





COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY

I. GENERAL INSTRUCTIONS:

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

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

- 7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: pemd.opqga@dca.ga.gov, or mail the completed forms along with any attachments to: GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS OFFICE OF PLANNING AND QUALITY GROWTH

60 Executive Park South, N.E.

Atlanta, Georgia 30329

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN OFFICIAL UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Unified Government of Webster County Industrial Development Authority

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

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

Economic Development, Emergency Management, Emergency Medical Services, Family and Children's Services, Fire Protection, Indigent Defense, Law Enforcement, Library, Public Health, Recreation, Recycling, Roads Streets and Bridges, Solid Waste, Water Treatment and Distribution

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Animal Control, Cooperative Extention, Coroner, Courts, E-9-1-1, Elections, Jail, Neighborhood Revitalization (Housing), Public Transportation, Street Lighting, Tax Appraisal and Assessment, Tax Collection, Voter Registration







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: UNIFIED GOVERNMENT OF WEBSTER COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
UNIFIED GOVERNMENT OF WEBSTER COUNTY	Chairman		Jony Knep	09-10-19







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Animal Control
4. Charles are boundless book describes the	
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Webster County 	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Unified Government of
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga or Organization Here	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is chestervice: Type Name of Government, Authority or	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be all	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that

If

Local Government or Author	prity Funding	Method
Jnified Government of Webster	General Fund, Grants/Loans	
County		
How will the strategy change th	ne previous arrangements for providing and/or fund	ding this service within the county?
alalia a tha a anti-sa a fastis a sa		
acties from Sumter County to Te	s or loans to fund buildings, equipment, training, ar errell County	nd programming. Change contracting
artice from Cumter County to 10	erreir Gourity.	
ist any formal carving delivery	ogrammata or international delication ()	
his service:	agreements or intergovernmental contracts that w	/III be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties Webster County and Terrell County	Effective and Ending Date 2018 - Present
Agreement Name		
Agreement Name ay per Use	Webster County and Terrell County	2018 - Present
Agreement Name ay per Use What other mechanisms (if any)		2018 - Present
Agreement Name ay per Use What other mechanisms (if any)	Webster County and Terrell County	2018 - Present
Agreement Name ay per Use What other mechanisms (if any)	Webster County and Terrell County	2018 - Present
Agreement Name ay per Use What other mechanisms (if any) cts of the General Assembly, ra	Webster County and Terrell County	2018 - Present
Agreement Name ay per Use What other mechanisms (if any) acts of the General Assembly, re	Webster County and Terrell County	2018 - Present
Agreement Name Pay per Use What other mechanisms (if any)	Webster County and Terrell County	2018 - Present
Agreement Name ay per Use What other mechanisms (if any) acts of the General Assembly, ra	Webster County and Terrell County) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	2018 - Present
Agreement Name ay per Use What other mechanisms (if any) cts of the General Assembly, ra	Webster County and Terrell County) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take except the county of the county	2018 - Present
Agreement Name ay per Use What other mechanisms (if any) cts of the General Assembly, ra	Webster County and Terrell County) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	2018 - Present
Agreement Name ay per Use What other mechanisms (if any) cts of the General Assembly, rather the General Assembly and th	Webster County and Terrell County) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take experience of the completed: 08/19/2019	zvice (e.g., ordinances, resolutions, loeffect?
Agreement Name ay per Use What other mechanisms (if any) cts of the General Assembly, ra person completing form: Tony knone number: 229-828-5775 is this the person who should be	Webster County and Terrell County) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take except the county of the county	zvice (e.g., ordinances, resolutions, loeffect?
Agreement Name ay per Use What other mechanisms (if any) acts of the General Assembly, rather than a completing form: Tony Person completing form: Tony Person number: 229-828-5775 as this the person who should be rojects are consistent with the second	Webster County and Terrell County will be used to implement the strategy for this serate or fee changes, etc.), and when will they take experience to the complete of the complete of the complete of the contacted by state agencies when evaluating evaluating when evaluating when evaluating evaluati	zvice (e.g., ordinances, resolutions, loeffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Cooperative Extension
Check <u>one</u> box that best describes the agreed upo	an delivery errongement for this service.
i. Offect one box that best describes the agreed upo	in delivery arrangement for this service.
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut) Webster County 	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Unified Government of
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization Here	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is ches service: Type Name of Government, Authority or	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of the control of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
t. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
these conditions will continue under this strategy, <u>at</u> verlapping but higher levels of service (See O.C.G.A	ttach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that

If overlapping service areas or competition cannot be eliminated).

List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc	neral fur	will help to pay for this service and indicate hads, special service district revenues, hotel/m	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Author	ority	Funding Me	ethod
Unified Government of Webster	r	General Fund, Grants/Loans	
County			
4. How will the strategy change the	ne previ	ous arrangements for providing and/or fundin	g this service within the county?
		ns to fund buildings, equipment, training, and	
this service:	ragreen	nents or intergovernmental contracts that will	
Agreement Name	\/\/_b_+	Contracting Parties	Effective and Ending Dates
Memo. of Understanding	vvebst	er County and University of Georgia	Present - Renewed Annually
What other mechanisms (if any acts of the General Assembly, r	v) will be ate or fe	used to implement the strategy for this service changes, etc.), and when will they take eff	ce (e.g., ordinances, resolutions, local ect?
None			
7. Person completing form: Tony Phone number: 229-828-5775 8. Is this the person who should b	Da e conta	te completed: 08/19/2019 cted by state agencies when evaluating whet	her proposed local government
projects are consistent with the If not, provide designated conta TYPE CONTACT NAME, TITLE	ct perso	n(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Coroner
4.0	
1. Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Unified Government of
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization Here	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is ches service: Type Name of Government, Authority or	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).

	continue	
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3. List each government or authority that enterprise funds, user fees, general fur fees, bonded indebtedness, etc.).	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
lees, bolided ilidebtedriess, etc.).		
Local Government or Authority	Funding Method	等。第二章是工作,从第二十三章是工作的
Unified Government of Webster	General Fund, Grants/Loans	
County		
4. How will the strategy change the previous	ous arrangements for providing and/or funding this	service within the county?
Adding the option of using grants or loa	ns to fund buildings, equipment, training, and progra	amming.
List any formal service delivery agreen this service:	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be acts of the General Assembly, rate or fe	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
7. Person completing form: Tony Kenned Phone number: 229-828-5775 Da	dy te completed: 08/19/2019	
8. Is this the person who should be contact projects are consistent with the service	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact perso TYPE CONTACT NAME, TITLE & PHO		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Courts: Superior, Probate, Magistrate
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Unified Government of
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga or Organization Here	porated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service: Type Name of Government, Authority or	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of the control of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).

