





FORM 1

COUNTY: STEPHENS COUNTY

I. GENERAL INSTRUCTIONS:

- 1. <u>FORM 1 is required for **ALL** SDS submittals</u>. Only one set of these forms should be submitted per county. The completed forms shall 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/or authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

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

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

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

PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Stephens County
City of Toccoa
City of Avalon
City of Martin

Toccoa-Stephens County Airport Authority
Stephens County Hospital Authority
T-SC Industrial Development Authority
Keep Toccoa-Stephens County Beautiful

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

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

Airport

Business Licenses

Cemetery

Code Enforcement

Hospital Library

Natural Gas Distribution

Tax Assessment

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

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

Service Agreements Amended/Updated

Ambulance Services Law Enforcement Animal Control Waste Collections

Bldg. Inspections/Permits Jail
D. A. R. E. (Removed) Parks

Downtown Development/ Main Street Recreation Economic Development Streets/ Roads

911 Communications Waste Water System

Fire Protection Water System

New Service Agreements Added

Coroner Municipal Court Elections Senior Center

Extension Service/ 4H Soil and Water Conservation Service

Geographic Information Service (GIS)

Tax Collection

Health Department Tourism/ Commerce Support

Judicial System and Support Services (Non-Municpal)

Keep Toccoa/Stephens County Beautiful

Welfare/ Dept. of Family and Childrens Services (DFACS)

Stephens County Rescue Unit

Services Deleted EMA/ Civil Defense







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Arians.				
COUNTY:STEPHENS COUNTY	Service:911 Communication Services			
I. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., 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.): Stephens County				
b.) 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.):				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here			
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here			
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the contract of the contract o	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				

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

Local Government or Authority	Funding Method	
Stephens County	General Fund; SPLOST; Communication Fee	
Type Gov't/Authority Name Here	Detail Funding Here	
Type Gov't/Authority Name Here	Detail Funding Here	
Type Gov't/Authority Name Here	Detail Funding Here	

How will the strategy	y change the previous	arrangements for	r providing and/or	funding this service	within the county?
---	-----------------------	------------------	--------------------	----------------------	--------------------

Funding methodology updated to include SPLOST/Communication Fee

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here Effective - End	
Name Agreement Here	List Contracting Parties Here Effective - End	
Name Agreement Here	List Contracting Parties Here Effective - End	
Name Agreement Here	List Contracting Parties Here Effective - End	

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?	

NA

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/16/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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

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

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

Local Government or Authority	Funding Method
City of Toccoa	General Fund
Stephens County	General Fund
T-SC Airport Authorty	User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

Type Gov't/Authority Name He	ere Detail Funding Here		
Type Gov't/Authority Name He	ere Detail Funding Here		
Type Gov't/Authority Name He	ere Detail Funding Here		
4. How will the strategy change	the previous arrangements for providing and	I/or funding this service within the county?	
No Change			
this service:	ry agreements or intergovernmental contract	s that will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here Effective - End		
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here Effective - End		
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
	ny) will be used to implement the strategy for ν , rate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, local ey take effect?	
NA			
7. Person completing form: Ada Phone number: 770-538-261			
	d be contacted by state agencies when evaluate the service delivery strategy? ⊠Yes □No	ating whether proposed local government	
If not, provide designated cor	ntact person(s) and phone number(s) below: I'LE & PHONE HERE		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as 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:STEPHENS COU	NTY	Service: Ambulance Service
1. Check <u>one</u> box that best o	describes the agreed upo	on delivery arrangement for this service:
		cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Stephens County
		orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	d areas. (If this box is che	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	uthority, or other organiza	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy identified?	/, were overlapping servi	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must	attach additional docum	entation as described, below)
⊠No		
	s of service (See O.C.G.A	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).

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
Stephens County	General Fund + SPLOST
SC Hospital Authority	User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
Changed to reflect use of SPLOST funds as partial funding source		

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
Stephens Co. Hosptial Auth	Stephens Co. Hospital Authority	1963- NA
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

6	5. 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?			

NA		
TW		

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/28/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:STEPHENS COUNTY	Service: Animal Control
1. Check <u>one</u> box that best describes the ag	reed upon delivery arrangement for this service:
	e (i.e., including all cities and unincorporated areas) by a single service provider. nent, authority or organization providing the service.): Stephens County a County
	unincorporated portion of the county by a single service provider. (If this box is y or organization providing the service.): Type Name of Government, Authority
	service only within their incorporated boundaries, and the service will not be ox is checked, identify the government(s), authority or organization providing the hority or Organization Here
	service only within their incorporated boundaries, and the county will provide the x is checked, identify the government(s), authority or organization providing the athority or Organization Here
	n a legible map delineating the service area of each service provider, and organization that will provide service within each service area.): Type Name of Here
In developing this strategy, were overlapp identified?	ing service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	al documentation as described, below)
⊠No	
	rategy, <u>attach an explanation for continuing the arrangement</u> (i.e., e.O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that anot 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
Stephens County	General Fund
City of Toccoa	General Fund
Stephens County Humane Society	Donations; User Fees

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

Changed to reflect consolidation of previously separate services and use of donations and user fees as partial funding source

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
InterGovernmental Contract	Tocca/Stephens County	Annual
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

What other me	echanisms (if an	ıy) will be used	to implement	the strategy	for this se	ervice (e.g.	, ordinances,	resolutions,	local
acts of the Ger	neral Assembly,	rate or fee cha	anges, etc.), ar	nd when will	they take	effect?			

NA		

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/29/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:STEPHENS COUNTY	Service: Building Inspections/Permits
1. Check one box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that

