





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

Wilkes County

City of Washington

Town of Rayle

City of Tignall

The Housing Authority of the City of Washington

Wilkes County Payroll Development Authority

Wilkes County Board of Education

Athens Technical College

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.

Administration

Animal Shelter

Cemetaries

Code Enforcement

Coroner

County Extension

District Attorney

E-911

Economic Development

Emergency Medical Services

Family Connection

Forestry

Health Department

Hospital

Indigent Legal Defense

Library

Magistrate Court

Municipal Court

Parks and Recreation

Payroll Development Authority

Planning and Development

Police

Probate Judge

Recycling Service

Senior Center

Sheriff - Jail

Superior Court

Tax Assessor

Tax Collection

Tax Commissioner

Zoning

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.

Airport Service - Revised

Building Inspection - Revised

Buildings and Grounds - Removed - now part of Public Works

Capital Outlay - Removed - not technically a service

Courthouse Lawn and Square - Removed - considered part of Public Works

D.A.R.E. - Discontinued - no longer funded

Elections - Removed - now part of Voter Registrar and Elections

Electric Service - New - changed name from Retail Electric Service

Emergency Management - Revised - name changed to Emergency Management Agency

Family and Child Services - Revised - City of Washington no longer funds this

Fire and Rescue - Revised

Flood and Drainage - New Service

Fort Washington Park - Removed - now part of Parks and Recreation

Garbage Pickup - Removed, now part of Waste Management

Housing Rehabilitation - New Service

Kettle Creek Battlefield - Revised

Museums - Removed - now part of Building Inspection

National Guard - Discontinued - no longer funded

Nutrition - New Service (formerly Senior Nutrition)

Planning Commission - Removed - now considered part of Planning and Development

Police Service - Discontinued, no longer provided by City of Washington

Public Transit - Removed - now part of Transit Services

Public Works - New - combines various public works activities

Regional Commission - Removed - not technically a service

Retail Electric Service - Revised - Renamed Electric Service

Sewer - Revised - made change to fund source

Sheriff - Revised

Solid Waste Transfer Station - Revised

Sidewalks - Removed - now in Streets (incl Roads and Bridges)

Streets (incl Roads and Bridges) - Revised

Street Cleaning - Removed - now considered part of Streets (incl Roads and Bridges) service

Street Lights - Revised

Water and Sewer - Separated into Water Service and Sewer Service

The Housing Authority of the City of Washington - Revised - name change & removed Tignall as fund source

Tourism - Removed - now part of overall Economic Development

Traffic Lights - Removed - now part of Streets (incl Roads and Bridges) service

Transit Services - Revised

Trash Pickup - Removed - now considered part of Waste Management

Veterans Services - Revised - no longer funded by the City of Washington

Voter Registrar - Revised - now named Voter Registrar and Elections

Voter Registrar and Elections - New - includes voter registrar and elections

Waste Management - Revised

Washington-Wilkes Athens Tech Campus - New Service

Water - Revised - added grants as a potential fund source







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

·	
COUNTY: Wilkes	Service: Administration
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organization.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the , City of Tignall, City of Rayle
	e 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	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

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,	will help to pay for this service and indicate how the service will be funded (e.g., nds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Wilkes County	Conoral Fund

Wilkes County	General Fund		
City of Washington	General Fund		
City of Rayle	General Fund		
City of Tignall	General Fund		
4. How will the strategy change the	ne previous arrangements for providing and/o	or funding this	service within the county?
No change.			
5. List any formal service delivery this service:	agreements or intergovernmental contracts	that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
N/A			
	/) will be used to implement the strategy for the rate or fee changes, etc.), and when will they		g., ordinances, resolutions, local
N/A			
7. Person completing form: Andy Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021		
	be contacted by state agencies when evaluati service delivery strategy? ☐Yes ☑No	ing whether pr	oposed local government
If not, provide designated conta Karen Burton, County Adminis Jerry deBin, City Administrator Mayor Jake Buff, 706-274-3351 Mayor Henry Brown, 706-285-2	r, 706-678-3277		







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: Wilkes	Service: Airport
Check the 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, aut Wilkes County 	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorportecked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
,	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠ No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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How will the strategy change the previous Added TSPLOST, SPLOST and grant fund List any formal service delivery agreement this service: Agreement Name N/A	arrangements for providing and/or fu	unding this service within the county?
List any formal service delivery agreement this service: Agreement Name	sources. ts or intergovernmental contracts that	it will be used to implement the strate
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List any formal service delivery agreement this service: Agreement Name	sources. ts or intergovernmental contracts that	it will be used to implement the strate
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Agreement Name	Contracting Parties	Effective and Ending L
	Contracting Parties	Effective and Ending L
N/A		
N/A		
What other mechanisms (if any) will be use acts of the General Assembly, rate or fee o		
N/A		
IV/A		
Person completing form: Andy Crosson , logical Phone number: 706-210-2000 Date of	Executive Director ompleted: 08/10/2021	
Is this the person who should be contacted		whether proposed local governmen
projects are consistent with the service del	ivery strategy? Thes Mino	







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COUNTY: Wilkes	Service: Animal Shelter
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) A Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) \square Service will be provided only in the unincorportecked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e 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	
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	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

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		idicate how the service will be funded (e.g., hotel/motel taxes, franchise taxes, impact				
Local Government or Authority	v Fun	Funding Method				
Wilkes County	General Fund	and grant and a second a second and a second a second and				
City of Washington	General Fund					
, ,						
4. How will the strategy change the p	previous arrangements for providing and/c	or funding this service within the county?				
No change.						
5. List any formal service delivery ag this service:	reements or intergovernmental contracts	that will be used to implement the strategy for				
Agreement Name	Contracting Parties	Effective and Ending Dates				
N/A						
	vill be used to implement the strategy for the or fee changes, etc.), and when will they	his service (e.g., ordinances, resolutions, local take effect?				
N/A						
7. Person completing form: Andy Cr Phone number: 706-210-20008. Is this the person who should be on	rosson, Executive Director Date completed: 08/10/2021 contacted by state agencies when evaluati	ing whether proposed local government				
projects are consistent with the ser	rvice delivery strategy? ☐Yes ☐No person(s) and phone number(s) below:					
Karen Burton, County Administrat						







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COUNTY: Wilkes	Service: Building Inspection
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) A Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut City of Washington	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
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•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
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	ty that will help to pay for this service and indica eral funds, special service district revenues, hote	
Local Government or Author		g Method
Wilkes County	General Fund	у тепои
City of Washington	General Fund	
. How will the strategy change the	previous arrangements for providing and/or fur	nding this service within the county?
Wilkes County contracts with the	City of Washington for the service.	
List any formal service delivery a this service:	agreements or intergovernmental contracts that	will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this s te or fee changes, etc.), and when will they take	
N/A		
. Person completing form: Andy (Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021	
	e contacted by state agencies when evaluating vervice delivery strategy? ☐Yes ⊠No	whether proposed local government
If not, provide designated contacterry deBin, City Administrator,	t person(s) and phone number(s) below: 706-678-3277	