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Local Government or Authority	Funding Method
Unified Government of Webster	General Fund, Fees, Fines, Forfeitures, and Grants/Loans
County	
How will the strategy change the prev	vious arrangements for providing and/or funding this service within the county?
dding the option of using grants or loa	ans to fund buildings, equipment, training, and programming.
	and to fand bandings, equipment, training, and programming.
List any formal service delivery agree	ements or intergovernmental contracts that will be used to implement the strate
his service:	
Agreement Name	Contracting Parties Effective and Ending D
one	
Albert other machenians (if an) will be	
	be used to implement the strategy for this service (e.g., ordinances, resolutions fee changes, etc.), and when will they take effect?
	be used to implement the strategy for this service (e.g., ordinances, resolutions fee changes, etc.), and when will they take effect?
acts of the General Assembly, rate or	
acts of the General Assembly, rate or	
acts of the General Assembly, rate or	
one Person completing form: Tony Kenne	fee changes, etc.), and when will they take effect?
one Person completing form: Tony Kenne Phone number: 229-828-5775	fee changes, etc.), and when will they take effect? edy late completed: 08/19/2019
Person completing form: Tony Kenne hone number: 229-828-5775 D	fee changes, etc.), and when will they take effect? edy late completed: 08/19/2019 acted by state agencies when evaluating whether proposed local government
one Person completing form: Tony Kenne Phone number: 229-828-5775	fee changes, etc.), and when will they take effect? edy late completed: 08/19/2019 acted by state agencies when evaluating whether proposed local governmente delivery strategy? ⊠Yes □No







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: <i>E-9-1-1</i>
1. Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Unified Government of
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that

Local Government or Author	ity Funding Met	thod
Unified Government of Webster	General Fund, Telephone Surcharge, and Gr	
County	General Fund, Telephone Suronarge, and Sh	anto/Eduno
How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?
Adding the option of using grants	or loans to fund buildings, equipment, training, and p	programming.
this service:	agreements or intergovernmental contracts that will b	
Agreement Name	Contracting Parties	Effective and Ending Dates
	Webster County and Middle Flint Regional E-9-1-1	7/23/03 - Renewed Annually
	Authority	
Flint E-9-1-1 Center		
	will be used to implement the strategy for this servic te or fee changes, etc.), and when will they take effe	
None		
Person completing form: Tony K	Cennedy Date completed: 08/19/2019	
Person completing form: Tony K Phone number: 229-828-5775 Is this the person who should be		ner proposed local government







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Economic Development		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
☐One or more cities will provide this service only v in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:		
☐One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
identify the government, authority, or other organiza	ap delineating the service area of each service provider, and ation that will provide service within each service area.): ustrial Development Authority working cooperatively countywide		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).		
If these conditions will be eliminated under the strategwill be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

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

Local Government or Authori	ty Fundin	g Method
Unified Government of	general fund; revolving loan fund; possit	
Webster County		
Industrial Development Authority	revolving loan fund; possible grants and	loans; bonds
4. How will the strategy change the	previous arrangements for providing and/or fu	nding this service within the county?
No change.		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this see or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, local e effect?
None		
7. Person completing form: Tony Ke Phone number: 229-828-5775	ennedy Date completed: 8/19/2019	
Is this the person who should be open projects are consistent with the se	contacted by state agencies when evaluating v rvice delivery strategy? ⊠Yes ⊡No	vhether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Elections	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Unified Government of	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga or Organization Here	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service: Type Name of Government, Authority or	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of the contract of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
e.) Other (If this box is checked, <u>attach a legiblish</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	

	STREET, SQUARE, SQUARE,				A DOLLAR STORY
	-	- 1			
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Local Government or Authority General Fund and Grants/Loans	3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).			
Unified Government of Webster County 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Adding the option of using grants or loans to fund buildings, equipment, training, and programming. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name Contracting Parties Effective and Ending Dates None 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acits of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019 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:	Local Government or Authority	Funding Method		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Adding the option of using grants or loans to fund buildings, equipment, training, and programming. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name Contracting Parties Effective and Ending Dates None 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019 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:				
Adding the option of using grants or loans to fund buildings, equipment, training, and programming. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name	County			
Adding the option of using grants or loans to fund buildings, equipment, training, and programming. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name	4. How will the strategy change the previ	ous arrangements for providing and/or funding this	service within the county?	
Agreement Name Contracting Parties Effective and Ending Dates None 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019 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? If not, provide designated contact person(s) and phone number(s) below:	Adding the option of using grants or loa	ns to fund buildings, equipment, training, and progra	amming.	
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None 7. Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019 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? If not, provide designated contact person(s) and phone number(s) below:	None			
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Phone number: 229-828-5775 Date completed: 08/19/2019 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:	None			
projects are consistent with the service delivery strategy? Yes No If not, provide designated contact person(s) and phone number(s) below:				
	Is this the person who should be conta projects are consistent with the service	cted by state agencies when evaluating whether pr delivery strategy? ⊠Yes □No	oposed local government	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Emergency Management	
Check the box that best describes the agreed upo	on delivery arrangement for this service:	
Service will be provided countywide (i.e., include this box is checked, identify the government, authors Unified Government of Webster County	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and cation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Page 1 of 2