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

Local Government or Au	ıthority	Fundin	g Method
Stephens County	(General Fund	
City of Toccoa	(General Fund	
How will the strategy chance	e the previou	us arrangements for providing and/or fu	inding this service within the county?
			<u> </u>
	·		
		ents or intergovernmental contracts that	t will be used to implement the strategy
List any formal service delive this service:		ents or intergovernmental contracts that	
. List any formal service deliv			t will be used to implement the strategy Effective and Ending Da
List any formal service delive this service: Agreement Name	very agreeme	ents or intergovernmental contracts that Contracting Parties	
. List any formal service delive this service: Agreement Name Name Agreement Here	very agreeme	ents or intergovernmental contracts that Contracting Parties ntracting Parties Here	Effective and Ending Da
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here	very agreeme	ents or intergovernmental contracts that Contracting Parties	Effective and Ending Da Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	List Cor	ents or intergovernmental contracts that Contracting Parties Intracting Parties Here Intracting Parties Here	Effective and Ending Da Effective - End Effective - End
. List any formal service delive this service: Agreement Name Name Agreement Here	List Cor List Cor List Cor List Cor List Cor	Contracting Parties htracting Parties Here htracting Parties Here htracting Parties Here htracting Parties Here	Effective and Ending Da Effective - End

projects are consistent with the service delivery strategy? ⊠Yes □No

TYPE CONTACT NAME, TITLE & PHONE HERE

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the bepartment of community Arians.	
COUNTY:STEPHENS COUNTY	Service: Business License
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.): City of Toccoa
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Aut	hority	Funding	Method
City of Toccoa		General Fund	
chy of recou		Contrain	
. How will the strategy change	the previ	lious arrangements for providing and/or fund	ding this service within the county?
No Change			
 List any formal service delive this service: 	ery agreer	ments or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
	List C	-	
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here Name Agreement Here	List C	ontracting Parties Here ontracting Parties Here	Effective - End Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here	List C	ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective - End Effective - End Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here	List C List C List C	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective - End Effective - End Effective - End Effective - End
Name Agreement Here . What other mechanisms (if a	List C List C List C List C uny) will be	ontracting Parties Here e used to implement the strategy for this se	Effective - End
Name Agreement Here . What other mechanisms (if a	List C List C List C List C uny) will be	ontracting Parties Here	Effective - End
Name Agreement Here . What other mechanisms (if a	List C List C List C List C uny) will be	ontracting Parties Here e used to implement the strategy for this se	Effective - End
Name Agreement Here . What other mechanisms (if a	List C List C List C List C uny) will be	ontracting Parties Here e used to implement the strategy for this se	Effective - End
Name Agreement Here Name Agreement Here What other mechanisms (if a acts of the General Assembly	List C List C List C List C uny) will be	ontracting Parties Here e used to implement the strategy for this se	Effective - End
Name Agreement Here What other mechanisms (if a acts of the General Assembly	List C List C List C List C Any) will be A, rate or f	ontracting Parties Here e used to implement the strategy for this se fee changes, etc.), and when will they take	Effective - End
Name Agreement Here What other mechanisms (if a acts of the General Assembly NA Person completing form: Ada Phone number: 770-538-261	List C Li	ontracting Parties Here e used to implement the strategy for this se fee changes, etc.), and when will they take	Effective - End ervice (e.g., ordinances, resolutions, locality) effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the bepartment of community Arians.	
COUNTY:STEPHENS COUNTY	Service: Cemetery
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.): City of Toccoa
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Auth	ority	Funding	Method
City of Toccoa		General Funds	
•			
How will the strategy change t	the previo	ous arrangements for providing and/or fund	ding this service within the county?
al. Observe			
No Change			
	y agreem	ents or intergovernmental contracts that w	vill be used to implement the strategy f
this service:			
Agreement Name		Contracting Parties	Effective and Ending Date
Agreement Name		Contracting Parties	Effective and Ending Date
	List Co	Contracting Parties entracting Parties Here	Effective and Ending Date Effective - End
Name Agreement Here			
Name Agreement Here Name Agreement Here	List Co	ntracting Parties Here	Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here	List Co	entracting Parties Here	Effective - End Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here	List Co List Co	entracting Parties Here entracting Parties Here entracting Parties Here	Effective - End Effective - End Effective - End
Name Agreement Here	List Co List Co List Co	entracting Parties Here	Effective - End
Name Agreement Here What other mechanisms (if an	List Co List Co List Co List Co vi) will be	entracting Parties Here used to implement the strategy for this se	Effective - End
Name Agreement Here What other mechanisms (if an	List Co List Co List Co List Co vi) will be	entracting Parties Here	Effective - End
Name Agreement Here What other mechanisms (if an	List Co List Co List Co List Co vi) will be	entracting Parties Here used to implement the strategy for this se	Effective - End
Name Agreement Here What other mechanisms (if an acts of the General Assembly,	List Co List Co List Co List Co vi) will be	entracting Parties Here used to implement the strategy for this se	Effective - End
Name Agreement Here What other mechanisms (if an acts of the General Assembly,	List Co List Co List Co List Co vi) will be	entracting Parties Here used to implement the strategy for this se	Effective - End
Name Agreement Here Name Agreement Here What other mechanisms (if an acts of the General Assembly,	List Co List Co List Co List Co vi) will be	entracting Parties Here used to implement the strategy for this se	Effective - End
Name Agreement Here . What other mechanisms (if an	List Co List Co List Co List Co vi) will be	entracting Parties Here used to implement the strategy for this se	Effective - End
Name Agreement Here What other mechanisms (if an acts of the General Assembly,	List Co List Co List Co List Co rate or fe	entracting Parties Here used to implement the strategy for this see changes, etc.), and when will they take	Effective - End
Name Agreement Here What other mechanisms (if an acts of the General Assembly,	List Co List Co List Co List Co List Co ny) will be rate or fe	entracting Parties Here used to implement the strategy for this see changes, etc.), and when will they take	Effective - End
Name Agreement Here What other mechanisms (if an acts of the General Assembly, NA Person completing form: Adai Phone number: 770-538-2617 Is this the person who should	List Co List C	entracting Parties Here used to implement the strategy for this se ee changes, etc.), and when will they take	Effective - End ervice (e.g., ordinances, resolutions, locality) effect?
Name Agreement Here What other mechanisms (if an acts of the General Assembly, NA Person completing form: Adar Phone number: 770-538-2617 Is this the person who should projects are consistent with the	List Co List C	entracting Parties Here entrac	Effective - End ervice (e.g., ordinances, resolutions, locality) effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

modia be reported to the Department of Community Affairs.	
COUNTY:STEPHENS COUNTY	Service: Code Enforcement
I. Check one box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated	gy, attach an implementation schedule listing each step or action that

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

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

ority Funding	g Method
General Fund	
General Fund	
the previous arrangements for providing and/or fun	nding this service within the county?
y agreements or intergovernmental contracts that	will be used to implement the strategy for
Contracting Parties	Effective and Ending Dates
List Contracting Parties Here	Effective - End
List Contracting Parties Here	Effective - End
List Contracting Parties Here	Effective - End
List Contracting Parties Here	Effective - End
List Contracting Parties Here	Effective - End
y) will be used to implement the strategy for this so rate or fee changes, etc.), and when will they take	
m Hazell, Planning Director	
	the previous arrangements for providing and/or fur y agreements or intergovernmental contracts that Contracting Parties List Contracting Parties Here List Contracting Parties Here