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COUNTY: Wilkes	Service: Cemetaries
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square 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.):
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Local Government or Authority	Funding	Method
ity of Washington	General Fund	
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	eements or intergovernmental contracts that w	vill be used to implement the strategy
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	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
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Agreement Name N/A What other mechanisms (if any) will	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, l
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Agreement Name N/A What other mechanisms (if any) will ots of the General Assembly, rate N/A Person completing form: Andy Crohone number: 706-210-2000	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take on the secons of the changes of the strategy for this ser or fee changes, etc.), and when will they take of the changes of the strategy for this ser or fee changes, etc.), and when will they take of the changes of the strategy for this ser	rvice (e.g., ordinances, resolutions, leffect?
Agreement Name N/A What other mechanisms (if any) will ots of the General Assembly, rate N/A Person completing form: Andy Crohone number: 706-210-2000 Is this the person who should be contained to the cont	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, leffect?







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COUNTY: Wilkes	Service: Code Enforcement
Check the 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, aut City of Washington	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorportecked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
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•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 strategy, attach an implementation schedule listing each step or action that

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	that will help to pay for this service and indi al funds, special service district revenues, h	
Local Government or Authorit	Fund	ling Method
Wilkes County	General Fund	J
City of Washington	General Fund	
,		
4. How will the strategy change the p	previous arrangements for providing and/or	funding this service within the county?
No change.		
List any formal service delivery ag this service:	reements or intergovernmental contracts th	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	rill be used to implement the strategy for this or fee changes, etc.), and when will they to	s service (e.g., ordinances, resolutions, local ake effect?
N/A		
7. Person completing form: Andy Cr Phone number: 706-210-2000	osson, Executive Director Date completed: 08/10/2021	
	contacted by state agencies when evaluating rvice delivery strategy? ☐Yes ☒No	g whether proposed local government
If not, provide designated contact Jerry deBin, City Administrator, 70	person(s) and phone number(s) below: 06-678-3277	







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

COUNTY: Wilkes	Service: Coroner
Check the 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, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
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•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
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	e 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	
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	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

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Local Government or Authority /ilkes County	General Fund	
low will the strategy change the previ	ous arrangements for providing and/or fund	ling this service within the county?
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ist any formal service delivery agreer is service:	nents or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
N/A		
	e used to implement the strategy for this ser ee changes, etc.), and when will they take o	
NI/A		
N/A		
Person completing form: Andy Cross hone number: 706-210-2000 Da	on, Executive Director te completed: 08/10/2021	
s this the person who should be conta rojects are consistent with the service	acted by state agencies when evaluating wh delivery strategy?	nether proposed local government
not, provide designated contact personen Burton, County Administrator, (







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

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Wilkes County General Fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service:	Local Government or Authori	ty Funding I	Method
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List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name			
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List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
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List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name			
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Agreement Name Contracting Parties Effective and Ending in the N/A What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? WA Person completing form: Andy Crosson, Executive Director Phone number: 706-210-2000 Date completed: November 9, 2021 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	List any formal service delivery a	greements or intergovernmental contracts that wi	II be used to implement the strategy f
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Person completing form: Andy Crosson, Executive Director Phone number: 706-210-2000 Date completed: November 9, 2021 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	. What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Person completing form: Andy Crosson, Executive Director Phone number: 706-210-2000 Date completed: November 9, 2021 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	. What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Phone number: 706-210-2000 Date completed: November 9, 2021 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Phone number: 706-210-2000 Date completed: November 9, 2021 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any) vacts of the General Assembly, rat	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Phone number: 706-210-2000 Date completed: November 9, 2021 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any) vacts of the General Assembly, rat	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Is this the person who should be contacted by state agencies when evaluating whether proposed local government	. What other mechanisms (if any) vacts of the General Assembly, rat	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
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	What other mechanisms (if any) vacts of the General Assembly, rat	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
If not, provide designated contact person(s) and phone number(s) below:	What other mechanisms (if any) vacts of the General Assembly, rat N/A Person completing form: Andy C Phone number: 706-210-2000 Is this the person who should be	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e rosson, Executive Director Date completed: November 9, 2021 contacted by state agencies when evaluating whe	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: Wilkes	Service: District Attorney
Check the 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, aut Wilkes County	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 unincorportecked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is inization providing the service.):
•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 strategy, attach an implementation schedule listing each step or action that

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Local Government or Authority filkes County	General Fund	
low will the strategy change the previ	ous arrangements for providing and/or fund	ling this service within the county?
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ist any formal service delivery agreer is service:	nents or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Dat
N/A		
	e used to implement the strategy for this seree changes, etc.), and when will they take e	
NI/A		
N/A		
Person completing form: Andy Cross hone number: 706-210-2000 Da	on, Executive Director te completed: 08/10/2021	
s this the person who should be conta rojects are consistent with the service	acted by state agencies when evaluating who delivery strategy? \square Yes \boxtimes No	nether proposed local government
not, provide designated contact person Burton, County Administrator,		







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: Wilkes	Service: E-911
Check the box that best describes the agreed upon	n delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Wilkes County 	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 unincorporate checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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).

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	at will help to pay for this service and indicate how th funds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	1
Wilkes County	General Fund	
City of Washington	General Fund	
,		
4. How will the strategy change the pro-	evious arrangements for providing and/or funding this	service within the county?
No change.		
5. List any formal service delivery agrethis service:	ements or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this service (e. r fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A		
7. Person completing form: Andy Cro Phone number: 706-210-2000	sson, Executive Director Date completed: 08/10/2021	
8. Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whether p ce delivery strategy? \square Yes $ ot \boxtimes$ No	roposed local government
If not, provide designated contact per Karen Burton, County Administrator Jerry deBin, City Administrator, 706		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Economic Development
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) X Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut City of Washington	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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).

