



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR Jenkins 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](http://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.

Jenkins County ✓  
 Millen ✓

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.

- |                              |                                    |
|------------------------------|------------------------------------|
| Law Enforcement ✓            | Emergency Management ✓             |
| Fire Protection ✓            | Animal Control ✓                   |
| Emergency Medical Services ✓ | Building Inspection ✓              |
| Emergency 911 ✓              | Street Lights ✓                    |
| Jail Services ✓              | Tax Appraisal/Assesment ✓          |
| Coroner ✓                    | Tax Collection ✓                   |
| Public Works ✓               | Cooperative Extension Service ✓    |
| Public Water ✓               | Dept. of Family & Children Svces ✓ |
| Public Sanitary Sewage ✓     | Judicial/Courts ✓                  |
| Airport ✓                    | Recreation ✓                       |
| Library ✓                    | Public Health Services ✓           |
| Senior Citizens Center ✓     | Landfill ✓                         |
| Economic Development ✓       | Solid Waste Collection ✓           |
| Rural Transit ✓              | Mental Retardation/Mental Health ✓ |
| Indigent Defense ✓           | Soil Conservation/Farm Services ✓  |
| Voter Registration ✓         |                                    |



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**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: Jenkins 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.)  
Jenkins County, Millen
- 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:
Jenkins County	General Funds, User Fees
Millen	General Funds, 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:
Master Service Delivery Agreement		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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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: Jenkins 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.)  
Jenkins County, Millen
- 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:
Jenkins County	General Funds
Millen	General 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:
Master Service Agreement		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

**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**

**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: Jenkins Service: Emergency Medical Services

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

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

Jenkins County	General Funds, 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:
Master Service Delivery Agreement		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Jenkins Service: Emergency 911

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.

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.)

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: Millen, E-911 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: Master Service Delivery Agreement

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: Al Knight
Phone number: (912) 982-2563 Date completed: 3-18-99

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

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





# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

**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: Jenkins Service: Coroner

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.)  
Jenkins 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:
Jenkins 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:
Master Service delivery agreement		

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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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County: Jenkins 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.)  

Jenkins County, Millen
- 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:
Jenkins County	General Funds
Millen	General 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:
Master Service Delivery Agreement		

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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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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: Jenkins Service: Public Sanitary Sewage

**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.)  
Millen
- 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:
Millen	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:
Master Service Delivery Agreement		

**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: Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY  
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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: Jenkins Service: Airport

**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.)  
Jenkins 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.)
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**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:
Jenkins County	General Funds

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

Previously funding was 50% Jenkins County and 50% City of Millen. City funding will be phased out over three years based on FY 99 Funding.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**



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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: Jenkins 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.)  
Jenkins 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.)
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**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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Local Government or Authority:	Funding Method:
Jenkins County	General Funds

**4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?**  
Previously, the county and city participated in the funding of the library. The city's portion will be phased out over three years.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement		

**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:** Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**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: Jenkins Service: Senior Citizens 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.)  
Jenkins 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:
Jenkins County	General Funds, State Funds, and 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:
Master Service Delivery Agreement		

**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: Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
If not, provide designated contact person(s) and phone number(s) below:

**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**



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County: Jenkins 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.)  
Jenkins 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:
Jenkins County	General 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:
Master Service Delivery Agreement		

**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: Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
If not, provide designated contact person(s) and phone number(s) below:

**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**



**Instructions:**

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County: Jenkins Service: Rural Transit

**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.)  
Jenkins 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:
Jenkins County	General Funds, Federal & State 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:
Master Service Delivery Agreement		

**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: Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

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

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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County: Jenkins 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.)  
Jenkins 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:

Jenkins County	General 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:
Master Service Delivery Agreement		

**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: Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY**  
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County: Jenkins County Service: Voter Registration

**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.)  
Jenkins County, Millen
- 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:
Jenkins County	General Fund
Millen	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:
Master Service Delivery Agreement		

**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:** Al Knight  
**Phone number:** (912) 982-2563 **Date completed:** 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Jenkins Service: Emergency Management

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

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

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Jenkins 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.)
- 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.)  
     Millen
- 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:

<u>Millen</u>	<u>General Fund, User Fees</u>

**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:
<u>Master Service Delivery Agreement</u>		

**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: Al Knight  
 Phone number: (912) 982-2563 Date completed: 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY**  
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County: Jenkins Service: Building Inspection

**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.)  
 Service provided to the city on a fee-per-visit basis by county - Service not provided for the county.