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Arians.	
COUNTY:STEPHENS COUNTY	Service: Coroner
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
, _ .	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Au Stephens County	General Fund	
Type Gov't/Authority Name F	Here Detail Funding Here	
Type Gov't/Authority Name F		
lo change		
	very agreements or intergovernmental contracts that	will be used to implement the strategy
List any formal service deliv this service:		
List any formal service deliv this service: Agreement Name	Contracting Parties	Effective and Ending Da
List any formal service deliv this service: Agreement Name Name Agreement Here	Contracting Parties List Contracting Parties Here	Effective and Ending Da Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End
. List any formal service deliv this service:	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/05/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:STEPHENS COUNTY	Service: Welfare/ Dept. of Family and Childrens Services (DFACS)
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Au Stephens County	General Fund	
Type Gov't/Authority Name F	Here Detail Funding Here	
Type Gov't/Authority Name F		
lo change		
	very agreements or intergovernmental contracts that	will be used to implement the strategy
List any formal service deliv this service:		
List any formal service deliv this service: Agreement Name	Contracting Parties	Effective and Ending Da
List any formal service deliv this service: Agreement Name Name Agreement Here	Contracting Parties List Contracting Parties Here	Effective and Ending Da Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End
. List any formal service deliv this service:	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/05/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Affairs.	
COUNTY:STEPHENS COUNTY	Service: Downtown Development/Main Street
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is anization providing the service.): City of Toccoa
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact	İ
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding Method
City of Toccoa	General Fund/Grants/Splost
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Funding methodology updated to include SPLOST/Grants

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?	

NA		

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 9/15/17
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:STEPHENS COUNTY	Service: Economic Development
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): T-SC Industrial
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

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

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
Stephens County	General Fund; SPLOST; Administrative Fees; Land Sales; Grants
City of Toccoa	General Fund
Stephens County Development Auth.	User Fees; Land Sales; Grants

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
	Changed to include Development Authority and their funding sources			

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	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	

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

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/28/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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

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

Local Government or Authority	Funding Method
Stephens County	General Fund
City of Toccoa	General Fund
City of Avalon	General Fund
City of Martin	General Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

City of Martin		General Fund		
Type Gov't/Authority Name Here		Detail Funding Here		
Type Gov't/Authority Name Here		Detail Funding Here		
. How will the strategy change	the previo	ous arrangements for providing and/or fo	unding this se	ervice within the county?
No change				
this service:	ery agreem	ents or intergovernmental contracts tha		
Agreement Name		Contracting Parties		Effective and Ending Date
Name Agreement Here		ntracting Parties Here		Effective - End
Name Agreement Here	List Co	ntracting Parties Here		Effective - End
Name Agreement Here	List Co	intracting Parties Here		Effective - End
Name Agreement Here	List Co	intracting Parties Here		Effective - End
Name Agreement Here	List Co	intracting Parties Here		Effective - End
Name Agreement Here	List Co	ntracting Parties Here		Effective - End
		used to implement the strategy for this ee changes, etc.), and when will they tal		, ordinances, resolutions, loc
NA				
7. Person completing form: Ad Phone number: 770-538-261	7 Da	te completed: 10/05/17		
		cted by state agencies when evaluating delivery strategy? ⊠Yes ⊡No	whether prop	posed local government
If not, provide designated cor TYPE CONTACT NAME, TIT		n(s) and phone number(s) below: DNE HERE		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Arians.	
COUNTY:STEPHENS COUNTY	Service: Extension Service/ 4H
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
, _ :	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Au Stephens County	General Fund	
Type Gov't/Authority Name F	Here Detail Funding Here	
Type Gov't/Authority Name F		
lo change		
	very agreements or intergovernmental contracts that	will be used to implement the strategy
List any formal service deliv this service:		
List any formal service deliv this service: Agreement Name	Contracting Parties	Effective and Ending Da
List any formal service deliv this service: Agreement Name Name Agreement Here	Contracting Parties List Contracting Parties Here	Effective and Ending Da Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End
. List any formal service deliv this service:	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/05/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

modia be reported to the Department of Community Affairs.	
COUNTY:STEPHENS COUNTY	Service: Fire Protection
I. Check one box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that

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

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

Funding Method
General Fund; SPLOST
General Fund; SPLOST
ious arrangements for providing and/or funding this service within the county?
i

Changed to reflect SPLOST as partial funding source

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?	

NA

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/28/17
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	,
COUNTY:STEPHENS COUNTY	Service: Geographic Information Systems (GIS)
Check <u>one</u> box that best describes the agreed upo	an delivery arrangement for this service:
1. Check one box that best describes the agreed upo	in delivery arrangement for this service.
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Type Name of
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is unization providing the service.): Stephens County
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Au Stephens County	General Fund	
Type Gov't/Authority Name F	Here Detail Funding Here	
Type Gov't/Authority Name F		
lo change		
	very agreements or intergovernmental contracts that	will be used to implement the strategy
List any formal service deliv this service:		
List any formal service deliv this service: Agreement Name	Contracting Parties	Effective and Ending Da
List any formal service deliv this service: Agreement Name Name Agreement Here	Contracting Parties List Contracting Parties Here	Effective and Ending Da Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End
. List any formal service deliv this service:	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/05/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Arians.	
COUNTY:STEPHENS COUNTY	Service: Health Department
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
<i>,</i> —	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be expressed to the contract of the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition are also as a service areas or competition are also as a service areas or competition are also as a service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Au Stephens County	General Fund	
Type Gov't/Authority Name F	Here Detail Funding Here	
Type Gov't/Authority Name F		
lo change		
	very agreements or intergovernmental contracts that	will be used to implement the strategy
List any formal service deliv this service:		
List any formal service deliv this service: Agreement Name	Contracting Parties	Effective and Ending Da
List any formal service deliv this service: Agreement Name Name Agreement Here	Contracting Parties List Contracting Parties Here	Effective and Ending Da Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End
List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	Contracting Parties List Contracting Parties Here List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End
. List any formal service deliv this service:	Contracting Parties List Contracting Parties Here List Contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/05/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

С	OUNTY:STEPHENS COUNTY	Service: Hospital
1.	. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
		cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Stephens County ty
		porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
		only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
		only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
		le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
	In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
	☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
	⊠No	
٥١	these conditions will continue under this strategy, a verlapping but higher levels of service (See O.C.G.A verlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

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

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

3. L	List each government or authori	ty that will help to pay for th	nis service and indicate h	ow the service will be funded (e.	g.,
е	enterprise funds, user fees, gene	eral funds, special service o	district revenues, hotel/m	otel taxes, franchise taxes, impa	ct
fe	fees, bonded indebtedness, etc.)	1.			

