Southwest Georgia
REGIONAL DEVELOPMENT CENTER
P.O. Box 346
30 West Broad Street
Camilla, GA 31730-0346
Phone (229) 522-3552 - Fax (229) 522-3558

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BY:

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CDBG
ADMINISTRATIVE SECTION

July 1, 2004

Mr. Rick Brooks, Director
Planning and Environmental Management Division
Georgia Department of Community Affairs
60 Executive Park South, N.E.
Atlanta, Georgia 30329-2231

RE: CALHOUN COUNTY SERVICE DELIVERY STRATEGY

Dear Mr. Brooks,

Attached to this letter is a copy of the updated Service Delivery Strategy for Calhoun County and the governments of Arlington, Edison, Morgan and Leary. All of the cities participated in the process.

Changes to the SDS were either clerical in nature or corrected unintentional deficiencies (governments not listed as service providers where they should have been) on the earlier document. In addition, the entire document was reformatted to the letter sized forms. None of the supporting local agreements or service areas required changes.

Please contact me at 229-522-3552 if you have any questions or need further information.

Sincerely,

Paul Forgey, AICP
Planning Director

cc: Calhoun County, Arlington, Edison, Morgan and Leary

Attachment: Calhoun County SDS, resolutions and Certifications pages

SERVICE DELIVERY STRATEGY REVISION

Reviewer	Received Date	DCA Review Deadline
TH	7/7/04	8/1/04
	Review Assigned	**Review Completed**
	7/12/04	7/12/04

Service Delivery Strategy for: CALHOUN COUNTY

Submitted by: SOUTHWEST GEORGIA RDC **RDC:** SOUTHWEST GEORGIA

Revised Service: REVIEW IN CONJUNCTION WITH PLAN UPDATE

NOTES: Verified

- NEW SET OF DOCUMENTS SUBMITTED

JUL 7 2004

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR Calhoun COUNTY

I. GENERAL INSTRUCTIONS:

1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
4. For **each** service or service component listed in Section III, complete a separate *Summary of Service Delivery Arrangements* form (page 2).
5. Complete one copy of the *Summary of Land Use Agreements* form (page 3).
6. Have the *Certifications* form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
7. Mail the completed forms along with any attachments to:

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

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

Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Calhoun County, City of Arlington, City of Leary, City of Morgan, City of Edison, Calhoun County Economic Development Council, Hospital Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

SEE ATTACHED

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III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY

Animal Control ✓
Cemetery ✓
Courts – Juvenile ✓
Courts - Recorder ✓
Economic Development ✓
Electric/Gas Utilities ✓
Emergency Mgmt. & Rescue ✓
Fire Protection ✓
Headstart Center ✓
Hospital/Nursing Home/ Emergency Medical ✓
Indigent Defense ✓
Jail ✓
Law Enforcement ✓
Library ✓
Parks & Recreation ✓
Planning & Zoning ✓
Public Health Services ✓
Public Works ✓
Road/Bridge Construction & Maintenance ✓
Senior Center ✓
Sewage Collection/Disposal ✓
Social Services (DFACS) ✓
Solid Waste Management ✓
Water Supply/Distribution ✓

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Animal Control

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

☑ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): The City of Arlington, under private contract, provides this service

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

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

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
City of Arlington	General fund
City of Morgan	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*
Animal Control	Dr. Marcus Gibbs	Ongoing

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: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Cemetery

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
City of Arlington	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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:

JUL 7 2004

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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County: Calhoun County ***Service:*** Courts (Juvenile)

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Courts (Recorders)

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

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

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

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

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

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County	General fund/fees
City of Arlington	General fund/fees
City of Edison	General fund/fees
City of Leary	General fund/fees

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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County: Calhoun County ***Service:*** Economic Development

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County Eco. Dev. Council	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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County: Calhoun County ***Service:*** Electric/Gas Utilities

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
City of Edison	Enterprise funds
City of Arlington	Enterprise funds

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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:

JUL 7 2004

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Emergency Management & Rescue

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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

Local Government or Authority:	*Funding Method:*
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*
Agreement for Services	Hospital Authority	

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?

