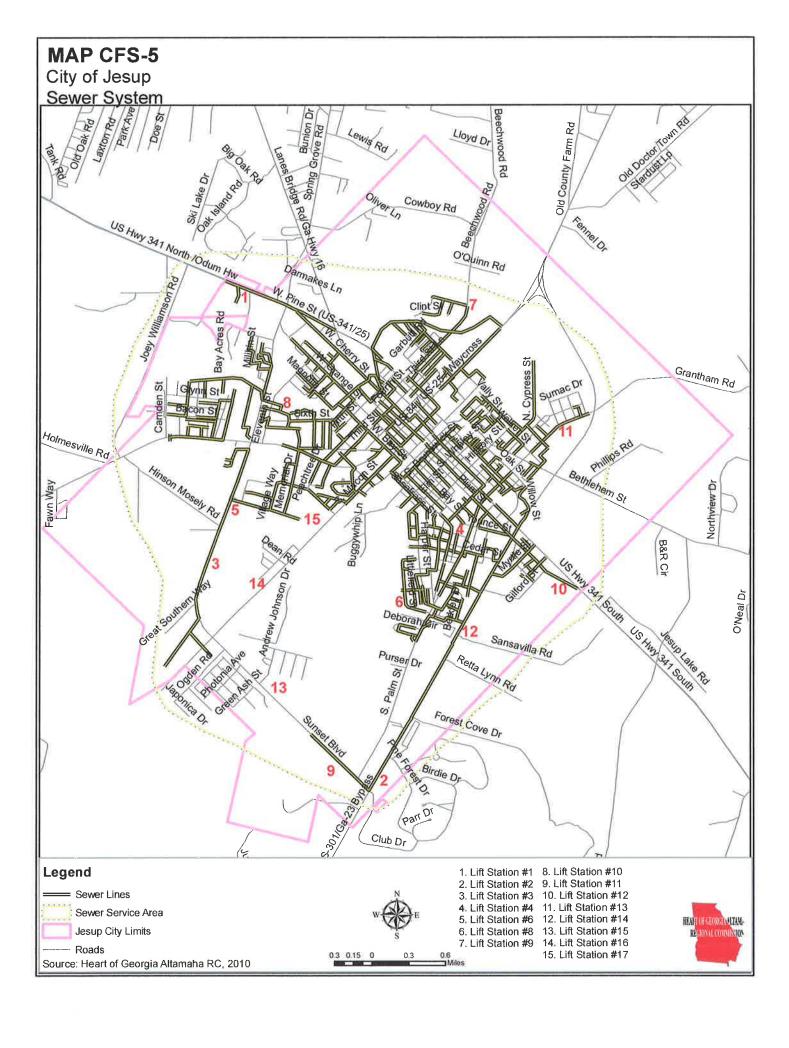


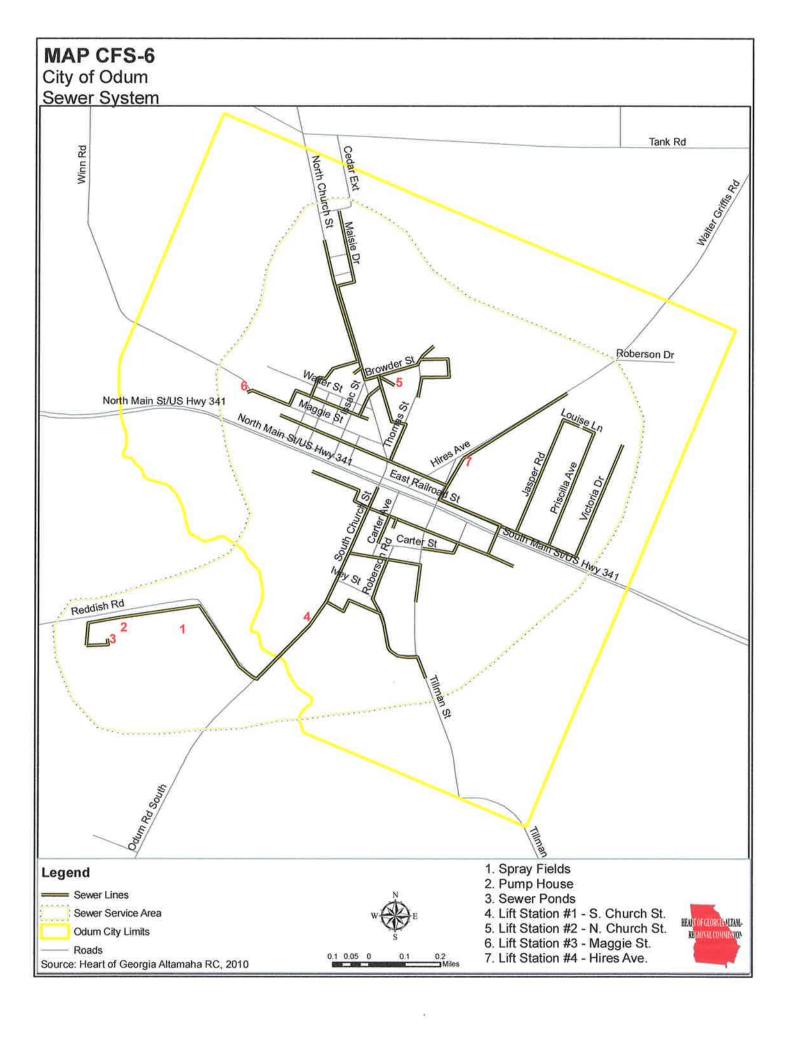
Instructions:

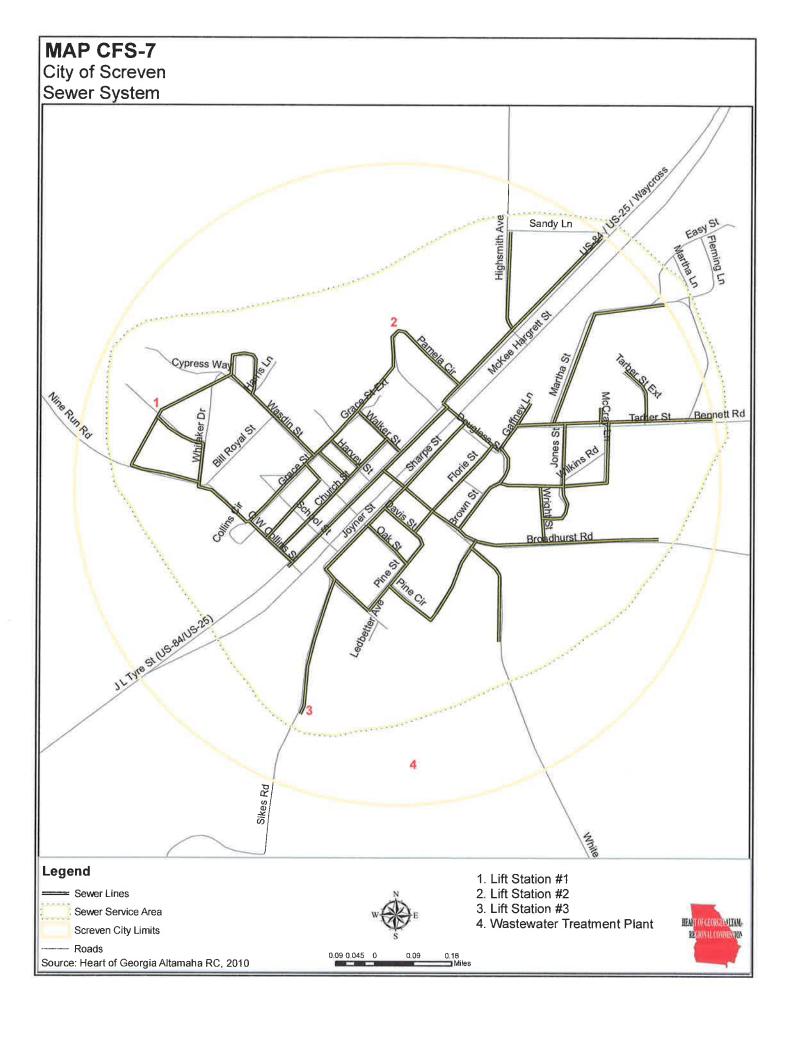
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

County: Wayne	Service: Sewer
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided counservice provider. (If this box is chewrice.):	tywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the
Service will be provided only i (If this box is checked, identify the service.):	n the unincorporated portion of the county by a single service provide e government, authority or organization providing the
will not be provided in unincorpor	e this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), g the service:
One or more cities will provide will provide the service in unincor authority or organization providing	this service only within their incorporated boundaries, and the county rporated areas. (If this box is checked, identify the government(s), g the service.):
Other (If this box is checked, an provider, and identify the government each service area.): City of Jesup, City of Odum, City of Screve	ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were o of this service identified? ☐Yes ☑No	verlapping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the nigher levels of service (See O.C.G.A. 36-70-24(1)), overriding s that overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated tep or action that will be taken to eli- completing it.	d under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for