	hority	Funding	Method
Stephens County	General Fund		
Stephens Co. Hospital Author	ity User Fees		
How will the strategy change	the previous arrangements	for providing and/or fund	ding this service within the county?
lo Change			
ist any formal service delive	ry agreements or intergover	rnmental contracts that v	vill be used to implement the strategy
his service:	, ,		,
Agraamant Nama	Contro	noting Portion	Effective and Ending Date
Agreement Name	Contra	acting Parties	Effective and Ending Date
ame Agreement Here	List Contracting Parties I	Here	Effective - End
ame Agreement Here	List Contracting Parties I		Effective - End
ame Agreement Here	List Contracting Parties I		Effective - End
ame Agreement Here	List Contracting Parties I		Effective - End
ame Agreement Here	List Contracting Parties I		Effective - End
ame Agreement Here	List Contracting Farties I		Lifective - Life
What other mechanisms (it a			rvice (e.g., ordinances, resolutions, loeffect?
acts of the General Assembly	, rate of fee changes, etc.),		
acts of the General Assembly	, rate of fee changes, etc.),		
acts of the General Assembly			
acts of the General Assembly	ım Hazell, Planning Directo		
Person completing form: Ada	m Hazell, Planning Director Date completed: 9/15	5/17 ncies when evaluating wl	hether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Arians.		
COUNTY:STEPHENS COUNTY	Service: Jail	
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is unization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the or Organization Here	
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
Stephens County	General Fund; User Fees; SPLOST
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

4.	 How will the strategy change the prepared 	revious arrangements for pr	roviding and/or funding th	is service within the county?

Funding methodology updated to include SPLOST/User Fees

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?	

NA

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/16/17
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

nould be reported to the Department of Community Arians.			
COUNTY:STEPHENS COUNTY	Service: Judicial System and Support Services (non-municipal)		
1. Check one boy that best describes the agreed upo	an delivery errongement for this convice:		
 Check <u>one</u> box that best describes the agreed upo 	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is unization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

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

Local Government or Author	ority Funding	g Method	
Stephens County	General Funds; User/Court Fees		
Type Gov't/Authority Name Here	e Detail Funding Here		
Type Gov't/Authority Name Here	e Detail Funding Here		
4. How will the strategy change th	ne previous arrangements for providing and/or fur	nding this service within the county?	
No change			
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
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?			
NA			
7. Person completing form: Adam Phone number: 770-538-2617	h Hazell, Planning Director Date completed: 10/16/17		
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: TYPE CONTACT NAME, TITLE & PHONE HERE			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as 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:STEPHENS COUNTY	Service: Keep Toccoa Stephens County Beautiful	
1. Check one box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Keep Toccoa Stephens	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
c.) 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: Type Name of Government, Authority or Organization Here		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact	İ
fees, bonded indebtedness, etc.).	

Local Government or Aut	shority Funding	w Mothod
Local Government or Auto Stephens County	General Fund	g Method
<u> </u>	General Fund	
City of Toccoa	General Fund	
Type Gov't/Authority Name H	ere Detail Funding Here	
Type Gov't/Authority Name H		
4. How will the strategy change	the previous arrangements for providing and/or fun	nding this service within the county?
No change		
this service:	ery agreements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
	any) will be used to implement the strategy for this sey, rate or fee changes, etc.), and when will they take	
7. Person completing form: Ad Phone number: 770-538-261	7 Date completed: 10/05/17	
	d be contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes □No	hether proposed local government
If not, provide designated cor	ntact person(s) and phone number(s) below: LE & PHONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Affairs.		
COUNTY:STEPHENS COUNTY	Service:Law Enforcement	
I. Check one box that best describes the agreed upo	n delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., income (if this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):	
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
f these conditions will be eliminated under the strated	gy, attach an implementation schedule listing each step or action that	

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

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

Local Government or Authority	Funding Method
Stephens County	General Fund; SPLOST
City of Toccoa	General Fund; SPLOST
4. How will the strategy change the prev	ious arrangements for providing and/or funding this service within the county?

Changed to reflect SPLOST as partial funding source

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here List Contracting Parties Here Effective - End		Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?	

Ν	Α

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/28/17
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

Should be reported to the Department of Community Arrairs.		
COUNTY:STEPHENS COUNTY	Service: Library	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Stephens County	
	porated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
c.) One or more cities will provide this service 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: Type Name of Government , Authority or Organization Here		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

	c.).		
Local Government or Authority		Funding	Method
Stephens County		eneral Fund	
. How will the strategy change t	ne previous	s arrangements for providing and/or fun	ding this service within the county?
No Change			
this service:	/ agreemei	-	vill be used to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Cont	racting Parties Here	Effective - End
Name Agreement Here	1	racting Parties Here	Effective - End
Name Agreement Here		racting Parties Here	Effective - End
Name Agreement Here		racting Parties Here	Effective - End
Name Agreement Here		racting Parties Here	Effective - End
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
NA			
		Planning Director completed: 9/15/17	
. Person completing form: Adar Phone number: 770-538-2617	Date be contacte	completed: 9/15/17 ed by state agencies when evaluating w	hether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:STEPHENS COUNTY	Service: Municipal Court	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., 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.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Toccoa		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Local Government or Authority		Funding	Method
City of Toccoa		General Funds	
Type Gov't/Authority Name I	Ного	Detail Funding Here	
Type Gov't/Authority Name I		Detail Funding Here	
How will the strategy chang	e the previ	ious arrangements for providing and/or fun	ding this service within the county?
No change			
this service:	very agreer	ments or intergovernmental contracts that v	
this service: Agreement Name		Contracting Parties	Effective and Ending Dat
this service: Agreement Name Name Agreement Here	List C	Contracting Parties ontracting Parties Here	
this service: Agreement Name Name Agreement Here Name Agreement Here	List C	Contracting Parties ontracting Parties Here ontracting Parties Here	Effective and Ending Date Effective - End
Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	List C List C	Contracting Parties ontracting Parties Here	Effective and Ending Date Effective - End Effective - End
Agreement Name Name Agreement Here	List C List C List C List C	Contracting Parties ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective and Ending Date Effective - End Effective - End Effective - End
Agreement Name Name Agreement Here	List C List C List C List C List C List C	Contracting Parties ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective and Ending Date Effective - End Effective - End Effective - End Effective - End
Agreement Name Name Agreement Here	List C List C List C List C List C List C any) will be	Contracting Parties ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective and Ending Date Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End
Agreement Name Name Agreement Here	List C List C List C List C List C List C any) will be	Contracting Parties ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this see	Effective and Ending Date Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End