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

Local Government or Authority	Funding Method	6. 为战争了。 图 一种美国
Unified Government of	general fund; possible grants	
Webster County		
. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
No change.		
. List any formal service delivery agree this service:	ements or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	be used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
None		
. Person completing form: Tony Kenne Phone number: 229-828-5775	edy Pate completed: 08/19/2019	
. Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluating whether preacted by strategy? ⊠Yes ⊡No	roposed local government
If not, provide designated contact pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Emergency Medical Services
1. Check the box that best describes the agreed upon	
this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	y that will help to pay for this service and indica ral funds, special service district revenues, hote	te how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Author	ty Funding	g Method
Unified Government of	user fees; general fund; SPLOST; possi	
Webster County		
A How will the strategy change the	previous arrangements for providing and/or fur	ading this convice within the county?
No change.		Talling this service within the county.
this service:	greements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
3. What other mechanisms (if any) wacts of the General Assembly, rat	will be used to implement the strategy for this se or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local e effect?
None		
7. Person completing form: Tony K o Phone number: 229-828-5775	ennedy Date completed: 08/19/2019	
 Is this the person who should be projects are consistent with the se 	contacted by state agencies when evaluating v rvice delivery strategy? ⊠Yes ⊡No	vhether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Family and Children's Services	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, author Unified Government of Webster County	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:	
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).	
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc.	rity that will help to pay for this service and indicate how the neral funds, special service district revenues, hotel/motel ta c.).	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Author	prity Funding Method	
Unified Government of	general fund; client fees; possible grants	
Webster County	general and, elent rece, pecciole grante	
	-	
	`	
4. How will the strategy change the	ne previous arrangements for providing and/or funding this	service within the county?
No change.		
this service:	agreements or intergovernmental contracts that will be use	
Agreement Name	Contracting Parties	Effective and Ending Dates
Third Party Lease Agreement	Webster and Georgia Department of Community Health	current and renewed annually
What other mechanisms (if any acts of the General Assembly recognitions)	will be used to implement the strategy for this service (s.	
acts of the Contrar (Coombit), i	ate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None	ate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
	ate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li. Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Fire Protection
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ng all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, idea	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only w service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method	
Unified Government of	general fund; SPLOST; possible grants	
Webster County		
How will the strategy change the prev	vious arrangements for providing and/or funding this service within the county?	
	vious arrangements for providing and/or funding this service within the county?	
	vious arrangements for providing and/or funding this service within the county?	
No change. List any formal service delivery agree		
No change. List any formal service delivery agree		
No change.	vious arrangements for providing and/or funding this service within the county? ements or intergovernmental contracts that will be used to implement the strategy f Contracting Parties Effective and Ending Date	

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None
7. Donas and Francisco Tourist Constitution for the Constitution of the Constitution o

7. Person completing form: **Tony Kennedy**

Phone number: **229-828-5775** Date completed: 08/19/2019

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

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







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Indigent Defense	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authountified Government of Webster County	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

SDS FORM 2, cont	inue	7

Local Government or Authority	Funding Meth	nod
Unified Government of	general fund; possible grants	
Webster County		
How will the strategy change the prev	rious arrangements for providing and/or funding t	his service within the county?
No change.		
this service:	ments or intergovernmental contracts that will be	
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	e used to implement the strategy for this service fee changes, etc.), and when will they take effec	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or None Person completing form: Tony Kenne	fee changes, etc.), and when will they take effec	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of

shou	uld be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this		
	UNTY:UNIFIED GOVERNMENT OF BSTER COUNTY	Service: Jail		
1. (Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a (l	a.) 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.): Unified Government of Webster County			
cl	.) Service will be provided only in the unincorp hecked, identify the government, authority or orgar Organization Here	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority		
рі	.) One or more cities will provide this service of rovided in unincorporated areas. (If this box is cheervice: Type Name of Government, Authority or	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
Se	.) One or more cities will provide this service of ervice in unincorporated areas. (If this box is checkervice.): Type Name of Government, Authority of the control of th	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here		
id) Other (If this box is checked, attach a legib entify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. Ir id	n developing this strategy, were overlapping servicentified?	ce areas, unnecessary competition and/or duplication of this service		
	Yes (if "Yes," you must attach additional docume	entation as described, below)		
\boxtimes	No			
over	ese conditions will continue under this strategy, <u>at</u> rlapping but higher levels of service (See O.C.G.A rlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		

If these conditions will be eliminated under the 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.