		ng Method:
City of Jesup	Enterprise Fund	
City of Odum	Enterprise Fund	
City of Screven	Enterprise Fund	
4. How will the strategy change the the county?	e previous arrangements for provid	ing and/or funding this service within
the future along major corr appropriate. The local gove	idors (U.S. 341, Jesup and	service may be extended in Odum; U.S. 84, Screven) a agreement concerning this.
implement the strategy for this s	ervice:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
C 1771 : 11		egy for this service (e.g., ordinances, etc.), and when will they take effect
	eral Assembly, rate or fee changes,	
resolutions, local acts of the Gen	eral Assembly, rate or fee changes,	
	eal, County Administrator	
7. Person completing form: Mike De Phone number: 912-427-5900		: 9/22/10 valuating whether proposed local
7. Person completing form: Mike De Phone number: 912-427-5900 8. Is this the person who should be government projects are consisted.	Date completed contacted by state agencies when eart with the service delivery strateget person(s) and phone number(s) be	: 9/22/10 valuating whether proposed local √? ✓ Yes □ No









Instructions:

County: Wayne	Service: Solid Waste Management
1. Check the box that best describes the a	agreed upon delivery arrangement for this service:
Service will be provided countywick service provider. (If this box is checke service.):	de (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the governice.):	e unincorporated portion of the county by a single service provider vernment, authority or organization providing the
	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), a service:
will provide the service in unincorpora authority or organization providing the	service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), eservice.): Service
Other (If this box is checked, attack provider, and identify the government each service area.):	h a legible map delineating the service area of each service a authority, or other organization that will provide service within
2. In developing the strategy, were overladed of this service identified?	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but highe	re strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be climinated).
	der the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Local Government or Au	· · · · · · · · · · · · · · · · · · ·	g Method:
Wayne County	Insurance Premium Taxes, Alcol	nol Bev. Tax
City of Jesup	General Fund & User Fees	
City of Odum	General Fund & User Fees	
City of Screven	General Fund & User Fees	
4. How will the strategy char the county?	ge the previous arrangements for providir	g and/or funding this service within
No change is anticipat	ed.	
<i></i>		
implement the strategy for		
5. List any formal service del implement the strategy for Agreement Name:	this service: Contracting Parties:	Effective and Ending Dates:
implement the strategy for	this service:	
implement the strategy for	this service:	
implement the strategy for	this service:	
implement the strategy for	this service:	
implement the strategy for Agreement Name: 6. What other mechanisms (if	this service:	Effective and Ending Dates:
implement the strategy for Agreement Name: 6. What other mechanisms (if	this service: Contracting Parties: any) will be used to implement the strate;	Effective and Ending Dates:
implement the strategy for Agreement Name: 6. What other mechanisms (if resolutions, local acts of the	this service: Contracting Parties: any) will be used to implement the strate;	Effective and Ending Dates:
implement the strategy for Agreement Name: 6. What other mechanisms (if resolutions, local acts of the None 7. Person completing form:	Contracting Parties: Contracting Parties: any) will be used to implement the strate; General Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, tc.), and when will they take effect
implement the strategy for Agreement Name: 6. What other mechanisms (if resolutions, local acts of the	Contracting Parties: Contracting Parties: any) will be used to implement the strate; General Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, tc.), and when will they take effect
6. What other mechanisms (if resolutions, local acts of the None 7. Person completing form: None Phone number: 912-427-5900	Contracting Parties: Contracting Parties: any) will be used to implement the strate; General Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, etc.), and when will they take effect 9/22/10 aluating whether proposed local



Instructions:

County:	Wayne	Service: Tax Assessment
. Check	the box that best describes the a	greed upon delivery arrangement for this service:
service	vice will be provided countywid provider. (If this box is checked): Wayne County	e (i.e., including all cities and unincorporated areas) by a single I, identify the government, authority or organization providing the
☐Service	box is checked, identify the gove	unincorporated portion of the county by a single service provider ernment, authority or organization providing the
will no	or more cities will provide this s t be provided in unincorporated a ty or organization providing the	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
One	or more cities will provide this	service only within their incorporated boundaries, and the county
will pro	ovide the service in unincorporat ty or organization providing the	ed areas. (If this box is checked, identify the government(s),
will pro	ovide the service in unincorporate ty or organization providing the er (If this box is checked, attach	ed areas. (If this box is checked, identify the government(s),
will pro authori Othe provid each se	er (If this box is checked, attach er, and identify the government, rvice area.):	ed areas. (If this box is checked, identify the government(s), service.): a legible map delineating the service area of each service
will pro authori Otho provid each se In deve of this: Yes These corrangen	er (If this box is checked, attach er, and identify the government, rvice area.): Eloping the strategy, were overlapservice identified? No Inditions will continue under the ment (i.e., overlapping but higher	ed areas. (If this box is checked, identify the government(s), service.): a legible map delineating the service area of each service authority, or other organization that will provide service within