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

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

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority Funding Method Wilkes County General Fund City of Washington **General Fund** Payroll Development Authority **General Revenues** 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name **Contracting Parties** Effective and Ending Dates N/A 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? N/A 7. Person completing form: Andy Crosson, Executive Director Phone number: **706-210-2000** Date completed: 08/10/2021 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:

Jerry deBin, City Administrator, 706-678-3277







FORM 2: Summary of Service Delivery Arrangements

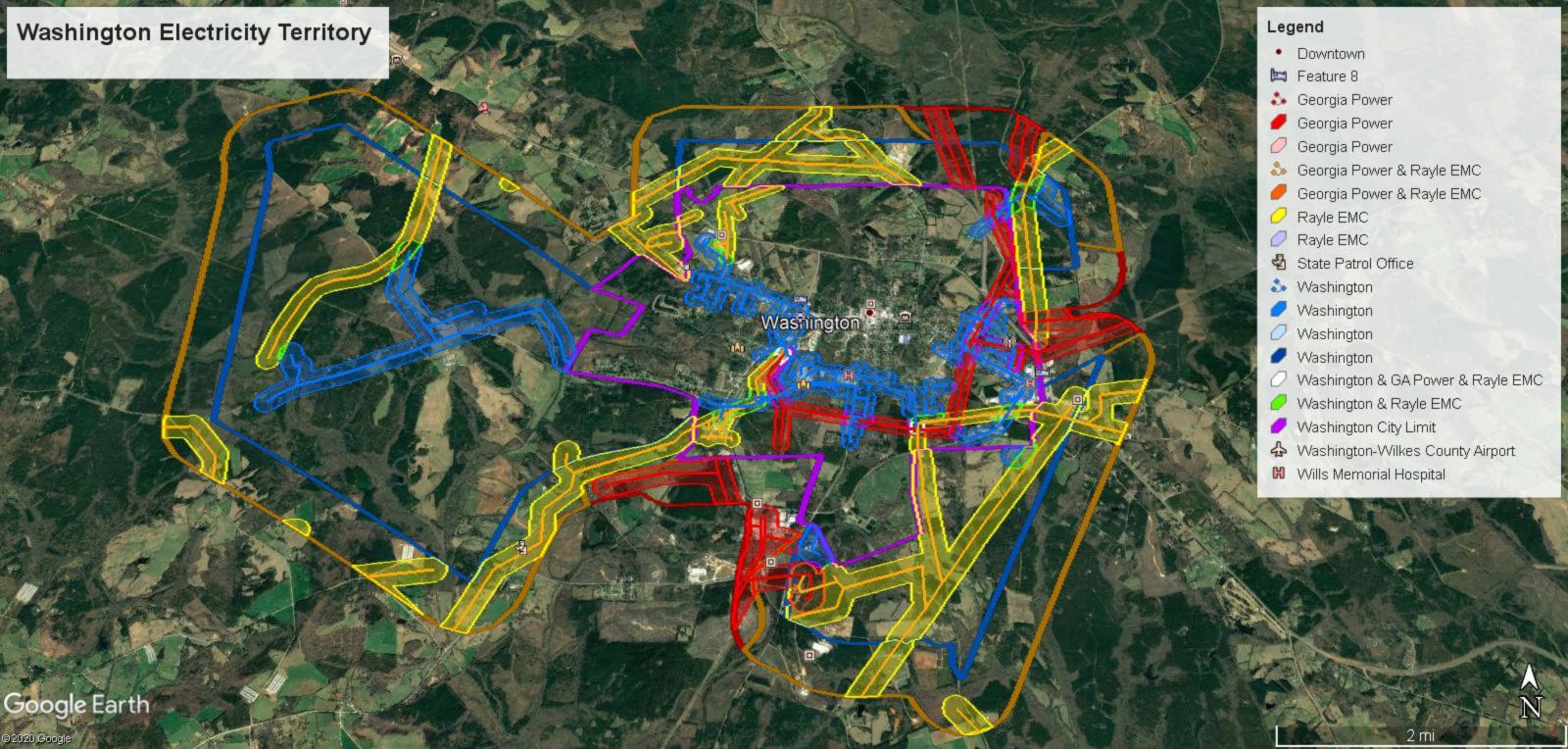
Instructions:

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.

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COUNTY: WILKES	Service: Electric Service
1. Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth	cluding all cities and unincorporated areas) by a single service provider.
	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
	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).

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Local Government or Authority City of Washington	Consolidated Public Utility Fund	<u> метоа</u>
on, or machinister.	Conconductor Commy Commy	
How will the strategy change the pr	revious arrangements for providing and/or fund	ling this service within the county?
Name changed from Retail Electric S	Service	
List any formal service delivery agr	eements or intergovernmental contracts that w	rill be used to implement the strategy fo
this service:	oomonio oi miorgovommoniai oomaasio mat n	so dood to imploment the ending, lo
Agreement Name	Contracting Parties	Effective and Ending Dates
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What other mechanisms (if any) wi acts of the General Assembly, rate N/A Person completing form: Andy Cro Phone number: 706-210-2000 Is this the person who should be co projects are consistent with the serv	Il be used to implement the strategy for this set or fee changes, etc.), and when will they take to be seen, Executive Director Date completed: November 9, 2021 Contacted by state agencies when evaluating when	rvice (e.g., ordinances, resolutions, loc effect?









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COUNTY: Wilkes	Service: Emergency Management Agency
Check the box that best describes the agreed upon	n delivery arrangement for this service:
a.) 🛮 Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Wilkes County	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	orated portion of the county by a single service provider. (If this box is inization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 docume	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 strategy, attach an implementation schedule listing each step or action that

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	ity that will help to pay for this service and ind eral funds, special service district revenues, h .).	
Local Government or Author	rity Fund	ling Method
Wilkes County	General Fund	
City of Washington	General Fund	
4. How will the strategy change th	e previous arrangements for providing and/or	funding this service within the county?
Name changed from Emergency	Management to Emergency Management Ag	gency
List any formal service delivery this service:	agreements or intergovernmental contracts the	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
) will be used to implement the strategy for thi ate or fee changes, etc.), and when will they t	
N/A		
	Date completed: 08/10/2021 e contacted by state agencies when evaluating	ng whether proposed local government
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COUNTY: Wilkes	Service: Emergency Medical Services
Check the box that best describes the agreed upon	n delivery arrangement for this service:
a.) 🛮 Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) \square Service will be provided only in the unincorp checked, identify the government, authority or organization.	orated portion of the county by a single service provider. (If this box is inization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly 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.):
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 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 strate	gy, attach an implementation schedule listing each step or action that

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Agreement Name	Contracting Parties	Effective and Ending Dat
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N/A		
Person completing form: Andy Crosson	, Executive Director	
hone number: 706-210-2000 Date	completed: 08/10/2021	
s this the person who should be contact		whether proposed local government
rojects are consistent with the service d	J	







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

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fees, bonded indebtedness, etc.	eral funds, special service district revenues, hotol.).	ate how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Author	rity Fundin	g Method
Wilkes County	General Fund, Grants, Special Fund	<i>y</i>
How will the strategy change the	e 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
Agreement Nume	Somatomy rances	Encouve and Enamy Dates
N/A		
) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	
N/A		