If not, provide designated contact person(s) and phone number(s) below: TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

hould be reported to the Department of Community Affairs.	
COUNTY:STEPHENS COUNTY	Service: Natural Gas Distribution
. Check one box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): City of Toccoa
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg	gy, attach an implementation schedule listing each step or action that

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

	eral fu	will help to pay for this service and indicate hor nds, special service district revenues, hotel/mot	
Local Government or Author	rity	Funding Met	hod
City of Toccoa		Enterprise Funds	
		·	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding	this service within the county?
No Change 5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Name Agreement Here	Liet C	ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
Name Agreement Here		ontracting Parties Here	Effective - End
		e used to implement the strategy for this service see changes, etc.), and when will they take effect	
NA			
7. Person completing form: Adam Phone number: 770-538-2617		I, Planning Director ate completed: 9/15/17	
		acted by state agencies when evaluating whether delivery strategy? ⊠Yes □No	er proposed local government
If not, provide designated conta		on(s) and phone number(s) below: ONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as 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:STEPHENS COUNTY	Service: Parks
. Check one box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Martin
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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
Stephens County	General Funds; Grants; SPLOST
City of Toccoa	General Funds; Grants; SPLOST
City of Martin	General Funds; Grants

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Updated to reflect municipal providers and indicate funding sources

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

NA	
----	--

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/28/17

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the bepartment of community Arians.	
COUNTY:STEPHENS COUNTY	Service: Recreation Services
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
igtimes Yes (if "Yes," you must attach additional docum	entation as described, below)
□No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate	gy attach an implementation schedule listing each step or action that

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

000	FOR		
		$M \rightarrow C$	ontinued
		VI 2. C	

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
Stephens County	General Funds; User Fees; Grants; SPLOST
City of Toccoa	General Funds; User Fees; Grants

How will the strategy change the previou	arrangements for providing and/o	r funding this service within the county?
--	----------------------------------	---

Changed to update funding sources and outline services provided by both the County and the City of Toccoa.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?	

1	NA			

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/16/17
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE

Stephens County, Georgia Service Delivery Agreement

<u>Supplemental Information – Recreation Services</u>

12/28/17

Both the City of Toccoa and Stephens County will provide recreation services that are accessible to all County residents and visitors. Under the current arrangements this is not considered a duplication of services but rather an increase in the options/quality of services available to area residents.

The City of Toccoa owns and operates the Doyle Street Pool on a seasonal basis, which provides swimming and water recreation to paying customers, regardless of residency. The City also operates The Links at Lake Toccoa golf course, which is open to visitors regardless of residency. These facilities are provided as assets to the greater community and currently are not seen as competing with any existing County operations.

Stephens County operates a full recreation department, complete with a variety of park facilities and recreation programs open for all county residents. **Youth Activities** include basketball, football, cheerleading, youth soccer, t-ball, prep ball, tennis, volleyball, art, dance, gymnastics, summer camps and disc golf, swim lessons, youth wrestling and babysitting training. **Adult Activities** provided include basketball, softball, disc golf, water aerobics, water dance, tennis, exercise pool, senior exercise, walking and art, swim lessons and CPR classes.

SCentral Dog Bark is open. This is located beside Roselane Ballfields. There are two separate lots. One for dogs that weigh 26 pounds and under and another for dogs that weigh over 26 pounds.

The department also offers and manages a number of special events including the the Annual Easter Egg Hunt, an Antique and Classic Car Cruise-In and entertainment at the Toccoa Havest Festival, the annual WNEG Home and Garden Show, Softball, Basketball and Football Tournaments, Disc Golf Tournaments, WNEG Radio Senior Expo, Roselane Fireworks and more.

The recreation department is headquartered at the 88-acre Roselane Recreation Complex which features:

- Stephens County Senior Center
- 14,000-plus square-foot activity center that includes two gyms, aerobics/dance room, gymnastics area, two meeting rooms that will hold up to 25 people, concession stand and restroom facilities
- Four youth softball/baseball fields with concession stand and restrooms
- Three adult softball fields with concession stand and restrooms
- One football field with concession stand and restrooms
- One certified Baseball Field with concessions and bathrooms
- A 24-hole disc golf course
- Three tennis courts
- A 60x40 foot indoor heated exercise therapy pool
- 4 Horseshoe Pits
- Dual Playground Ages 2-5 & 6-12
- Walking track and stretching station
- SCentral Bark Dog Park







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Arians.	
COUNTY:STEPHENS COUNTY	Service: Stephens County Rescue Unit
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County
	porated portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority		Funding Method		
Stephens County		General Fund		
_				
. How will the strategy change	the prev	ious arrangements for providing and/or fund	ding this service within the county?	
No Change				
NO Change				
List and famous land the List			All be a send to be about a send of the se	
this service:	ery agreer	ments or intergovernmental contracts that w	vill be used to implement the strategy to	
Agreement Name		Contracting Parties	Effective and Ending Dates	
_	List C	_		
Name Agreement Here		ontracting Parties Here	Effective - End	
Name Agreement Here Name Agreement Here	List C	ontracting Parties Here ontracting Parties Here	Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here	List C	ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective - End Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here	List C List C List C	ontracting Parties Here ontracting Parties Here	Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if a	List C List C List C List C any) will be	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if a	List C List C List C List C any) will be	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this se	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if a	List C List C List C List C any) will be	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this se	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if a acts of the General Assembly	List C List C List C List C any) will be	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this se	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here What other mechanisms (if a acts of the General Assembly	List C List C List C List C Any) will be y, rate or t	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this se fee changes, etc.), and when will they take	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End	
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if a acts of the General Assembly NA . Person completing form: Ad Phone number: 770-538-261	List C Li	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this se fee changes, etc.), and when will they take	Effective - End Effective - End Effective - End Effective - End Effective - End rvice (e.g., ordinances, resolutions, local effect?	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

modula be reported to the Department of Community Analis.			
COUNTY:STEPHENS COUNTY	Service: Senior Center		
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County		
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
, _	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