Wayne County	General Fund	
4. How will the strategy change the the county?	previous arrangements for providing and/	or funding this service within
No change is anticipated.		
		.1 . 111.1
. List any formal service delivery a	greements or intergovernmental contracts	that will be used to
List any formal service delivery a implement the strategy for this ser	greements or intergovernmental contracts vice:	that will be used to
implement the strategy for this ser	vice:	
5. List any formal service delivery a implement the strategy for this ser **Agreement Name:**	vice:	that will be used to Effective and Ending Dates:
implement the strategy for this ser	vice:	
implement the strategy for this ser	vice:	
implement the strategy for this ser	vice:	
implement the strategy for this ser	vice:	
implement the strategy for this sen Agreement Name: 5. What other mechanisms (if any) v	vice: Contracting Parties: I vill be used to implement the strategy for t	Effective and Ending Dates:
implement the strategy for this sen Agreement Name: 5. What other mechanisms (if any) v	vice: Cantracting Parties:	Effective and Ending Dates:
Agreement Name: Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the Gene	vice: Contracting Parties: I vill be used to implement the strategy for t	Effective and Ending Dates:
Agreement Name: Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the Gene	vice: Contracting Parties: I vill be used to implement the strategy for t	Effective and Ending Dates:
Agreement Name: Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the Gene	vice: Contracting Parties: I vill be used to implement the strategy for t	Effective and Ending Dates:
Agreement Name: Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the Gene	vice: Contracting Parties: I vill be used to implement the strategy for t	Effective and Ending Dates:
Agreement Name: Agreement Name: 6. What other mechanisms (if any) we resolutions, local acts of the Gene	vice: Contracting Parties: I vill be used to implement the strategy for t	Effective and Ending Dates:
Agreement Name: Agreement Name: 5. What other mechanisms (if any) veresolutions, local acts of the Gene	vice: Contracting Parties: Vill be used to implement the strategy for tral Assembly, rate or fee changes, etc.), and	Effective and Ending Dates:
Agreement Name: Agreement Name: 5. What other mechanisms (if any) veresolutions, local acts of the Gene	vice: Contracting Parties: Vill be used to implement the strategy for tral Assembly, rate or fee changes, etc.), and	Effective and Ending Dates: this service (e.g., ordinances, ad when will they take effect)
Agreement Name: Agreement Name: 5. What other mechanisms (if any) veresolutions, local acts of the Gene None 7. Person completing form: Mike Deal Phone number: 912-427-5900	Contracting Parties: Contracting Parties: Vill be used to implement the strategy for tral Assembly, rate or fee changes, etc.), and county Administrator Date completed: 9/22/10	Effective and Ending Dates: this service (e.g., ordinances, and when will they take effect)
Agreement Name: 6. What other mechanisms (if any) versolutions, local acts of the Gene None 7. Person completing form: Mike Deal Phone number: 912-427-5900 8. Is this the person who should be completed the strength of	County Administrator	Effective and Ending Dates: this service (e.g., ordinances, and when will they take effect) g whether proposed local



Instructions:

County: Wayne	Service: Tax Collection
1. Check the box that best describes th	e agreed upon delivery arrangement for this service;
Service will be provided county service provider. (If this box is check service.):	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in t (If this box is checked, identify the g service.):	he unincorporated portion of the county by a single service provider government, authority or organization providing the
	his service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service:
Other (If this box is checked, atta provider, and identify the governme each service area.):	ich a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified?	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the the the levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
f these conditions will be climinated un step or action that will be taken to elim- completing it.	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Au		g Method:
Wayne County	General Fund	
City of Jesup	General Fund	
City of Odum City of Screven	General Fund	
Sity of Screven	General Fund	
4. How will the strategy char the county?	ge the previous arrangements for providing	g and/or funding this service within
No change is anticipat	ed.	
5. List any formal service del implement the strategy for	ivery agreements or intergovernmental co	ntracts that will be used to
		mar
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:
6. What other mechanisms (if	Contracting Parties: any) will be used to implement the strate e General Assembly, rate or fee changes, or	gy for this service (c.g., ordinances,
6. What other mechanisms (if	any) will be used to implement the strate	gy for this service (c.g., ordinances,
6. What other mechanisms (if resolutions, local acts of the None	any) will be used to implement the strate e General Assembly, rate or fee changes, o	gy for this service (e.g., ordinances, stc.), and when will they take effect
6. What other mechanisms (if resolutions, local acts of the None 7. Person completing form: None Phone number: 912-427-5900	any) will be used to implement the strate e General Assembly, rate or fee changes, o	gy for this service (c.g., ordinances, stc.), and when will they take effect