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COUNTY: WILKES	Service: Family and Child Services
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) 🛛 Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
Wilkes County	
	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.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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Local Government or Authorit	y Funding I	Method
Wilkes County	General Fund	
How will the strategy change the p	previous arrangements for providing and/or fund	ling this service within the county?
Removed City of Washington as a f	und source.	
List any formal service delivery ac	reements or intergovernmental contracts that w	vill be used to implement the strategy:
this service:	recinents of intergovernmental contracts that w	in be used to implement the strategy
ulis scivice.		
	Contracting Partice	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name N/A What other mechanisms (if any) w	rill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) w		rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) w	rill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) w	rill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) wacts of the General Assembly, rate N/A Person completing form: Andy Cr	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
Agreement Name I/A What other mechanisms (if any) wacts of the General Assembly, rate I/A Person completing form: Andy Cr	vill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A What other mechanisms (if any) wacts of the General Assembly, rate N/A Person completing form: Andy Cr Phone number: 706-210-2000 Is this the person who should be of	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

·	
COUNTY: Wilkes	Service: Fire & Rescue
Check the 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, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the City of Tignall, City of Rayle
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 strategy, attach an implementation schedule listing each step or action that

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

Local Government or Authority	Funding Method
Wilkes County	General Fund, Grants, Insurance Premium Tax
City of Washington	General Fund, Grants
City of Rayle	General Fund, Grants
City of Tignall	General Fund, Grants

City of washington	General Fund, Grants	
City of Rayle	General Fund, Grants	
City of Tignall	General Fund, Grants	
How will the strategy change the pre-	evious arrangements for providing and/or fun	ding this service within the county?
Funding was changed to include gran	nts as a potential fund source	
5. List any formal service delivery agre this service:	eements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this se or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: Andy Cro e Phone number: 706-210-2000	sson, Executive Director Date completed: 08/10/2021	
3. Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating wice delivery strategy? \square Yes $ ot \!$	hether proposed local government
If not, provide designated contact pe Karen Burton, County Administrato Jerry deBin, City Administrator, 706 Mayor Jake Buff, 706-274-3351 Mayor Henry Brown, 706-285-2551		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Flood and Drainage
Check the box that best describes the agreed upor	າ delivery arrangement for this service:
a.) \square Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organization.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the , City of Tignall, City of Rayle
	e 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	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

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

Local Government or Authority	Funding Method
Wilkes County	General Fund, Grants
City of Washington	General Fund, Grants
City of Rayle	General Fund, Grants
City of Tignall	General Fund, Grants

New service. Not currently funded, but may be if local, state or federal funds become available. Added to ensure that
grant opportunities are listed as possible fund sources.

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

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
N/A		

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

N/A

- 7. Person completing form: **Andy Crosson, Executive Director**Phone number: **706-210-2000**Date completed: **08/10/2021**
- 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:

Karen Burton, County Administrator, 706-678-2511 Jerry deBin, City Administrator, 706-678-3277

Mayor Jake Buff, 706-274-3351

Mayor Henry Brown, 706-285-2551







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: WILKES	Service: Forestry
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
1. Offect of the box that best describes the agreed upo	in delivery arrangement for this service.
a.) \boxtimes 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.):
Wilkes County	
	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.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the condition of	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.

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Local Government or Authority	Funding	Method
Wilkes County	General Fund	
Herry will the atrete my above the pre-	in a company of the c	dings this complete within the country?
How will the strategy change the pre-	vious arrangements for providing and/or fund	ding this service within the county?
No Change		
	ements or intergovernmental contracts that w	vill be used to implement the strategy f
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
N/A		
What other mechanisms (if any) will b	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will b		rvice (e.g., ordinances, resolutions, loc
N/A . What other mechanisms (if any) will b	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
N/A What other mechanisms (if any) will be	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this se fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or N/A Person completing form: Andy Cros	be used to implement the strategy for this se fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will lacts of the General Assembly, rate or N/A Person completing form: Andy Cros. Phone number: 706-210-2000	be used to implement the strategy for this se fee changes, etc.), and when will they take of the changes of the	rvice (e.g., ordinances, resolutions, loc effect?
What other mechanisms (if any) will lacts of the General Assembly, rate or N/A Person completing form: Andy Cros. Phone number: 706-210-2000	be used to implement the strategy for this se fee changes, etc.), and when will they take of son, Executive Director Date completed: November 9, 2021 tacted by state agencies when evaluating	rvice (e.g., ordinances, resolutions, loceffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes Service: Health Department
Check the box that best describes the agreed upon 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.): Wilkes County
b.) \square 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.):
c.) \square 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:
d.) \square One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
e.) \square Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.):
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes (if "Yes," you must attach additional documentation as described, below)
⊠ No
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

CBC	FORM		
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	eral funds, special se		e how the service will be funded (e.g., /motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County	General Fun		
4. How will the strategy change the	e previous arrangem	nents for providing and/or fund	ding this service within the county?
No change.			
5. List any formal service delivery this service:	agreements or interç	governmental contracts that w	vill be used to implement the strategy for
Agreement Name	С	ontracting Parties	Effective and Ending Dates
N/A			
6. What other mechanisms (if any) acts of the General Assembly, ra			rvice (e.g., ordinances, resolutions, local effect?
N/A			
7. Person completing form: Andy Phone number: 706-210-20008. Is this the person who should be	Date completed:	: 08/10/2021	hether proposed local government
projects are consistent with the s	service delivery strat ct person(s) and pho	tegy?	
Karen Burton, County Administ	rator, (706) 678-251	1	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Hospital
Check the box that best describes the agreed upor	n delivery arrangement for this service:
 a.) \(\mathbb{X} \) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut \(\mathbb{Wilkes County} \) 	eluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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> overlapping but higher levels of service (See O.C.G.A overlapping 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 liminated).