Page 1 of 2

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

Local Government or Author	ority Fundin	g Method			
Stephens County	General Fund; Donations				
Type Gov't/Authority Name Here	e Detail Funding Here	Detail Funding Here			
Type Gov't/Authority Name Here	e Detail Funding Here				
4. How will the strategy change th	ne previous arrangements for providing and/or fu	nding this service within the county?			
No change					
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Name Agreement Here	List Contracting Parties Here	Effective - End			
Name Agreement Here	List Contracting Parties Here	Effective - End			
Name Agreement Here	List Contracting Parties Here	Effective - End			
Name Agreement Here	List Contracting Parties Here	Effective - End			
Name Agreement Here	List Contracting Parties Here	Effective - End			
Name Agreement Here	List Contracting Parties Here	Effective - End			
6. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this state or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, local e effect?			
NA					
7. Person completing form: Adam Phone number: 770-538-2617	h Hazell, Planning Director Date completed: 10/16/17				
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes □No	whether proposed local government			
If not, provide designated conta TYPE CONTACT NAME, TITLE	ct person(s) and phone number(s) below: E & PHONE HERE				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as 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

induid be reported to the Department of Community Analis.			
COUNTY:STEPHENS COUNTY	Service: Soil & Water Conservation Service		
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County		
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
, _	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization Here	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the contract of the contract o	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

Page 1 of 2

Local Government or Au	Local Government or Authority Funding Method				
Stephens County		General Fund			
Type Gov't/Authority Name I		Detail Funding Here			
Type Gov't/Authority Name I	Here	Detail Funding Here			
	very agreer	ments or intergovernmental contracts that v	vill be used to implement the strateg		
i. List any formal service deliv this service:	very agreer	•			
. List any formal service deliv this service: Agreement Name		Contracting Parties	Effective and Ending Da		
. List any formal service deliv this service: Agreement Name Name Agreement Here	List C	Contracting Parties Contracting Parties	Effective and Ending Da		
. List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here	List C	Contracting Parties contracting Parties Here contracting Parties Here	Effective and Ending Da Effective - End Effective - End		
. List any formal service delive this service: Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here	List C List C	Contracting Parties Contracting Parties Here Contracting Parties Here Contracting Parties Here	Effective and Ending Do Effective - End Effective - End Effective - End		
. List any formal service delive this service: Agreement Name Name Agreement Here	List C List C List C List C	Contracting Parties contracting Parties Here contracting Parties Here contracting Parties Here contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End Effective - End		
. List any formal service delive this service: Agreement Name Name Agreement Here	List C List C List C List C List C List C	Contracting Parties Contracting Parties Here Contracting Parties Here Contracting Parties Here Contracting Parties Here Contracting Parties Here Contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End		
Agreement Name Name Agreement Here	List C List C List C List C List C List C List C	Contracting Parties contracting Parties Here contracting Parties Here contracting Parties Here contracting Parties Here	Effective and Ending Da Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End		

TYPE CONTACT NAME, TITLE & PHONE HERE

7. Person completing form: Adam Hazell, Planning Director

projects are consistent with the service delivery strategy? ⊠Yes □No

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

Phone number: **770-538-2617**

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

Date completed: 10/05/17







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

modia be reported to the Department of Community Affairs.	
COUNTY:STEPHENS COUNTY	Service: Streets/Roads
Chack and have that heat describes the agreed upo	n delivery errangement for this convice:
 Check <u>one</u> box that best describes the agreed upo 	on delivery arrangement for this service.
a.) Service will be provided countywide (i.e., income (if this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated	gy, attach an implementation schedule listing each step or action that

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

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

Local Government or Authority	Funding Method
Stephens County	General Funds/Splost/Grants
City of Toccoa	General Funds/Splost/Grants
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

4	. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
	Funding methodology updated to include SPLOST/Grants

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
Name Agreement Here List Contracting Parties Here		Effective - End
Name Agreement Here	nent Here List Contracting Parties Here Effective -	
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	Name Agreement Here List Contracting Parties Here Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End

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	?		

NA		
TW		

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 9/15/17

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as 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:STEPHENS COUNTY	Service: Tax Assessment
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Stephens County
	porated portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	c.).		
Local Government or Auth	ority	Funding	Method
Stephens County		General Funds	
			_
. How will the strategy change t	he previo	ous arrangements for providing and/or fund	ding this service within the county?
No Change			
10 Gridinge			
this service:	y agreen	nents or intergovernmental contracts that w	
Agreement Name		Contracting Parties	Effective and Ending Dates
		<u> </u>	Effective and Ending Dates
Name Agreement Here	List Co	-	
		ontracting Parties Here	Effective - End
Name Agreement Here	List Co	ontracting Parties Here	Effective - End Effective - End
Name Agreement Here Name Agreement Here	List Co	ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here	List Co	ontracting Parties Here	Effective - End Effective - End Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if an	List Co List Co List Co List Co y) will be	ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End
	List Co List Co List Co List Co y) will be	ontracting Parties Here contracting Parties Here	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if an acts of the General Assembly,	List Co List Co List Co List Co y) will be rate or fe	ontracting Parties Here contracting Parties He	Effective - End Effective - End Effective - End Effective - End Effective - End Effective - End
Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here . What other mechanisms (if an acts of the General Assembly, NA . Person completing form: Adar Phone number: 770-538-2617 . Is this the person who should	List Co List Co List Co List Co y) will be rate or fe	ontracting Parties Here contracting Parties He	Effective - End Effective - End Effective - End Effective - End Effective - End rvice (e.g., ordinances, resolutions, local effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

,	
COUNTY:STEPHENS COUNTY	Service: Tax Collection
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Stephens County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact	İ
fees, bonded indebtedness, etc.).	

rees, bonded indebtedness, e	etC.).		
Local Government or Aut	hority	Fundi	ing Method
Stephens County		General Fund	
Toccoa		General Fund	
Type Gov't/Authority Name He	are	Detail Funding Here	
Type Gov't/Authority Name He		Detail Funding Here	
4. How will the strategy change	the previou	us arrangements for providing and/or t	funding this service within the county?
No change			
this service:	ry agreeme	-	at will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Name Agreement Here	-	ntracting Parties Here	Effective - End
Name Agreement Here		ntracting Parties Here	Effective - End
Name Agreement Here		ntracting Parties Here	Effective - End
Name Agreement Here		ntracting Parties Here	Effective - End
Name Agreement Here	-	ntracting Parties Here	Effective - End
Name Agreement Here	List Cor	ntracting Parties Here	Effective - End
		used to implement the strategy for this e changes, etc.), and when will they ta	s service (e.g., ordinances, resolutions, local ake effect?
	7 Date d be contact	e completed: 10/05/17	g whether proposed local government
. ,	ntact persor	n(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Affairs.			
COUNTY:STEPHENS COUNTY	Service: Tourism/Commerce Support		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Toccoa-Stephens County County and the City of Toccoa		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

List each g	overnment or au	thority that will	help to pay for	this service and ir	ndicate how the ser	vice will be funded (e.g.,
enterprise f	unds, user fees,	general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impact
fees, bonde	ed indebtedness	, etc.).				