Instructions:

County: Wayne	Service: Tourism
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
Service will be provided coun service provider. (If this box is cheservice.): Wayne County Tourism Box	tywide (i.e., including all cities and unincorporated areas) by a single necked, identify the government, authority or organization providing the pard
Service will be provided only (If this box is checked, identify the service.):	in the unincorporated portion of the county by a single service provider to government, authority or organization providing the
One or more cities will provide will not be provided in unincorpo authority or organization providir.	e this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), ag the service:
One or more cities will provide will provide the service in uninco authority or organization providing	e this service only within their incorporated boundaries, and the county rporated areas. (If this box is checked, identify the government(s), ag the service.):
	attach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified? Yes No	overlapping service areas, unnecessary competition and/or duplication
irrangement (i.e., overlapping but	der the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be climinated).
f these conditions will be eliminated top or action that will be taken to elempleting it.	d under the strategy, attach an implementation schedule listing each liminate them, the responsible party and the agreed upon deadline for

Local Government or Au		g Method:		
Wayne County	Hotel/Motel Tax			
City of Jesup	Hotel/Motel Tax			
City of Odum		Hotel/Motel Tax		
City of Screven	Hotel/Motel Tax			
4. How will the strategy chan the county?	ge the previous arrangements for providir	g and/or funding this service within		
No change is anticipate	ed.			
List any formal service deli implement the strategy for t	ivery agreements or intergovernmental co	ntracts that will be used to		
Aurgement 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:		
6. What other mechanisms (if	any) will be used to implement the strates General Assembly, rate or fee changes, or	gy for this service (e.g., ordinances,		
6. What other mechanisms (if	any) will be used to implement the strate;	gy for this service (e.g., ordinances,		
6. What other mechanisms (if resolutions, local acts of the	any) will be used to implement the strate;	gy for this service (e.g., ordinances,		
6. What other mechanisms (if resolutions, local acts of the	any) will be used to implement the strate;	gy for this service (e.g., ordinances,		
6. What other mechanisms (if resolutions, local acts of the None	any) will be used to implement the strate; General Assembly, rate or fee changes, o	gy for this service (c.g., ordinances, tc.), and when will they take effect		
6. What other mechanisms (if resolutions, local acts of the None 7. Person completing form: Market Phone number: 912-427-5900	any) will be used to implement the strate; General Assembly, rate or fee changes, o	gy for this service (c.g., ordinances, tc.), and when will they take effect		



Instructions:

County: Wayne	Service: Voter Registration
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
Service will be provided countyv service provider. (If this box is check service.): Wayne County	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the generate.):	he unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing to	his service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide the will provide the service in unincorpo authority or organization providing the	is service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, atta provider, and identify the governme each service area.):	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higl	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated un step or action that will be taken to elimi completing it.	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