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3			1 2	, CC		20

Jail Contract Webster County and Sumter County 1999 - Present What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	Unified Government of Webster	Funding Metho	O have surface from the second second	
How will the strategy change the previous arrangements for providing and/or funding this service within the county. Adding the option of using grants or loans to fund buildings, equipment, training, and programming. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name Contracting Parties Effective and Ending in the strategy of this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Webster County What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	Offiniod Covolfillions of Woboston	r General Fund and Grants/Loans		
Adding the option of using grants or loans to fund buildings, equipment, training, and programming. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	County			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name				
Adding the option of using grants or loans to fund buildings, equipment, training, and programming. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name				
Adding the option of using grants or loans to fund buildings, equipment, training, and programming. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name				
Adding the option of using grants or loans to fund buildings, equipment, training, and programming. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name Contracting Parties Effective and Ending in the partie of the Sumter County of the Sum County o				
Adding the option of using grants or loans to fund buildings, equipment, training, and programming. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	How will the strategy change the provi	vious arrangements for providing and/or funding this	a convice within the country?	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	Trow will the strategy change the prev	rious arrangements for providing and/or funding this	s service within the county?	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name				
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name Contracting Parties Effective and Ending and Contract Webster County and Sumter County 1999 - Present What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Hone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Agreement Name Contracting Parties all Contract Webster County and Sumter County 1999 - Present What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	adding the option of using grants or loa	ans to fund buildings, equipment, training, and prog	gramming.	
Agreement Name Contracting Parties all Contract Webster County and Sumter County 1999 - Present What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Agreement Name Contracting Parties all Contract Webster County and Sumter County 1999 - Present What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Agreement Name Contracting Parties ail Contract Webster County and Sumter County 1999 - Present What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Agreement Name Contracting Parties ail Contract Webster County and Sumter County 1999 - Present What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Idone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019		ments or intergovernmental contracts that will be u	sed to implement the strategy for	
what other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Hone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	illis sei vice.			
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Ione Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	Agreement Name	Contracting Parties	Effective and Ending Date:	
lone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	ail Contract Webs	ster County and Sumter County	1999 - Present	
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Jone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Jone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Jone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
lone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Jone Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	What other mechanisms (if any) will b	a used to implement the atrategy for this period (a	a ordinanaaa raaalutiana laa	
Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019	acts of the General Assembly, rate or	e used to implement the strategy for this service (e fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, loc	
Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Person completing form: Tony Kennedy Phone number: 229-828-5775 Date completed: 08/19/2019				
Phone number: 229-828-5775 Date completed: 08/19/2019	lone			
Phone number: 229-828-5775 Date completed: 08/19/2019				
Phone number: 229-828-5775 Date completed: 08/19/2019				
Phone number: 229-828-5775 Date completed: 08/19/2019	Person completing form: Tony Kenne	edv		
	하다는 아마나 회에는 모든 하는 그리아이는 사이 이번에 보는 아마의 사이를 가지 않는데 하는데 하는데 되는데 사이를 하는데 되었다.			
	Priorite fluifiber. 229-020-3773			
ls 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				
f not, provide designated contact person(s) and phone number(s) below:	Is this the person who should be conta	acted by state agencies when evaluating whether per delivery strategy? ⊠Yes ⊡No	proposed local government	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	rvice: Law Enforcement
1. Check the box that best describes the agreed upon del	livery arrangement for this service:
Service will be provided countywide (i.e., including a this box is checked, identify the government, authority countied Government of Webster County	all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):
Service will be provided only in the unincorporated pochecked, identify the government, authority or organization	ortion of the county by a single service provider. (If this box is tion providing the service.):
	n their incorporated boundaries, and the service will not be provided the government(s), authority or organization providing the service:
	n their incorporated boundaries, and the county will provide the identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible map didentify</u> the government, authority, or other organization	delineating the service area of each service provider, and that will provide service within each service area.):
2. In developing this strategy, were overlapping service as identified?	reas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documenta	tion as described, below)
⊠No	
If these conditions will continue under this strategy, <u>attact</u> overlapping but higher levels of service (See O.C.G.A. 36 overlapping service areas or competition cannot be elimin	6-70-24(1)), overriding benefits of the duplication, or reasons that
If these conditions will be eliminated under the strategy, a will be taken to eliminate them, the responsible party and	attach an implementation schedule listing each step or action that the agreed upon deadline for completing it.
Pa	age 1 of 2

	t will help to pay for this service and indicate how th inds, special service district revenues, hotel/motel to				
Local Government or Authority	Funding Method				
Unified Government of	general fund; SPLOST; possible grants				
Webster County					
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name Contracting Parties Effective and Ending Dates					
None		The state of the s			
C. What ather made prior of fam. A will be		and the second s			

6	6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?					
	None					
7	. Person completing form: Tony Phone number: 229-828-5775	Kennedy Date completed: 08/19/2019				
8		e contacted by state agencies when evaluating whether proposed service delivery strategy? ⊠Yes ⊡No	l local government			
	If not, provide designated conta	ct person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Library			
1. Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includi this box is checked, identify the government, author Unified Government of Webster County	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, idea	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:			
☐One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).			
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

3. List each government or aut enterprise funds, user fees, g fees, bonded indebtedness, of	general fu	will help to pay for this service and indicate how nds, special service district revenues, hotel/motel	the service will be funded (e.g., taxes, franchise taxes, impact	
Local Government or Aut		Funding Metho	nd -	
Unified Government of		general fund; Lake Blackshear Regional Library		
Webster County		general rand, Lake Blackenear Regional Library	Cystem, possible grants	
vvcbstci County				
L	the previ	ous arrangements for providing and/or funding th	is service within the county?	
No change. 5. List any formal service delive this service:	ery agreer	ments or intergovernmental contracts that will be u	used to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
Library Services	Webs	ter County and the Lake Blackshear Regional	renewed annually	
		y System	Tonowea armaany	
		e used to implement the strategy for this service (ee changes, etc.), and when will they take effect?		
None				
projects are consistent with the	5 Da be conta e service	ate completed: 08/19/2019 acted by state agencies when evaluating whether delivery strategy? ⊠Yes □No	proposed local government	
It not, provide designated con	tact perso	on(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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Local Government or Authority	Funding Method	的数据的数据的数据,1986年(1996年)的数据
Unified Government of Webster	General Fund, Grants/Loans	
County		
. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?
Neighborhood Revitalization (Housing)	is being added to the Service Delivery Strategy.	
List any formal service delivery agreed this service:	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
		g., ordinances, resolutions, loca
		g., ordinances, resolutions, loca
acts of the General Assembly, rate or t		g., ordinances, resolutions, loca
None Person completing form: Tony Kenne	ee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
None Person completing form: Tony Kenne Phone number: 229-828-5775	dy acted by state agencies when evaluating whether p	*







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Public Health			
1. Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., including this box is checked, identify the government, authountified Government of Webster County	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

	nat will help to pay for this service and indicate how the service will be funded (e.g., funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Unified Government of	general fund; client fees; possible grants
Webster County	
4. How will the strategy change the pre	evious arrangements for providing and/or funding this service within the county?
No change.	
this service:	ements or intergovernmental contracts that will be used to implement the strategy fo
Agreement Name None	Contracting Parties Effective and Ending Dates
None	
6. What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this service (e.g., ordinances, resolutions, locar fee changes, etc.), and when will they take effect?
None	
7. Person completing form: Tony Kenr Phone number: 229-828-5775	nedy Date completed: 08/19/2019
Is this the person who should be corprojects are consistent with the service.	ntacted by state agencies when evaluating whether proposed local government ce delivery strategy? ⊠Yes □No
If not, provide designated contact per	rson(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as nece should be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Public Transportation
1. Check $\underline{\text{one}}$ box that best describes the agreed up	on delivery arrangement for this service:
	ncluding all cities and unincorporated areas) by a single service provider. uthority or organization providing the service.): Unified Government of
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be necked, identify the government(s), authority or organization providing the or Organization Here
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	ble map delineating the service area of each service provider, and zation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serv identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

If these conditions will be eliminated under the 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.