Local Government or Au	thority	Funding	Method
Stephens County		General Fund; Hotel/Motel Tax	
City of Toccoa		Hotel/Motel Tax	
-			
Type Gov't/Authority Name H	Hara	Detail Funding Here	
Type Gov't/Authority Name F		Detail Funding Here	
4. How will the strategy change	e the prev	ious arrangements for providing and/or fun	nding this service within the county?
No change 5. List any formal service delive	ery agree	ments or intergovernmental contracts that	will be used to implement the strategy for
this service:		Contracting Parties	
Agreement Name Name Agreement Here	List C	contracting Parties contracting Parties Here	Effective and Ending Dates Effective - End
Name Agreement Here		contracting Parties Here	Effective - End
Name Agreement Here		contracting Parties Here	Effective - End
Name Agreement Here		contracting Parties Here	Effective - End
Name Agreement Here		contracting Parties Here	Effective - End
		contracting Parties Here	Effective - End
		e used to implement the strategy for this so fee changes, etc.), and when will they take	
	I7 D	ate completed: 10/05/17 acted by state agencies when evaluating w	hether proposed local government
• ,	ntact pers	e delivery strategy? ⊠Yes ⊡No on(s) and phone number(s) below: ONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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:STEPHENS COUNTY	Service: Waste Collection
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
1. Check one box that best describes the agreed upo	in delivery arrangement for this service.
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is unization providing the service.): Type Name of Government, Authority
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the stephens County
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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	
Stephens County	General Fund	
City of Toccoa	Enterprise Funds	
City of Martin	Enterprise Funds	
City of Avalon	Enterprise Funds	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
Landfill has closed; Updated funding sources.	

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?	

NA		

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/28/17

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as 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

nould be reported to the Department of Confindintly Alfairs.		
COUNTY:STEPHENS COUNTY	Service: Waste Water System	
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): City of Toccoa	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is anization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here	
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding Method
City of Toccoa	Enterprise Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Updated maps: Toccoa will provide service in the City and in unincorporated areas of Stephens County except as provided in Exhibit A attached hereto and incorporated herein by reference.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

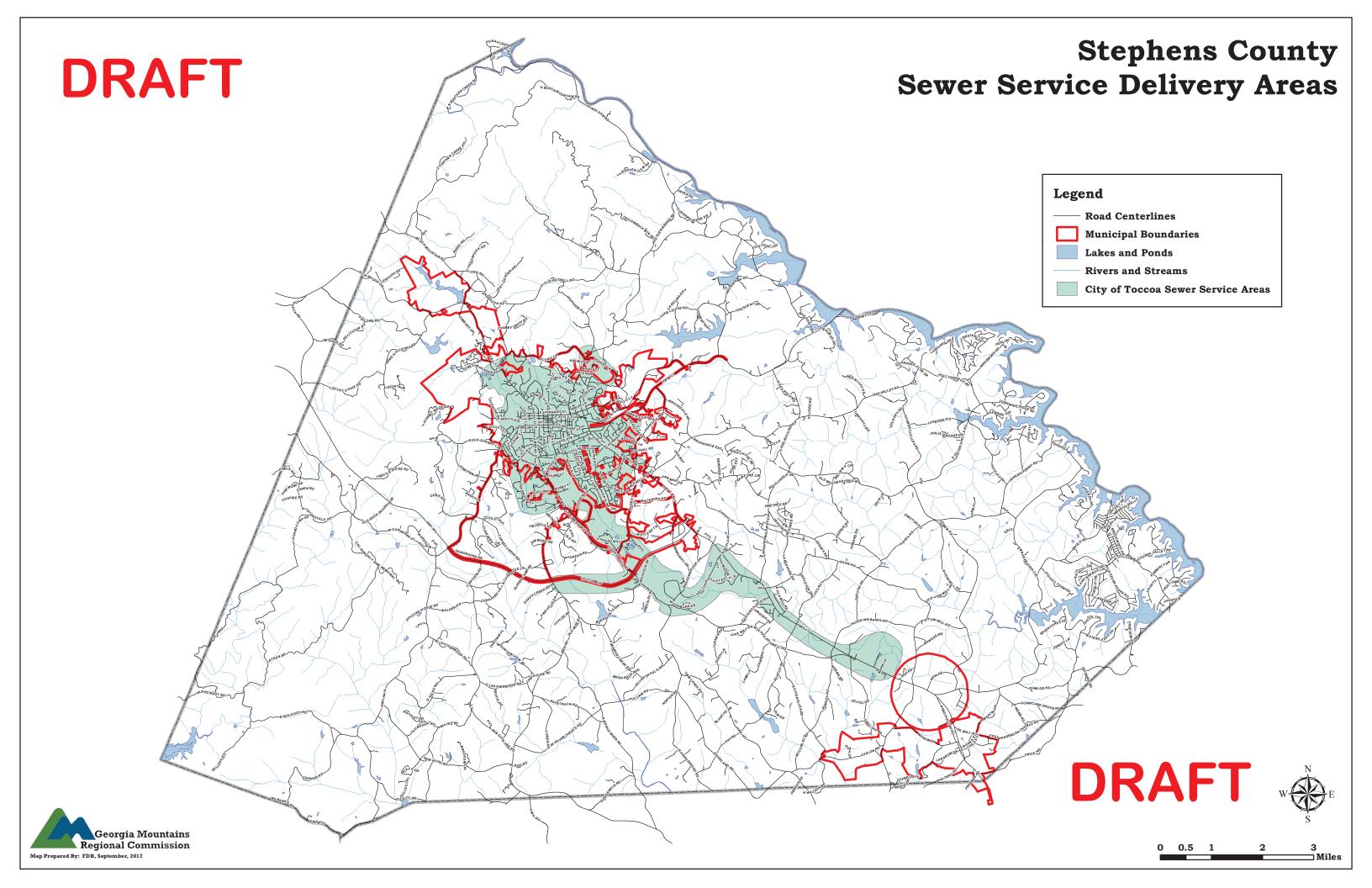
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances	, resolutions, local
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

NA

- 7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 10/16/17
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Affairs.	
COUNTY:STEPHENS COUNTY	Service: Water System
Check <u>one</u> box that best describes the agreed upor	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth	eluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
	orated portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the Organization Here
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of
2. In developing this strategy, were overlapping servic identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg	gy, attach an implementation schedule listing each step or action that