City of Jesup General Fund General Fund General Fund General Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service with the county? No change is anticipated. The County provides the service to both the unincorporated and incorporated areas. However, each municipality will accept those who wish to walk in and register at that location. 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 Date 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effective and the strategy forms. Mike Deal, County Administrator Phone number: 912-427-5900 Date completed: 9/22/10	Local Government or Auto		ng Method:			
General Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service with the county? No change is anticipated. The County provides the service to both the unincorporated and incorporated areas. However, each municipality will accept those who wish to walk in and register at that location. 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 Date 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effective and the graph of the General Assembly of the completed: 9/22/10 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:	Wayne County					
4. How will the strategy change the previous arrangements for providing and/or funding this service with the county? No change is anticipated. The County provides the service to both the unincorporated and incorporated areas. However, each municipality will accept those who wish to walk in and register at that location. 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 Date 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effether the strategy for this service (e.g., ordinance resolutions). 7. Person completing form: Mike Deat, County Administrator Phone number: 912-427-5900 Date completed: 9/22/10 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:						
4. How will the strategy change the previous arrangements for providing and/or funding this service with the county? No change is anticipated. The County provides the service to both the unincorporated and incorporated areas. However, each municipality will accept those who wish to walk in and register at that location. 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 Date 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effether the strategy forms and the 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:						
No change is anticipated. The County provides the service to both the unincorporated and incorporated areas. However, each municipality will accept those who wish to walk in and register at that location. 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 Date 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effective and the service of the General Assembly in the service of this service (e.g., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effective are completed in the service of the serv	ty or screven General Fund					
Agreement Name: Contracting Parties: Effective and Ending Date Ending Date Ending Date Provide Assembly, rate or fee changes, etc.), and when will they take effective and Ending Date Place Person completing form: Mike Deal, County Administrator Phone number: 912-427-5900 Date completed: 9/22/10 Ending Date Effective and Ending Date Eding Date Parties: Effective and Ending Date Eding Date Eding Date Provide Assembly, rate or fee changes, etc.), and when will they take effective and Ending Date Eding Date Eding Date From Date Eding Date Edin		ge the previous arrangements for provid	ing and/or funding this service within			
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., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effective and Ending Date of the General Assembly, rate or fee changes, etc.), and when will they take effective and Ending Date of the General Assembly, rate or fee changes, etc.), and when will they take effective and Ending Date of the General Assembly, rate or fee changes, etc.), and when will they take effective Phone number: 7. Person completing form: Phone number: 9/22/10 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:	unincorporated and incommon those who wish to walk 5. List any formal service deliv	orporated areas. However, ear in and register at that location	ch municipality will accept .			
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinance resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly, rate or fee changes, etc.), and the General Assembly, rate or f			1222 D. C. 1800 M. 1800 M.			
None 7. Person completing form: Mike Deal, County Administrator Phone number: 912-427-5900 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 \(\subseteq \text{No} \) If not, provide designated contact person(s) and phone number(s) below:	Agreement Name:	Contracting Parties:	Effective and Ending Dates:			
7. Person completing form: Mike Deal, County Administrator Phone number: 912-427-5900 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 \(\subseteq \text{No} \) If not, provide designated contact person(s) and phone number(s) below:						
7. Person completing form: Mike Deal, County Administrator Phone number: 912-427-5900 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 \(\subseteq \text{No} \) If not, provide designated contact person(s) and phone number(s) below:						
7. Person completing form: Mike Deal, County Administrator Phone number: 912-427-5900 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 \(\subseteq \text{No} \) If not, provide designated contact person(s) and phone number(s) below:						
7. Person completing form: Mike Deal, County Administrator Phone number: 912-427-5900 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 \(\subseteq \text{No} \) If not, provide designated contact person(s) and phone number(s) below:						
Phone number: 912-427-5900 Date completed: 9/22/10 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:						
If not, provide designated contact person(s) and phone number(s) below:	resolutions, local acts of the					
	7. Person completing form: Mil Phone number: 912-427-5900	General Assembly, rate or fee changes, ke Deal, County Administrator Date completed d be contacted by state agencies when e	etc.), and when will they take effect			
	7. Person completing form: Mil Phone number: 912-427-5900 8. Is this the person who should government projects are constitutions.	Re Deal, County Administrator Date completed d be contacted by state agencies when esistent with the service delivery strategy	etc.), and when will they take effect' 9/22/10 valuating whether proposed local ? Yes No			