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

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Local Government or Authority	Funding	Method
Wilkes County	SPLOST	
How will the strategy change the pro-	evious arrangements for providing and/or fund	ding this sarvice within the county?
Tiow will the strategy change the pre	evious arrangements for providing and/or fund	unig this service within the county?
No change.		
io onango.		
List any formal service delivery agre	ements or intergovernmental contracts that v	vill be used to implement the strategy t
this service:		im so doca to imploment allo cadlogy.
Agreement Name	Contracting Parties	Effective and Ending Date
N/A		
+		
1		. ,
	be used to implement the strategy for this se r fee changes, etc.), and when will they take	
,,,		
N/A		
Person completing form: Andy Cros		
Phone number: 706-210-2000	Date completed: 08/10/2021	
Is this the person who should be con	ntacted by state agencies when evaluating w	hether proposed local government
	oc delivery strategy: 1 1 cs 2140	
projects are consistent with the servi	rson(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: The Housing Authority of the City of Washington
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square 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.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the Washington
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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, a overlapping but higher levels of service (See O.C.G.A overlapping 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 strate	gy, attach an implementation schedule listing each step or action that

CBC	FORM		
505	FORN	12. CO	ntinued

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	ritv	Funding Method	
The Housing Authority of the City of Washin		HUD Subsidy, Grants, Rents from Tenants	
How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?
Revised name and funding source	ce.		
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: Andy Phone number: 706-210-2000		on, Executive Director tte completed: 08/10/2021	
8. Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whether predefined by strategy? \square Yes \square No	oposed local government
If not, provide designated contact Jerry deBin, City Administrator, Mayor Henry Brown, 706-285-25	706-6	on(s) and phone number(s) below: 78-3277	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Housing Rehabilitation
Check the 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, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
City of Washington, City of Rayle, C	City of Tignall
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e 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	
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	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

CBC	FORM		
505	FORN	12. CO	ntinued

	al funds, special s		e how the service will be funded (e.g., l/motel taxes, franchise taxes, impact
Local Government or Authorit	ty	Funding	Method
City of Washington	General Fur	nd, Grants	
City of Rayle	General Fur	nd, Grants	
City of Tignall	General Fur	nd, Grants	
4. How will the strategy change the	previous arrangen	nents for providing and/or fun	ding this service within the county?
New service. Added due to possib	ility of grant funds	becoming available for rehab	projects.
5. List any formal service delivery at this service:	greements or inter	governmental contracts that v	will be used to implement the strategy for
Agreement Name	C	Contracting Parties	Effective and Ending Dates
N/A			
What other mechanisms (if any) vacts of the General Assembly, rat			ervice (e.g., ordinances, resolutions, local effect?
N/A			
7. Person completing form: Andy C Phone number: 706-210-2000	rosson, Executiv Date completed		
8. Is this the person who should be projects are consistent with the se			hether proposed local government
If not, provide designated contact Jerry deBin, City Administrator, 7 Mayor Jake Buff, 706-274-3351 Mayor Henry Brown, 706-285-255	06-678-3277	one number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service:Indigent Legal Defense
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authorities).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ty of Tignall
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
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	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.
	Page 1 of 2

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3. List each government	or authority that will help to p	pay for this service and in	ndicate how the service	e will be funded (e.g.,
enterprise funds, user	fees, general funds, special s	service district revenues	, hotel/motel taxes, fra	nchise taxes, impact
fees, bonded indebted	lness, etc.).			

Local Government or Authority	Funding Metho	d
Wilkes County	General Fund	
City of Washington	General Fund	
City of Tignall	General Fund	
I. How will the strategy change the pre	evious arrangements for providing and/or funding this	s service within the county?
No change.		
this service:	ements or intergovernmental contracts that will be u	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this service (er fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, loca
N/A		
. Person completing form: Andy Cros Phone number: 706-210-2008	sson, Executive Director Date completed: 08/10/2021	
. Is this the person who should be coprojects are consistent with the servi	ntacted by state agencies when evaluating whether μ ce delivery strategy? \Box Yes $igtie$ No	proposed local government
If not, provide designated contact pe	rson(s) and phone number(s) below:	

Page 2 of 2

Karen Burton, County Administrator, 706-678-2511 Jerry deBin, City Administrator, 706-678-3277 Mayor Jake Buff, 706-274-3351 Mayor Henry Brown, 706-285-2551







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Kettle Creek Battlefield
Check the box that best describes the agreed upon	n delivery arrangement for this service:
a.) A Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) \square 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 inization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly 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.):
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 docume	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 strategy, attach an implementation schedule listing each step or action that

CBC	FORM		
505	FORN	12. CO	ntinued

fees, bonded indebtedness, etc.	eral funds, special service district revenues, hotel/).	e how the service will be funded (e.g., /motel taxes, franchise taxes, impact
Local Government or Autho	rity Funding	Method
Wilkes County	General Fund, Grants, SPLOST, Fees	
. How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?
. List any formal service delivery	ow. Removed City of Washington as funding entity agreements or intergovernmental contracts that w	
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
<u> </u>	3	
N/A		
	_	
) will be used to implement the strategy for this set ate or fee changes, etc.), and when will they take o	
N/A		
7. Person completing form: Andy Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021	







FORM 2: Summary of Service Delivery Arrangements

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, · · · · · · · · · · · · · · · · ·	
COUNTY: Wilkes	Service: Library
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) \square Service will be provided only in the unincorport 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.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is chec service.):	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Wilkes County, City of Washington,	City of Rayle, Board of Education
	e 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	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

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3. List each government or au	ithority that will h	elp to pay for	this service and	indicate how the se	ervice will be funde	d (e.g.,
enterprise funds, user fees,	general funds, s	special service	e district revenues	s, hotel/motel taxes	, franchise taxes, i	impact
fees, bonded indebtedness,	, etc.).					

Local Government or Authority	Funding Method
Wilkes County	General Fund, Grants, SPLOST
City of Washington	General Fund, Grants
City of Rayle	General Fund, Grants
Board of Education	General Fund, Grants

City of Rayle	General Fund, Grants	
Board of Education	General Fund, Grants	
. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
No change.		
No change.		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take eff	
N1/A		
N/A		
_		
7. Person completing form: Andy C Phone number: 706-210-2000	rosson, Executive Director Date completed: 08/10/2021	
	contacted by state agencies when evaluating wherevice delivery strategy? \square Yes \boxtimes No	ther proposed local government
Karen Burton, County Administra Jerry deBin, City Administrator, 7		
Mayor Jake Buff, 706-274-3351		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Magistrate Court
Check the 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, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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).

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

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

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Wilkes County General Fund How will the strategy change the previous arrangements for providing and/or funding this service within the contracts any formal service delivery agreements or intergovernmental contracts that will be used to implement the this service:	Local Government or Authority	Funding	Method
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the this service: Agreement Name Contracting Parties Effective and Engagement N/A N/A What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, reso acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name		<u> </u>	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name	ow will the strategy change the previ	ous arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the his service: Agreement Name	change		
Agreement Name Contracting Parties Effective and Enterior N/A What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resonances of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A	onango.		
Agreement Name Contracting Parties Effective and Enterior N/A What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resonances of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
Agreement Name Contracting Parties Effective and Enterior N/A What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoncts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
N/A What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resonances of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A		nents or intergovernmental contracts that w	ill be used to implement the strategy
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, reso acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A	Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resonances of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
ncts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A	N/A		
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A	+		
ncts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
	NI/A		
Person completing form: Andy Crosson Executive Director	N/A		
Person completing form: Andy Crosson Executive Director			
Person completing form: Andy Crosson Executive Director			
Phone number: 706-210-2000 Date completed: 08/10/2021			
Is this the person who should be contacted by state agencies when evaluating whether proposed local gove projects are consistent with the service delivery strategy? \square Yes \boxtimes No			nether proposed local government
f not, provide designated contact person(s) and phone number(s) below: ren Burton, County Administrator, (706) 678-2511	ojects are consistent with the service		