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	at will help to pay for this service and indicate how unds, special service district revenues, hotel/mote	
Local Government or Authority	Funding Meth	od
Unified Government of Webster	Federal/State/Local Funds, Grants/Loans, Use	
County		
4. How will the strategy change the prev	vious arrangements for providing and/or funding t	his service within the county?
Neighborhood Revitalization (Housing)) is being added to the Service Delivery Strategy.	
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	be used to implement the strategy for this service fee changes, etc.), and when will they take effec	
None		
7. Person completing form: Tony Kenne Phone number: 229-828-5775	edy Pate completed: 08/19/2019	
3. Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluating whethe e delivery strategy? ⊠Yes ⊡No	er proposed local government
If not, provide designated contact pers TYPE CONTACT NAME, TITLE & PH		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Recreation
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authound the county unified Government of Webster County	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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		1 - 1 . V.		ontin	

Local Government or Authority	Funding Met	thod
Unified Government of	general fund; SPOST; possible grants	
Webster County		
How will the strategy change the prev	ious arrangements for providing and/or funding	this service within the county?
		· · · · · · · · · · · · · · · · · · ·
No change.		
List any formal pondes delivery agree	monto or intersectant and a setupote that will be	and the invalors and the atreatance for
this service:	ments or intergovernmental contracts that will b	be used to implement the strategy to
Agreement Name	Contracting Parties	Effective and Ending Dates
The second secon	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
The second secon	Contracting Parties	Effective and Ending Dates
The second secon	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Date:
None		
What other mechanisms (if any) will be	e used to implement the strategy for this service	e (e.g., ordinances, resolutions, loc
None What other mechanisms (if any) will be		e (e.g., ordinances, resolutions, loc
None What other mechanisms (if any) will be	e used to implement the strategy for this service	e (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this service	e (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this service	e (e.g., ordinances, resolutions, loc
None What other mechanisms (if any) will be	e used to implement the strategy for this service	e (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or the None	e used to implement the strategy for this service fee changes, etc.), and when will they take effe	e (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or the sone	e used to implement the strategy for this service fee changes, etc.), and when will they take effe	e (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or the decision of the General Assembly, represented the decision of the General Assem	e used to implement the strategy for this service fee changes, etc.), and when will they take effer edy atte completed: 08/19/2019	e (e.g., ordinances, resolutions, loc ect?







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Recycling
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, author Unified Government of Webster County	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Auth	ority Funding Metho	od
Unified Government of	general fund; possible grants	
Webster County	J. Santa and J. Sa	
How will the strategy change t	he previous arrangements for providing and/or funding th	ois service within the county?
now will the strategy change t	the previous arrangements for providing and/or funding the	ils service within the county:
lo change.		
CITY THE CHARLEST CONTRACTOR		
		used to invalor out the strategy.
	y agreements or intergovernmental contracts that will be	used to implement the strategy
	y agreements or intergovernmental contracts that will be	
	y agreements or intergovernmental contracts that will be Contracting Parties	Effective and Ending Date
this service: Agreement Name		
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name Recycling Services	Contracting Parties Webster County and Jones Sanitation	Effective and Ending Date renewed annually
this service: Agreement Name Recycling Services What other mechanisms (if any	Contracting Parties Webster County and Jones Sanitation y) will be used to implement the strategy for this service	renewed annually (e.g., ordinances, resolutions, lo
this service: Agreement Name Recycling Services What other mechanisms (if any	Contracting Parties Webster County and Jones Sanitation	renewed annually (e.g., ordinances, resolutions, lo
this service: Agreement Name Recycling Services What other mechanisms (if any	Contracting Parties Webster County and Jones Sanitation y) will be used to implement the strategy for this service	renewed annually (e.g., ordinances, resolutions, lo
this service: Agreement Name Recycling Services What other mechanisms (if any	Contracting Parties Webster County and Jones Sanitation y) will be used to implement the strategy for this service	renewed annually (e.g., ordinances, resolutions, lo
this service: Agreement Name Recycling Services What other mechanisms (if an acts of the General Assembly,	Contracting Parties Webster County and Jones Sanitation y) will be used to implement the strategy for this service	renewed annually (e.g., ordinances, resolutions, lo
Agreement Name Recycling Services What other mechanisms (if any acts of the General Assembly,	Contracting Parties Webster County and Jones Sanitation y) will be used to implement the strategy for this service	renewed annually (e.g., ordinances, resolutions, lo
Agreement Name Recycling Services What other mechanisms (if any acts of the General Assembly,	Contracting Parties Webster County and Jones Sanitation y) will be used to implement the strategy for this service	renewed annually (e.g., ordinances, resolutions, lo
this service: Agreement Name Recycling Services What other mechanisms (if any	Webster County and Jones Sanitation y) will be used to implement the strategy for this service rate or fee changes, etc.), and when will they take effect	renewed annually (e.g., ordinances, resolutions, lo