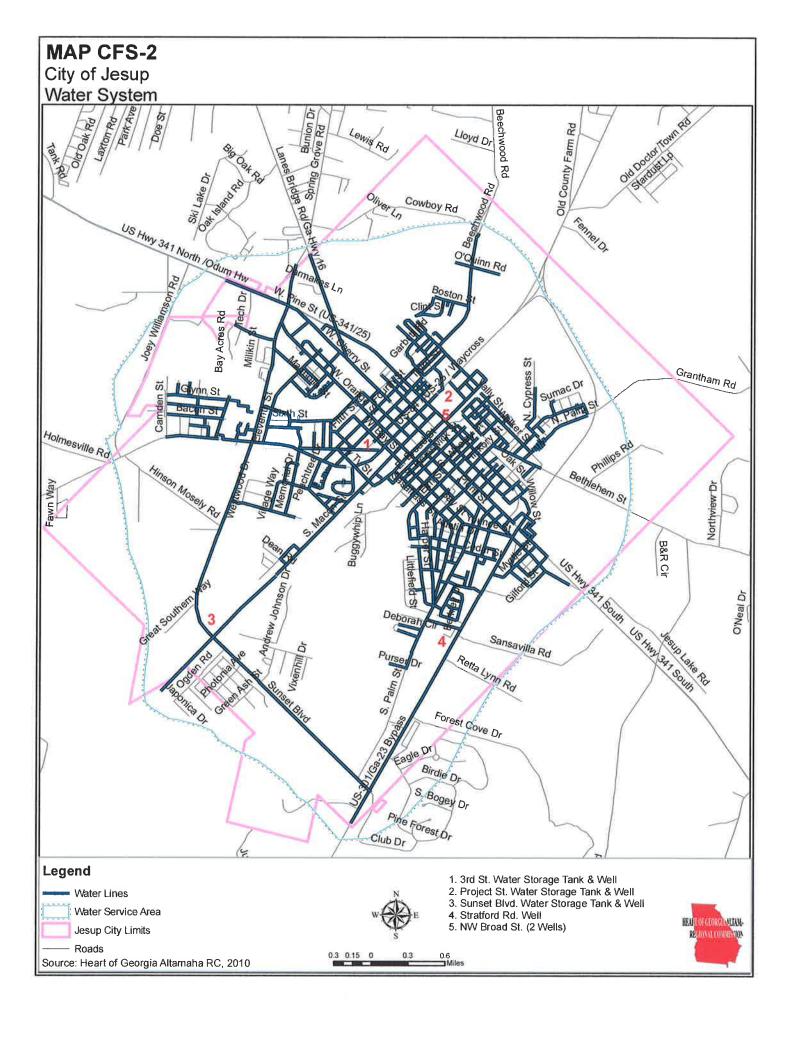


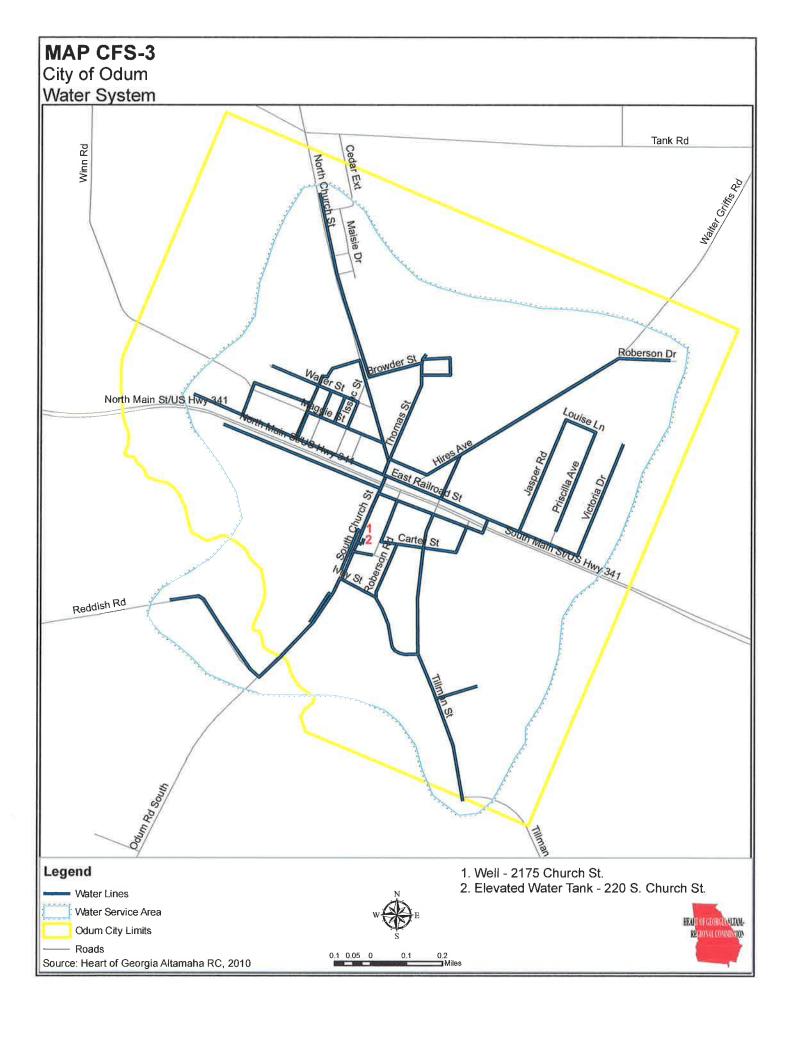
Instructions:

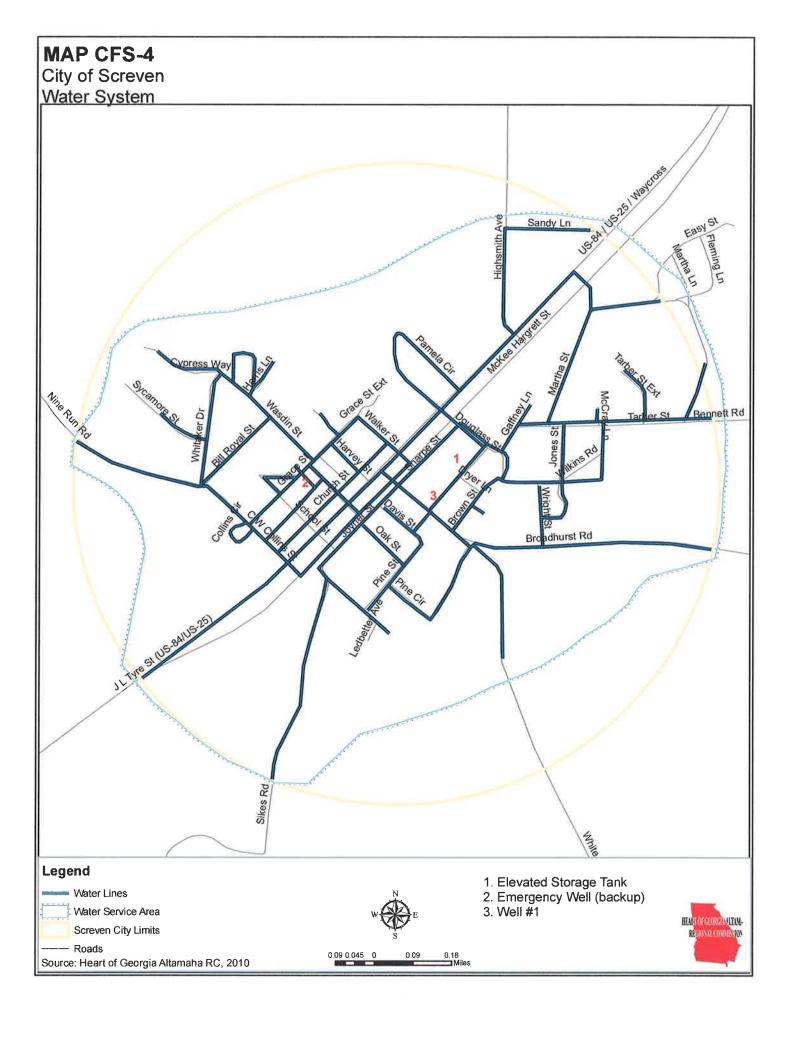
Make copies of this form and complete one for each service listed on page 1. Section III. Use exactly the same service

County: Wayne	Service: Water
1. Check the box that best describes t	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is che service.):	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
will not be provided in unincorpora	this service only within their incorporated boundaries, and the service ted areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide twill provide the service in unincorpauthority or organization providing	his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att provider, and identify the governme each service area.): City of Jesup, City of Odum, City of Screven	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
of this service identified?	erlapping service areas, unnecessary competition and/or duplication
If these conditions will continue under arrangement (i.e., overlapping but his	the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated ustep or action that will be taken to eliminated to the completing it.	under the strategy, attach an implementation schedule listing each ninate them, the responsible party and the agreed upon deadline for

	hority: Fundi	ng Method:		
City of Jesup	Enterprise Fund	Enterprise Fund		
City of Odum		Enterprise Fund		
City of Screven	Enterprise Fund			
4. How will the strategy chang	ge the previous arrangements for providi	ng and/or funding this service withi		
he future, primarily alor	ed. However, municipal water s ng major corridors (U.S. 341, J e. The local governments have	lesup and Odum: U.S. 84.		
i. List any formal service deliving implement the strategy for the	very agreements or intergovernmental conis service:	ontracts that will be used to		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:		
6. What other mechanisms (if a resolutions, local acts of the None	any) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect		
7. Person completing form: Mik Phone number: 912-427-5900	se Deal, County AdministratorDate completed:	9/22/10		
Phone number: 912-427-5900 3. Is this the person who should		valuating whether proposed local		













SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:			
Answer each question below, attaching additional pages as necessary. Please note that any changes to the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this Community Affairs.	answers provided will require an update of the should be reported to the Department of		
COUNTY:WAYNE			
What incompatibilities or conflicts between the land use plans of local governments w developing the service delivery strategy? None	ere identified in the process of		
2. Check the boxes indicating how these incompatibilities or conflicts were addressed: Amendments to existing comprehensive plans Adoption of a joint comprehensive plan	NOTE: If the necessary plan amendments,		
Other measures (amend zoning ordinances, add environmental regulations, etc.)	regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.		
If "other measures" was checked, describe these measures:			
3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Wayne County and the cities of Jesup, Odum, and Screven have adopted a joint resolution to insure that any proposed extraterritorial water and sewer service is compatible with land use plans and ordinances of the territory of the adjoining local government in which the new service is to be extended. (Copy attached)			
Person completing form: Mike Deal, County Administrator			
Phone number: 912-427-5900 Date completed: 9-22-10			
i. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government		
If not, provide designated contact person(s) and phone number(s) below:			







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

This two page form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: WAYNE

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
WAYNE	Chairman	Ed Jeffords	2/ Jul - 8 9/30/10
<u>JESUP</u>	Mayor	Herb Shaw	The 9/2/
ODUM	Mayor	Aubrey Mansfield	antien Mansalas
SCREVEN	Mayor	Donald Boyette	Denald Bont 9/29/10
		5	