FORM 2: Summary of Service Delivery Arrangements

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, · · · · · · · · · · · · · · · · ·	
COUNTY: Wilkes	Service: Municipal Court
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	eluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) \square Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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, attach an implementation schedule listing each step or action that

CBC	FORM		
505	FORN	12. CO	ntinued

General Fund, Grants General Fund, Grants	
General Fund, Grants	
ous arrangements for providing and/or fund	ling this service within the county?
nents or intergovernmental contracts that w	rill be used to implement the strategy for
Contracting Parties	Effective and Ending Dates
on, Executive Director te completed: 08/10/2021	
	ous arrangements for providing and/or fundments or intergovernmental contracts that we Contracting Parties e used to implement the strategy for this series changes, etc.), and when will they take of







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: Wilkes	Service: Nutrition
Check the 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, aut Wilkes County 	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) \square Service will be provided only in the unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e 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	
	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

CBC	FORM		
505	FORN	12. CO	ntinued

	eral funds, special ser		ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Author	rity	Funding Me	ethod
Wilkes County	General Fund,		
City of Washington	General Fund		
, ,			
4. How will the strategy change the	previous arrangeme	nts for providing and/or fundinุ	g this service within the county?
			be used to implement the strategy for
this service:			
Agreement Name	Cor	ntracting Parties	Effective and Ending Dates
N/A			
6. What other mechanisms (if any) acts of the General Assembly, ra			ce (e.g., ordinances, resolutions, local ect?
N/A			
 7. Person completing form: Andy of Phone number: 706-210-2000 8. Is this the person who should be projects are consistent with the statement of the projects. 	Date completed: 0 e contacted by state a	08/10/2021 gencies when evaluating whet	her proposed local government
If not, provide designated contac Karen Burton, County Administr		e number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: Wilkes	Service: Parks & Recreation
Check the box that best describes the agreed upor	า delivery arrangement for this service:
a.) \square 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.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organization.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the , City of Tignall
	e 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	
	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

CBC	FORM		
505	FORN	12. CO	ntinued

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** Wilkes County General Fund, Grants, SPLOST City of Washington General Fund, Grants, SPLOST 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name **Contracting Parties** Effective and Ending Dates N/A 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? N/A 7. Person completing form: Andy Crosson, Executive Director Phone number: **706-210-2000** Date completed: 08/10/2021 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: Karen Burton, County Administrator, 706-678-2511 Jerry deBin, City Administrator, 706-678-3277

Mayor Henry Brown, 706-285-2551







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: Wilkes	Service: Payroll Development Authority
Check the box that best describes the agreed upor	1 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.):
Payroll Development Authority	
b.) ☐ Service will be provided only in the unincorportected, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is inization providing the service.):
•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e 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	
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	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

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

Local Covernment on Authority	From align as \$5 of the set	
Local Government or Authority	Funding Method	
Wilkes County	General Fund, Grants	
City of Washington	General Fund, Grants	
Payroll Development Authority	General Fund, Grants	
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
No change.		
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this service (e.ự fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A		
7. Person completing form: Andy Cros Phone number: 706-210-2000	son, Executive Director Pate completed: 08/10/2021	
8. Is this the person who should be con projects are consistent with the service	tacted by state agencies when evaluating whether proce delivery strategy? \square Yes \boxtimes No	oposed local government
If not, provide designated contact per Karen Burton, County Administrator Jerry deBin, City Administrator, 706-	, 706-678-2511	







FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: Wilkes	Service: Planning and Development
Check the 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, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organized or services.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 strategy, attach an implementation schedule listing each step or action that

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Local Government or Authori	ty Funding I	Method
City of Washington	General Fund	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
lo change.		
∟ist any formal service delivery a his service:	greements or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
11/A		
N/A		
	vill be used to implement the strategy for this ser	
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
acts of the General Assembly, rat		
acts of the General Assembly, rat		
acts of the General Assembly, rat		
N/A Person completing form: Andy C	e or fee changes, etc.), and when will they take e	
N/A Person completing form: Andy C	e or fee changes, etc.), and when will they take e	
N/A Person completing form: Andy Completing	e or fee changes, etc.), and when will they take e	effect?
N/A Person completing form: Andy Complete the number: 706-210-2000 Is this the person who should be projects are consistent with the second	rosson, Executive Director Date completed: 08/10/2021 contacted by state agencies when evaluating wh	effect?







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: Wilkes	Service: Probate Judge
Check the box that best describes the agreed upon	n delivery arrangement for this service:
a.) 🗓 Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Wilkes County	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 unincorporate checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 strategy, attach an implementation schedule listing each step or action that

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Local Government or Authority //ilkes County	Funding	
	General Fund	
low will the strategy change the prev	rious arrangements for providing and/or fund	ding this service within the county?
o change.		
o change.		
ist any formal service delivery agree nis service:	ments or intergovernmental contracts that w	rill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Dat
N/A		
	be used to implement the strategy for this se fee changes, etc.), and when will they take	
N/A		
IN/A		
Person completing form: Andy Cross Thone number: 706-210-2000 Di	son, Executive Director ate completed: 08/10/2021	
s this the person who should be controjects are consistent with the servic	acted by state agencies when evaluating when evaluating when delivery strategy? ☐Yes ⊠No	nether proposed local government
not provide decimpated contact per	son(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 Aliairs.	
COUNTY: WILKES	Service: Public Works
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
The one on the desire and the desire and the desire appropriate the desired ap	n denvery amangement for time convice.
 a.)	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
	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 ty of Rayle, City of Tignall
	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 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.