**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:

Millen	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:
Master Service Delivery Agreement		

**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: Al Knight  
 Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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County: Jenkins Service: Street Lights

**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.)  
     Millen
- 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:
Millen	General 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:
Master Service Delivery Agreement		

**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:** AL Knight  
**Phone number:** (912) 982-2563 **Date completed:** 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
**If not, provide designated contact person(s) and phone number(s) below:**





# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Jenkins Service: Tax Collection

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Jenkins County, Millen
- 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:
Jenkins County	General Funds
Millen	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:
Delivery		
Master Service Delivery Agreement		

**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:** Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**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: Jenkins Service: Cooperative Extension Service

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

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

Jenkins County	General Funds, State Funds

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

None

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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County: Jenkins Service: Department of Family/Children's 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.)
- 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:

Jenkins County	General Funds, State 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:
Master Service Delivery Agreement		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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County: Jenkins Service: Judicial/Courts

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

**2. In developing 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:

Jenkins County	General Funds
Millen	General 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:
Master Service Delivery Agreement		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

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County: Jenkins Service: 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.)  
Jenkins 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:
Jenkins County	General Funds

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

The county and city were funding recreation on a 50-50 basis. Beginning FY 2000, the county will assume 70% of the FY99 city share, 80% the next year, and 90% the next and 100% the next.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement		

**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: Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

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

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

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County: Jenkins 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.)  
Jenkins 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:

<u>Jenkins County</u>	<u>General Funds</u>

**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:
<u>Master Service Delivery Agreement</u>		

**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: Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

**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: Jenkins Service: Landfill

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.

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:
Jenkins County	General Funds, SPLOST, 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:
Master Service Delivery Agreement		

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: Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

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

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

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**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: Jenkins Service: Solid Waste Collection

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)  
Jenkins County, Millen
- 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:
Jenkins County	General Fund
Millen	User Fees, General 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:
Master Service Delivery Agreement		

**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:** Al Knight

Phone number: (912) 982-2563 Date completed: 3-18-99

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

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**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: Jenkins Service: Mental Retardation/Mental Health/Substance Abuse

**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.)  
Jenkins 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:
Jenkins County	General Funds, State 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:
Master Service Delivery Agreement		

**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:** Al Knight  
Phone number: (912) 982-2563 Date completed: 3-18-99

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no  
If not, provide designated contact person(s) and phone number(s) below:

**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**



**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: Jenkins Service: Soil Conservation/Farm 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.)  
     Jenkins 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:
Jenkins County	General Funds , Federal and State 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:
Master Service Delivery Agreement		

**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: Al Knight  
 Phone number: (912) 982-2563 Date completed: 3-18-99

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

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



SERVICE DELIVERY STRATEGY
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: Jenkins

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

There were no incompatibilities or conflicts between land use plans of local governments identified during development of service delivery strategy. Jenkins County and the City of Millen participated in preparation and adoption of a joint city/county comprehensive plan. Any incompatibilities were addressed at that time.

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

- 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.

Jenkins County and the City of Millen adopted the same process. (A) City will notify county of proposed annexation, (B) County will be notified of proposed rezoning, (C) County must notify of objection in writing within 45 days (or lose the right to object), (D) Committee will be appointed to negotiate, (E) Should resolution not occur, (F) Formal mediation takes place, (G) Report made to governing bodies.

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?

The city is the sole provider of water/sewer service to unincorporated areas of the county.

5. Person completing form: Al Knight
Phone number: (912)982-2563 Date completed: 3-18-99

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? [X] yes [ ] no

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



# SERVICE DELIVERY STRATEGY CERTIFICATIONS

**Instructions:**

This page 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 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

## SERVICE DELIVERY STRATEGY FOR Jenkins COUNTY

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
	J. C. Douglas	Commission Chairman	Jenkins County	8-18-99
	Robert H. Fields, Jr.	Mayor	Millen	8-18-99