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







FORM 2: Summary of Service Delivery Arrangements

	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Roads/Streets and Bridges
	ing all cities and unincorporated areas) by a single service provider. (If
	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strategorial be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc	rity that will help to pay for this service and indic neral funds, special service district revenues, ho .).	ate how the service will be funded (e.g., tel/motel taxes, franchise taxes, impact
Local Government or Author	rity Fundir	ng Method
Unified Government of	general fund; SPLOST; DOT/LARP; po	
Webster County		ooliste grante
How will the strategy change th		
. How will the strategy change tr	e previous arrangements for providing and/or fu	inding this service within the county?
No change.		
this service:	agreements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
. What other mechanisms (if any acts of the General Assembly, ra	will be used to implement the strategy for this sate or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, loca e effect?
None		
. Person completing form: Tony l Phone number: 229-828-5775	Kennedy Date completed: 08/19/2019	
projects are consistent with the	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Solid Waste
1. Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, idea	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only w service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
☑Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organiza Unified Government of Webster County; City of	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Richland (Stewart County)
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Aut	hority	Funding Method	
Unified Government of		user fees; general fund; SPLOST; possible grants	
Webster County			
City of Richland (Stewart Cou	nty)	user fees	
 How will the strategy change 	the prev	ious arrangements for providing and/or funding this	service within the county?
No change.			
5 List any formal carving delive	F) / C C # C C *		
this service:	ry agreer	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Garbage Collection		ter County and the City of Richland (Stewart Co.)	2005 open ended
	(see s	ervice area map)	
3 What other mechanisms (if a	av) will be	a used to implement the strategy for this service (-	
acts of the General Assembly	rate or f	e used to implement the strategy for this service (e., ee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
News			
None			
7. Person completing form: Ton		dy	
Phone number: 229-828-5775	Da	te completed: 08/19/2019	
Is this the person who should	ho conta	oto di buratata a manaisara I	
projects are consistent with the	be conta service	cted by state agencies when evaluating whether pr delivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated cont	act perso	on(s) and phone number(s) below:	

INTERGOVERNMENTAL AGREEMENT BETWEEN WEBSTER COUNTY AND THE CITY OF RICHLAND FOR THE PROVISION OF SOLID WASTE SERVICES

WHEREAS the Webster County Commission is interested in providing efficient, effective solid waste collection and disposal services to the citizens of the unincorporated county; and

WHEREAS the County has provided solid waste collection services to the citizens of the unincorporated county via a network of green boxes located throughout the county; and

WHEREAS the County Commission is desirous of reducing the number of green boxes located within the unincorporated county; and

WHEREAS certain residents of the unincorporated county receive municipal water service from the City of Richland; and

WHEREAS the population density of said residents makes it practical to collect solid waste on a curbside or door-to-door basis; and

WHEREAS the City of Richland provides curbside or door-to-door solid waste collection within its corporate limits; and

WHEREAS the City of Richland is desirous of working with the Webster County Commission to establish the most efficient, effective system of solid waste collection feasible for each municipal water customer residing in the unincorporated county:

THEREFORE the Webster County Commission and the City of Richland do agree as follows:

Beginning on September 1, 2005, the City of Richland shall provide solid waste collection and disposal services to each of its municipal water customers residing within the unincorporated county.

The City of Richland shall establish and bill such fees to said residents of unincorporated Webster County as it bills its own residents for the same service. The City of Richland may, however, establish a higher differential rate for the residents of the unincorporated county, but only if the higher rate is necessary to pay for the cost of providing said service. The City of Richland agrees not to charge a higher differential fee for the purpose of raising revenue for other purposes.

It is expressly agreed that the City of Richland shall **not** be responsible for the collection of any past due indebtedness owed by said customers to the Webster County Solid Waste Department and shall not undertake any effort to collect, for itself or Webster County, any past due accounts owed to Webster County.

The City of Richland shall have all legal jurisdiction to enforce collection of such fees as it may levy upon said customers for solid waste collection and disposal.

The City of Richland agrees to provide solid waste collection services to any and all new customers of its municipal water system, residential and commercial, within the unincorporated county at such time as the customer is added to the municipal water system.

Webster County agrees to relinquish responsibility for solid waste collection to those residents of unincorporated Webster County who receive municipal water service from the City of Richland.

Webster County agrees to remain the responsible party for the collection of past due accounts owed to the Webster County Solid Waste Department.

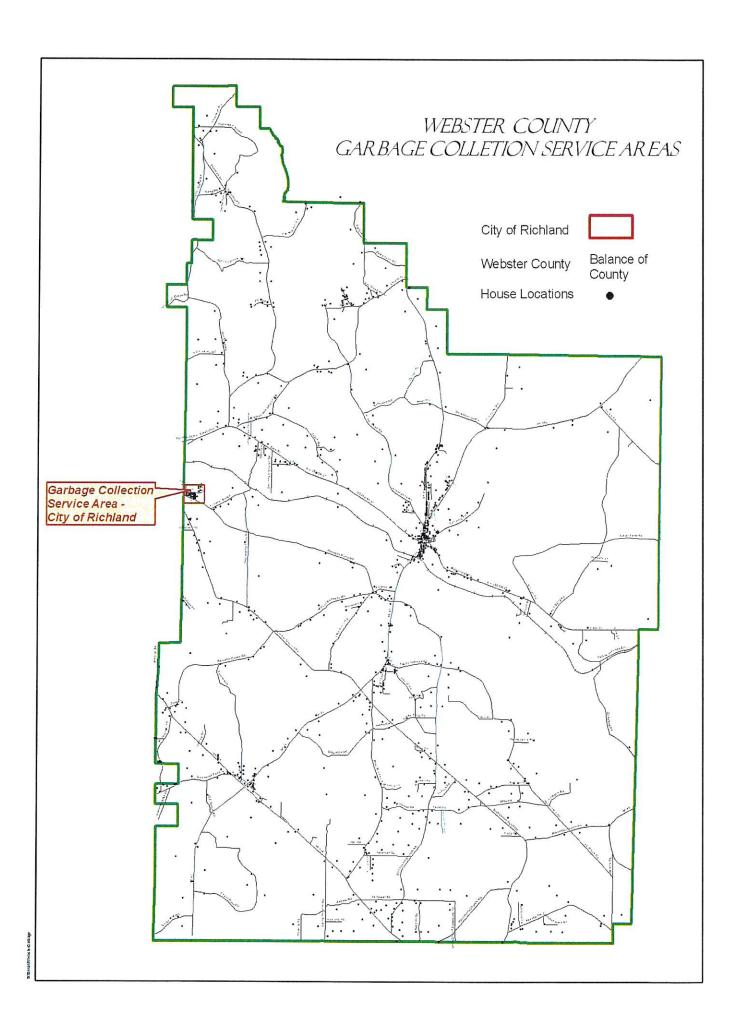
Webster County agrees to notify each customer who will be affected by this contract, via a letter mailed to the customer address on file, informing them of the pending change in service and of the change in billing.