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

Local Government or Authority	Funding Method		
Wilkes County	General Fund		
City of Washington	General Fund		
City of Rayle	General Fund		
City of Tignall	General Fund		

Wilkes County	Scholar and				
City of Washington	General Fund				
City of Rayle	General Fund				
City of Tignall	General Fund	General Fund			
1. How will the strategy change th	e previous arrangements for providing	g and/or funding this	service within the county?		
New Service - includes previous	service called Courthouse Lawn and	Square,			
5. List any formal service delivery this service:	agreements or intergovernmental con	itracts that will be use	ed to implement the strategy for		
Agreement Name	Contracting Partie	es	Effective and Ending Dates		
N/A					
) will be used to implement the strategate or fee changes, etc.), and when w		g., ordinances, resolutions, local		
N/A					
7. Person completing form: Andy Phone number: 706-210-2000	Crosson, Executive Director Date completed: November 9, 20)21			
	e contacted by state agencies when e service delivery strategy? ☐Yes ☑No		oposed local government		
If not, provide designated conta KAREN BURTON, COUNTY AI JERRY DEBIN, CITY ADMINIS		ow:			

MAYOR JAKE BUFF, 706-274-3351

MAYOR HENRY BROWN, 706-285-2551







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Recycling Service
 Check the box that best describes the agreed upon a.)	luding all cities and unincorporated areas) by a single service provider.
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	prated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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, attach an implementation schedule listing each step or action that

CBC	FORM		
505	FORN	12. CO	ntinued

3. List each government or authority the enterprise funds, user fees, general fees, bonded indebtedness, etc.).	at will help to pay for this service and indicate funds, special service district revenues, hotel/	how the service will be funded (e.g., /motel taxes, franchise taxes, impact
Local Covernment or Authority	Eundina	Mothod
Local Government or Authority Wilkes County	General Fund, Grants	wetnoa
•		_
City of Washington	General Fund, Grants	
4. How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
No change.		
this service:	ements or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Dates
NI/A		
N/A		
	be used to implement the strategy for this set r fee changes, etc.), and when will they take o	
N/A		
7. Person completing form: Andy Cros Phone number: 706-210-2000	sson, Executive Director Date completed: 08/10/2021	
8. Is this the person who should be cor projects are consistent with the servi	ntacted by state agencies when evaluating wh ce delivery strategy?	nether proposed local government
If not, provide designated contact pe Karen Burton, County Administrator Jerry deBin, City Administrator, 706	⁻ , 706-678-2511	







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: WILKES	Service: Senior Center
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 Wilkes County 	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
	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, attach an implementation schedule listing each step or action that

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Local Government or Authority		Method
Wilkes County	General Fund	
How will the strategy change the pr	evious arrangements for providing and/or fund	ling this service within the county?
No change.		
List any formal service delivery agrethis service:	eements or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) wil	Contracting Parties I be used to implement the strategy for this server fee changes, etc.), and when will they take the strategy for the strategy for the strategy for the strategy for this server fee changes, etc.)	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil	I be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil	I be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly, rate of the General Assembly acts of	I be used to implement the strategy for this set or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil acts of the General Assembly, rate	I be used to implement the strategy for this select fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	I be used to implement the strategy for this sent fee changes, etc.), and when will they take a sson, Executive Director Date completed: November 9, 2021	rvice (e.g., ordinances, resolutions, loc 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 III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: Wilkes	Service: Sewer
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	prated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly 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.):
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 strateg	gy, attach an implementation schedule listing each step or action that

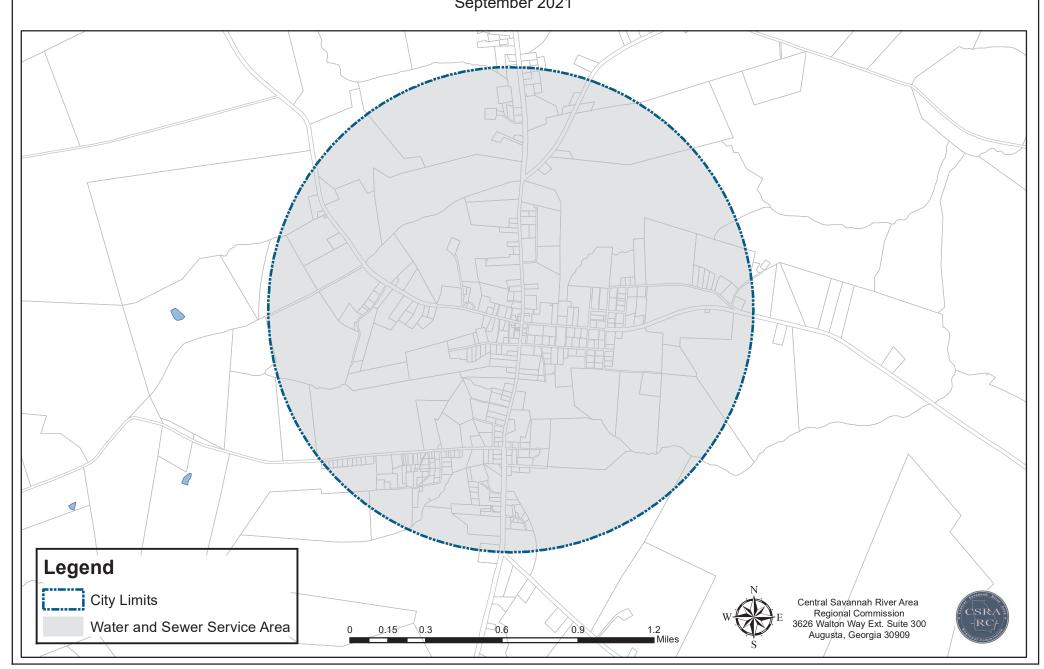
			4 =
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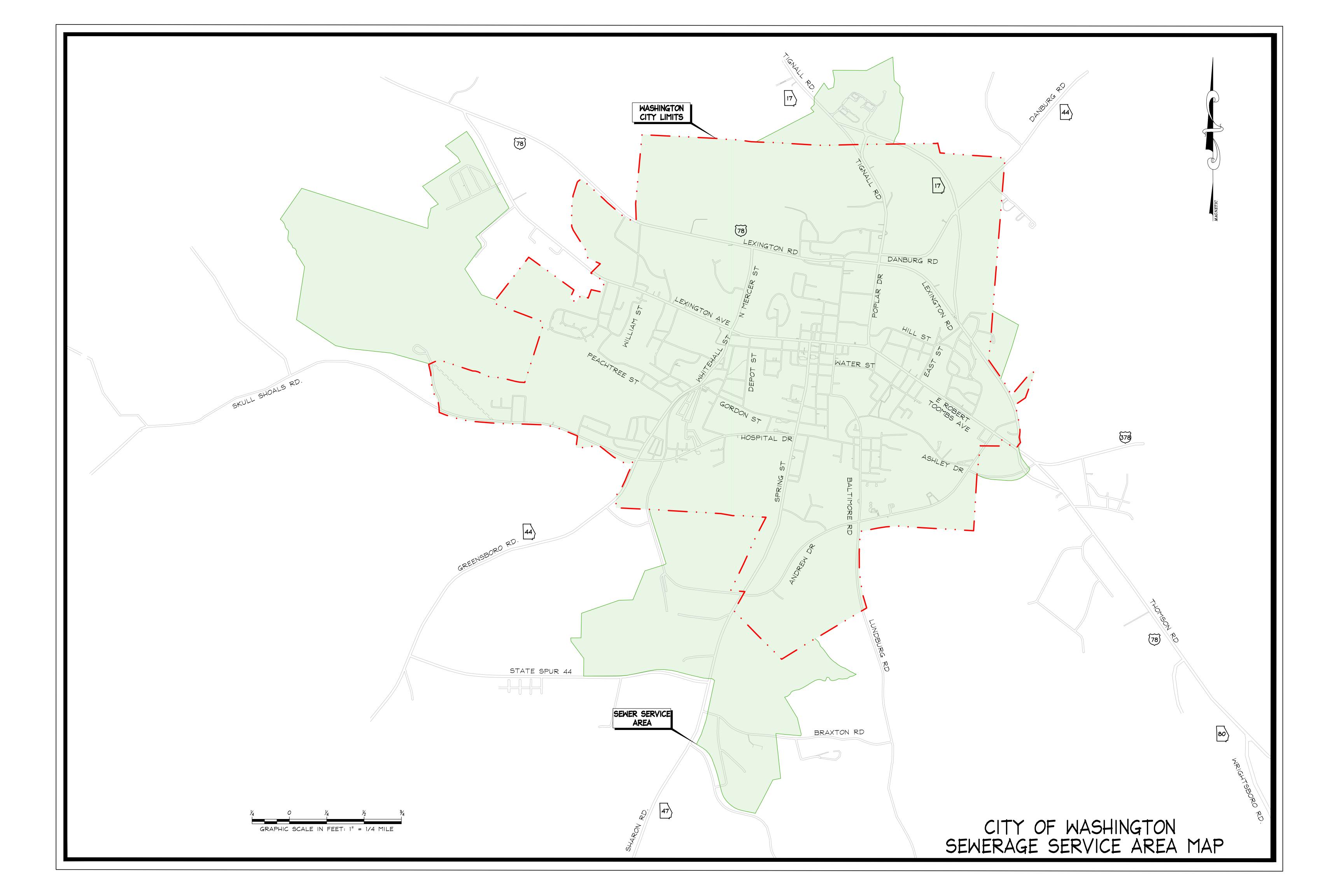
	that will help to pay for this service and indicate al funds, special service district revenues, hotel	
Local Government or Authorit	y Funding	Method
City of Washington	Public Utility Fund, Grants	
City of Tignall	General Fund, Grants	
4. How will the strategy change the բ	previous arrangements for providing and/or fund	ding this service within the county?
Added grant fund source.		
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	vill be used to implement the strategy for this se e or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: Andy Cr Phone number: 706-210-2000	Date completed: 08/10/2021	
	contacted by state agencies when evaluating when contacted by strategy? ☐Yes ☒No	netner proposed local government
If not, provide designated contact Jerry deBin, City Administrator, 70		