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

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

Local Government or Authority	Funding Method		
City of Toccoa	Enterprise Funds/Splost/Grants		
City of Martin	Enterprise Funds/Splost for Stephens County/Grants		
Type Gov't/Authority Name Here	Detail Funding Here		
Type Gov't/Authority Name Here	Detail Funding Here		
Type Gov't/Authority Name Here	Detail Funding Here		

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

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

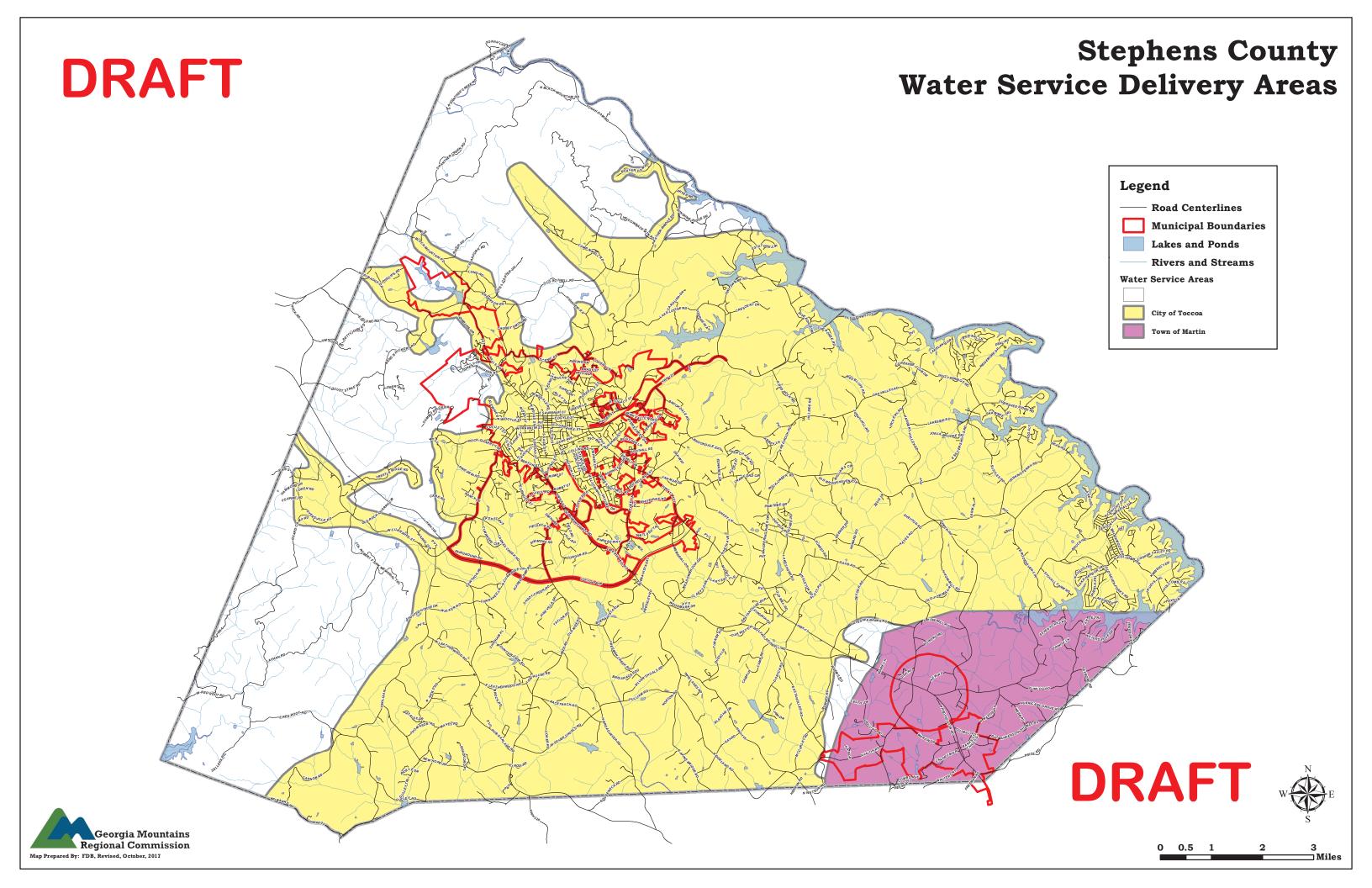
NA		

7. Person completing form: **Adam Hazell, Planning Director**Phone number: **770-538-2617**Date completed: 12/28/17

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:

TYPE CONTACT NAME, TITLE & PHONE HERE









FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the

service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this s Community Affairs.	nould be reported to the Department of
COUNTY: STEPHENS COUNTY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? No new conflicts identified	re identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed: Amendments to existing comprehensive plans Adoption of a joint comprehensive plan Other measures (amend zoning ordinances, add environmental regulations, etc.) If "other measures" was checked, describe these measures:	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.
NA	
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Note: Joint Comprehensive Plan for Stephens County, Avalon and Mar Land use service delivery areas as reflected in current local comprehensive plans and related to be compatible with neighboring jurisdictions. Previous SDA policy for resolving new law valid and viable process for mediating land use disputes.	with all applicable land use plans tin to be adopted by 11/31/17 ated land use policies were found
4. Person completing form: Adam Hazell, Planning Director, GMRCPhone number: 770-538-2617 Date completed: 10/16/17	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
TYPE CONTACT NAME. TITLE & PHONE HERE	







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

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

COUNTY: STEPHENS COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
STEPHENS COUNTY	Chairwoman	Debbie Whitlock		
CITY OF AVALON	Mayor	Linda Dean		
CITY OF MARTIN	Mayor	Donald Foster		
CITY OF TOCCOA	Mayor	Jeanette Jamieson		







FORM 4: Certifications

Instructions:

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

COUNTY: STEPHENS 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));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
STEPHENS COUNTY	Chairwoman	Debbie Whitlock	Dobhie Whitlock	10/27/17
CITY OF AVALON	Mayor	Linda Dean		
CITY OF MARTIN	Mayor	Donald Foster		
CITY OF TOCCOA	Mayor	Jeanette Jamieson		







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

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

COUNTY: STEPHENS COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
STEPHENS COUNTY	Chairwoman	Debbie Whitlock		
CITY OF AVALON	Mayor	Linda Dean		
CITY OF MARTIN	Mayor	Donald Foster		
CITY OF TOCCOA	Mayor	Jeanette Jamieson	Jeanette Jame	eson N-13-17