This agreement shall remain in force until the Webster County Commission or the Richland City Council, or both, shall vote in favor of its termination, subject to the following: upon a vote to end said agreement, the termination of the agreement and the resumption of services by the county or its contractor, shall occur on the first day of the month, following the expiration of 90 days.

Olin Faulk, Mayor	D WILL OLD
/ /	Dave Wills, Chairman

SEAL

SEAL









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Street Lighting
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Unified Government of
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

overlapping service areas or competition cannot be eliminated).

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

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List each government or authority that enterprise funds, user fees, general fu fees, bonded indebtedness, etc.).	at will help to pay for this service and indicate how the service will be funded (e.g., unds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Unified Government of Webster	Franchise Fee, General Fund and Grants/Loans
County	
4. How will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?
	ans to fund buildings, equipment, training, and programming.
this service:	ments or intergovernmental contracts that will be used to implement the strategy for
Agreement Name	Contracting Parties Effective and Ending Dates
None	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or f	e used to implement the strategy for this service (e.g., ordinances, resolutions, local fee changes, etc.), and when will they take effect?
None	
7. Person completing form: Tony Kenne Phone number: 229-828-5775 Da	edy ate completed: 08/19/2019
8. Is this the person who should be conta projects are consistent with the service	acted by state agencies when evaluating whether proposed local government e delivery strategy? ⊠Yes □No
If not, provide designated contact person TYPE CONTACT NAME, TITLE & PHO	on(s) and phone number(s) below: ONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Tax Appraisal and Assessment
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Webster County	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Unified Government of
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization Here	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service: Type Name of Government, Authority or	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of the control of	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization Here	e map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).

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.

STATE OF THE PERSONS ASSESSED.	A DESCRIPTION OF THE PERSON NAMED IN	STATE OF THE OWNER, WHEN			
D. T.				DAMES INVESTIGATION	
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			12,		 -1

 List each government or authority that enterprise funds, user fees, general fur fees, bonded indebtedness, etc.). 	will help to pay for this service and indicate how the service will be funded (e.g., nds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Unified Government of Webster	General Fund and Grants/Loans
County	
4. How will the strategy change the previous	ous arrangements for providing and/or funding this service within the county?
	ns to fund buildings, equipment, training, and programming.
this service:	nents or intergovernmental contracts that will be used to implement the strategy for
Agreement Name	Contracting Parties Effective and Ending Dates
None	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or fe	used to implement the strategy for this service (e.g., ordinances, resolutions, local ee changes, etc.), and when will they take effect?
None	
7. Person completing form: Tony Kenned Phone number: 229-828-5775 Date	ly te completed: 08/19/2019
8. Is this the person who should be contact projects are consistent with the service of	cted by state agencies when evaluating whether proposed local government delivery strategy? ⊠Yes ⊡No
If not, provide designated contact perso TYPE CONTACT NAME, TITLE & PHO	n(s) and phone number(s) below: NE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Tax Collection
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth Webster County 	luding all cities and unincorporated areas) by a single service provider. nority or organization providing the service.): Unified Government of
b.) Service will be provided only in the unincorporthecked, identify the government, authority or organization Here	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
c.) One or more cities will provide this service or provided in unincorporated areas. (If this box is cheservice: Type Name of Government, Authority or	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization Here	e map delineating the service area of each service provider, and tion that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servic identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>att</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).

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

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•			A & Y	L U I I		

fees, bonded indebtedness, etc.).	nds, special service district revenues, hotel/motel ta	xes, franchise taxes, impact
Local Government or Authority	Funding Method	
Unified Government of Webster	General Fund and Grants/Loans	
County		
1. How will the strategy change the previous	ous arrangements for providing and/or funding this	service within the county?
	ns to fund buildings, equipment, training, and progra	-
this service:	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
 What other mechanisms (if any) will be acts of the General Assembly, rate or fe 	used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
None		
. Person completing form: Tony Kenned Phone number: 229-828-5775 Date	ly te completed: 08/19/2019	
. Is this the person who should be contact projects are consistent with the service of	cted by state agencies when evaluating whether pr delivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact person TYPE CONTACT NAME, TITLE & PHO	n(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this s

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Voter Registration
 Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut Webster County 	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Unified Government of
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga or Organization Here	porated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is chestervice: Type Name of Government, Authority or	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of the contract of t	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
e.) Other (If this box is checked, <u>attach a legiblish</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
If these conditions will continue under this strategy, at	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).

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

SDS FORM 2, c	Control of the Party of the Control

Local Government or Authority	Funding	Method
Unified Government of Webster	General Fund and Grants/Loans	
County		
. How will the strategy change the prev	rious arrangements for providing and/or fun	ding this service within the county?
Adding the option of using grants or loa	ans to fund buildings, equipment, training, a	and programming
	and to raina bandings, equipment, training, a	and programming.
List any formal service delivery agree this service:	ments or intergovernmental contracts that v	will be used to implement the strategy fo
uns service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this se fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this se ee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
acts of the General Assembly, rate or t	e used to implement the strategy for this se fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
acts of the General Assembly, rate or t	e used to implement the strategy for this se fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
What other mechanisms (if any) will be acts of the General Assembly, rate or the source.	e used to implement the strategy for this se fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
acts of the General Assembly, rate or t	e used to implement the strategy for this se ee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
lone Person completing form: Tony Kenne	ee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
Person completing form: Tony Kenne Phone number: 229-828-5775 Date this the person who should be contained to the contained the contained to the contained t	dy ate completed: 08/19/2019 acted by state agencies when evaluating w	effect?
lone Person completing form: Tony Kenne Phone number: 229-828-5775	dy ate completed: 08/19/2019 acted by state agencies when evaluating will delivery strategy? ⊠Yes □No	effect?