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

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

County: Calhoun County ***Service:*** Fire Protection

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

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

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

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

☑ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Calhoun County & Cities of Arlington, Edison, Leary and Morgan

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County	General fund-donations
City of Arlington	General fund-donations
City of Edison	General fund-donations
City of Morgan	General fund-donations
City of Leary	General fund-donations

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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:

JUL 7 2004

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County *Service:* Head Start

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

JUL 7 2004

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:*
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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County: Calhoun County ***Service:*** Hospital/Nursing Home/Emergency Med.

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

JUL 7 2004

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:*
Hospital Authority	Bonded indebtedness
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*
Indigent Care Contract	Calhoun County & Hospital Authority	On-going

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?

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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County: Calhoun County ***Service:*** Indigent Defense

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

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

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

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

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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County: Calhoun County ***Service:*** Jail

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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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:*
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

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Phone number: (229) 849-4835 Date completed: April 1999

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

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County: Calhoun County ***Service:*** Law Enforcement

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

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

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

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

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

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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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:*
Calhoun County	General fund
City of Arlington	General fund
City of Edison	General fund
City of Leary	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

No change

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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County: Calhoun County ***Service:*** Library

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☐ No

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

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

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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:*
Calhoun County	General fund
City of Arlington	General fund
City of Edison	General fund
City of Morgan	General fund
City of Leary	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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County: Calhoun County ***Service:*** Parks & Recreation

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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

Local Government or Authority:	*Funding Method:*
City of Arlington	General fund
City of Leary	General fund
City of Morgan	General fund
City of Edison	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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County: Calhoun County ***Service:*** Planning & Zoning

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
City of Arlington	General fund
City of Edison	General fund
City of Morgan	General fund
City of Leary	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
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County: Calhoun County ***Service:*** Public Health Services

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

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

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

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

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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JUL 7 200

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:*
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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County: Calhoun County ***Service:*** Public Works

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

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

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

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

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

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

JUL 7 2004

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:*
Calhoun County	General fund
City of Arlington	General fund
City of Edison	General fund
City of Morgan	General fund
City of Leary	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Road/Bridge Construction & Maintenance

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

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

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

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

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

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

JUL 7 2004

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:*
Calhoun County	General fund
City of Arlington	General fund
City of Edison	General fund
City of Morgan	General fund
City of Leary	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Senior Center

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

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

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

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

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County	General fund
City of Arlington	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County *Service:* Sewage Collection/Disposal

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
City of Morgan	Enterprise fund
City of Arlington	Enterprise fund
City of Edison	Enterprise fund
City of Leary	Enterprise fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Social Services

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County	General fund

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Solid Waste Management

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

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

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

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

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

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
Calhoun County	General fund
City of Arlington	General fund-user fees
City of Edison	General fund
City of Morgan	General fund-user fees
City of Leary	General fund-user fees

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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

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

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SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Calhoun County ***Service:*** Water Supply/Distribution

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

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

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

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

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

_____

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

_____

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No

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

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

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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:*
City of Arlington	Enterprise funds
City of Edison	Enterprise funds
City of Leary	Enterprise funds
City of Morgan	Enterprise funds

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

No change

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

Agreement Name:	*Contracting Parties:*	*Effective and Ending Dates:*

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

None

7. Person completing form: Mike Stuart, County Commissioner
Phone number: (229) 849-4835 Date completed: April 1999

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:

JUL 7 2004

SERVICE DELIVERY STRATEGY
SUMMARY OF LAND USE AGREEMENTS

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County: Calhoun

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

Calhoun County and its four municipal governments have reviewed the respective communities' land use plans for incompatibilities and/or conflicts and no major plan incompatibilities or conflicts were identified pursuant to the respective land use plans.
Moreover, Calhoun County and its municipal government formally adopted a consolidated plan in 1994 where land use issues were jointly considered and appropriately addressed.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- ☐ amendments to existing comprehensive plans
- ☑ adoption of a joint comprehensive plan
- ☐ other measures (amend zoning ordinances, add environmental regulations, etc.

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

If "other measures" was checked, describe these measures:

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

Calhoun County and the county's municipal governments have jointly adopted a land dispute resolution to address land use disputes arising from annexation proposals. The dispute resolution provides inter-jurisdictional notification, mediation and a forum for resolution of land use conflicts.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

Calhoun County and its municipal governments have all adopted a joint resolution which established a formal process to insure that future extra territorial water and sewer service extensions are consistent with applicable land use plans of the impacted jurisdictions.

5. Person completing form: Richard West, Chairman

Phone number: 229-894-4835 Date completed: April, 1999

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? ☑ Yes ☐ No

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

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SERVICE DELIVERY STRATEGY UPDATE 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.

UPDATED SERVICE DELIVERY STRATEGY FOR Calhoun **COUNTY**

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

1. We have reviewed our existing Service Delivery Strategy and have determined that:
   (Check only one box for question #1)

   ☐ A. Our Strategy continues to accurately reflect our preferred arrangements for providing local services throughout our county and no changes in our Strategy are needed at this time; or

   ☑ B. Our Strategy has been revised to reflect our preferred arrangements for providing local services.

If Option A is selected, only this form, signed by the appropriate local government representatives must be provided to DCA.

If Option B is selected, this form, signed by the appropriate local government representatives, must be submitted to DCA along with:

- an updated "Summary of Service Arrangements" form (page 2) for each local service that has been revised/updated;
- any supporting local agreements pertaining to each of these services that has been revised/updated; and
- an updated service area map depicting the agreed upon service area for each provider if there is more than one service provider for each service that has been revised/updated within the county, and if the agreed upon service areas do not coincide with local political boundaries.

2. Each of our governing bodies (County Commission and City Councils) that are a party to this strategy have adopted resolutions agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for implementation of our service delivery strategy (O.C.G.A. 36-70-21);

3. Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));

4. Our service delivery strategy continues to provide 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 (2));

5. Our service delivery strategy continues to ensure 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));

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6. Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));

7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and

8. Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))[1] and;

9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

[1]*If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:*_____

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Mike Stuart	~~Richard West~~ MIKE STUART	County Commission Chairman	Calhoun County	June 14, 2004
	Turner Bostwick	Mayor	City of Arlington	
	Reeves Lane	Mayor	City of Edison	
	Gerald C. Dean	Mayor	City of Leary	
	Fred J. Oliver	Mayor	City of Morgan	

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6. Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));

7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and

8. Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))[1] and;

9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

[1]*If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:*_____

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
	Richard West	County Commission Chairman	Calhoun County	
Turner Bostwick	Turner Bostwick	Mayor	City of Arlington	
	Reeves Lane	Mayor	City of Edison	
	Gerald C. Dean	Mayor	City of Leary	
	Fred J. Oliver	Mayor	City of Morgan	

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6. Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));

7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and

8. Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))' and;

9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

'If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
	Richard West	County Commission Chairman	Calhoun County	
	Turner Bostwick	Mayor	City of Arlington	
Reeves Lane	Reeves Lane	Mayor	City of Edison	
	Gerald C. Dean	Mayor	City of Leary	
	Fred J. Oliver	Mayor	City of Morgan	

JUL 7 2004

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[1]*If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:*

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	Turner Bostwick	Mayor	City of Arlington	
	Reeves Lane	Mayor	City of Edison	
Gerald C Dean	Gerald C. Dean	Mayor	City of Leary	
	Fred J. Oliver	Mayor	City of Morgan	

JUL 7 2004

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9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