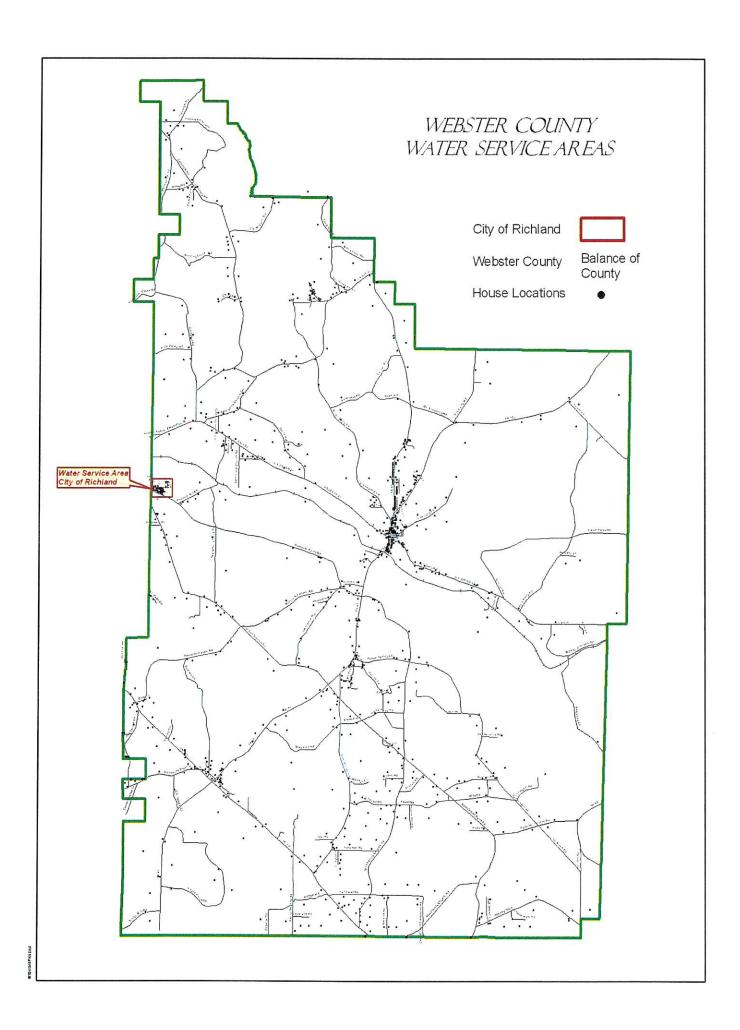


FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: UNIFIED GOVERNMENT OF WEBSTER COUNTY	Service: Water Treatment and Distribution
Check the box that best describes the agreed upo	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
☑Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiza Unified Government of Webster County and City	ap delineating the service area of each service provider, and ation that will provide service within each service area.): y of Richland (Stewart County)
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

3. List e	each goverr	nment or a	authority that	vill help to	pay for	this service a	nd indica	ate how t	he serv	vice will be fu	ınded (e.g.,
enter	prise funds	, user fees	s, general fun	ds, specia	l service	district reven	ues, hot	el/motel t	taxes, t	franchise tax	es, impact
fees,	bonded ind	ebtednes	s, etc.).								

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Local Government or Author		Funding Method					
Unified Government of	user fees; SPLOST; general fund; possible grants for infrastructure						
Webster County	C ORIGOT IC I III I I I I I I I I I I I I I I I						
City of Richland	user fees; SPLOST; general fund; possible grants	user fees; SPLOST; general fund; possible grants for infrastructure					
4. How will the strategy change the	e previous arrangements for providing and/or funding this	service within the county?					
No change. 5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will be us	sed to implement the strategy for					
Agreement Name	Contracting Parties	Effective and Ending Dates					
	Webster County and City of Richland	open ended					
vvator ocrvides	(see service area map)	open ended					
	(300 301 vice area map)						
	will be used to implement the strategy for this service (e te or fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local					
None							
7. Person completing form: Tony k Phone number: 229-828-5775	Kennedy Date completed: 08/19/2019						
	contacted by state agencies when evaluating whether pervice delivery strategy? ⊠Yes ⊡No	proposed local government					
If not, provide designated contact person(s) and phone number(s) below:							



Resolution

APPROVING AND AUTHORIZING EXECUTION SERVICE DELIVERY STRATEGY

WHEREAS, O.C.G.A. 36-70-20 requires each County of the State of Georgia and municipalities therein to develop a Service Delivery Strategy to identify overlap(s) and/or gaps in delivery of local public service(s), and to develop a rational approach to allocating delivery and funding of local public services, and

WHEREAS, the Board of Commissioners of the Unified Government of Webster County has reviewed the services provided by the county and has prepared a Service Delivery Strategy for the Unified Government, and

WHEREAS, the governing body desires to approve the new Service Delivery Strategy, to authorize appropriate officials of Webster County to execute same on behalf of Webster County, and to submit the duly executed Service Delivery Strategy to the Georgia Department of Community Affairs as required by law.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Unified Government of Webster County, as follows:

- 1. That the Service Delivery Strategy of the Unified Government of Webster County is hereby approved, and
- That the Chairman is authorized to execute the Service Delivery Strategy on behalf of the Unified Government of Webster County, and
- 3. The Clerk of Commissioners of the Unified Government of Webster County is authorized to attest the signature of the Chairman on the certifications page of said revision, and
- 4. That a copy of this resolution along with the Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for verification pursuant to Georgia law.

Duly resolved this 10 that of September, 2019.

BOARD OF COMMISSIONERS WEBSTER COUNTY, GEORGIA

ATTEST

SEAL

Bonnie Witt Clerk of Commissioners