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	Turner Bostwick	Mayor	City of Arlington	
	Reeves Lane	Mayor	City of Edison	
	Gerald C. Dean	Mayor	City of Leary	
Fred J. Oliver	Fred J. Oliver	Mayor	City of Morgan	

JUL 7 2004

A RESOLUTION
FORMALLY ADOPTING THE UPDATES
TO THE CALHOUN COUNTY SERVICE DELIVERY STRATEGY
AS REQUIRED BY STATE LAW

Whereas, the local governments of Calhoun County are required to review their existing Service Delivery Strategy concurrently with the update to the Calhoun County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Calhoun have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Board of Commissioners of Calhoun County, Georgia that the revised Calhoun County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the chairman be authorized to sign the Service Delivery Strategy document of behalf of the County.

Be it further resolved, by the Board of Commissioners of Calhoun County, Georgia to approve and adopt these revisions to the Calhoun County Service Delivery Strategy.

Duly enacted this 14th day of June, 2004

Mike Stuart

Mike Stuart,
Chairman,
Calhoun County Board of Commissioners

Lori Griffin

Witness

JUL 7 2004

A RESOLUTION
FORMALLY ADOPTING THE UPDATES
TO THE CALHOUN COUNTY SERVICE DELIVERY STRATEGY
AS REQUIRED BY STATE LAW

Whereas, the local governments of Calhoun County are required to review their existing Service Delivery Strategy concurrently with the update to the Calhoun County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Calhoun have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and Council of Arlington, Georgia that the revised Calhoun County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

Be it further resolved, by the Mayor and Council of Arlington, Georgia to approve and adopt these revisions to the Calhoun County Service Delivery Strategy.

Duly enacted this 29th day of June, 2004

Turner Bostwick

Turner Bostwick,
Mayor,
City of Arlington

Witness

JUL 7 2004
JUL 7 2004

A RESOLUTION
FORMALLY ADOPTING THE UPDATES
TO THE CALHOUN COUNTY SERVICE DELIVERY STRATEGY
AS REQUIRED BY STATE LAW

Whereas, the local governments of Calhoun County are required to review their existing Service Delivery Strategy concurrently with the update to the Calhoun County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Calhoun County have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and Council of Edison, Georgia that the revised Calhoun County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

Be it further resolved, by the Mayor and Council of Edison, Georgia to approve and adopt these revisions to the Calhoun County Service Delivery Strategy.

Duly enacted this 14th day of June, 2004

Reeves Lane

Reeves Lane,
Mayor,
City of Edison

Vicky Williams

Witness

JUL 7 2004

A RESOLUTION
FORMALLY ADOPTING THE UPDATES
TO THE CALHOUN COUNTY SERVICE DELIVERY STRATEGY
AS REQUIRED BY STATE LAW

Whereas, the local governments of Calhoun County are required to review their existing Service Delivery Strategy concurrently with the update to the Calhoun County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of ~~Early~~ Calhoun have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and Council of Leary, Georgia that the revised Calhoun County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

Be it further resolved, by the Mayor and Council of Leary, Georgia to approve and adopt these revisions to the Calhoun County Service Delivery Strategy.

Duly enacted this 7TH day of June, 2004

Gerald C. Dean

Gerald C. Dean,
Mayor,
City of Leary

Josephine Stripling
Witness

JUL 7 2004

A RESOLUTION
FORMALLY ADOPTING THE UPDATES
TO THE CALHOUN COUNTY SERVICE DELIVERY STRATEGY
AS REQUIRED BY STATE LAW

Whereas, the local governments of Calhoun County are required to review their existing Service Delivery Strategy concurrently with the update to the Calhoun County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Calhoun have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and Council of Morgan, Georgia that the revised Calhoun County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

Be it further resolved, by the Mayor and Council of Morgan, Georgia to approve and adopt these revisions to the Calhoun County Service Delivery Strategy.

Duly enacted this 7th day of June, 2004

Fred J. Oliver

Fred J. Oliver,
Mayor,
City of Morgan

Addie C Taylor
Witness Clerk