City of Tignall, Georgia

Water and Sewer Service Area

September 2021











FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Sheriff
Check the 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, aut Wilkes County	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	prated portion of the county by a single service provider. (If this box is nization providing the service.):
•	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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, attach an implementation schedule listing each step or action that

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	ty that will help to pay for this service and indicate eral funds, special service district revenues, hotel/).	
Local Government or Author	rity Funding I	Method
Wilkes County	General Fund; Grants; Fines, Fees and For	
4. How will the strategy change the	e previous arrangements for providing and/or fund	ling this service within the county?
City of Washington is currently no	ot providing funds for this service.	
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
14/73		
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	
N/A		
7. Person completing form: Andy (Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021	
	e contacted by state agencies when evaluating where service delivery strategy? ☐Yes ⊠No	ether proposed local government
If not, provide designated contac Karen Burton, County Administr Jerry deBin, City Administrator,		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Sheriff-Jail
Check the 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, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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.

SDS FORM 2, continued

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	ity Fu	nding Method
Wilkes County	General Fund, SPLOST, Fees	
City of Washington	General Fund	
City of Tignall	General Fund	
4. How will the strategy change the	e previous arrangements for providing and/	or funding this service within the county?
No change.		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts	s that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for te or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, local y take effect?
N/A		
7. Person completing form: Andy (Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021	
	e contacted by state agencies when evalua ervice delivery strategy? ☐Yes ☑No	iting whether proposed local government
If not, provide designated contac Karen Burton, County Administr	t person(s) and phone number(s) below: ator, (706) 678-2511	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Solid Waste Transfer Station
Check the 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, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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, attach an implementation schedule listing each step or action that

CBC	FORM		
505	FORN	12. CO	ntinued

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	rity Fu	nding Method		
Wilkes County	General Fund, SPLOST, Grants			
How will the strategy change the strategy	e previous arrangements for providing and	or funding this service within the county?		
_	sources. Removed City of Washington since	e they do not operate the transfer station. s that will be used to implement the strategy for		
this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
NI/A				
N/A				
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?				
N/A				
7. Person completing form: Andy Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021			
	s. 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: Karen Burton, County Administrator, (706) 678-2511				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

·	
COUNTY: Wilkes	Service: Streets (incl Roads and Bridges)
Check the 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, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organized only in the unincorporate checked.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the , City of Tignall
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 sliminated).

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

CBC	FORM		
505	FORN	12. CO	ntinued

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	
Wilkes County	General Fund, Grants, SPLOST, TSPLOST	
City of Washington	General Fund, Grants, SPLOST, TSPLOST	
City of Tignall General Fund, Grants, SPLOST, TSPLOST		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
Incorporated roads and bridges, sidewalks and street lights into the service. Added TSPLOST, SPLOST, grant fund 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
N/A		

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

N/A

- 7. Person completing form: **Andy Crosson, Executive Director**Phone number: **706-210-2000**Date completed: **08/10/2021**
- 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:

Karen Burton, County Administrator, 706-678-2511 Jerry deBin, City Administrator, 706-678-3277 Mayor Henry Brown, 706-285-2551







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Superior Court
Check the 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, aut Wilkes County	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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.

CBC	FORM		
505	FORN	12. CO	ntinued

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel/).	how the service will be funded (e.g., motel taxes, franchise taxes, impact
Local Government or Author	rity Funding I	Method
Wilkes County	General Fund	
4. How will the strategy change th	e previous arrangements for providing and/or fund	ling this service within the county?
No change.		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this sen ate or fee changes, etc.), and when will they take e	
N/A		
7. Person completing form: Andy Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021	
		. Alle an manage and to see the second and
	e contacted by state agencies when evaluating wh service delivery strategy?	nerner proposed local government
projects are consistent with the	service delivery strategy? ☐Yes ☐No et person(s) and phone number(s) below:	nerner proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Tax Assessor
Check the 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, aut Wilkes County	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 strategy, attach an implementation schedule listing each step or action that

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Local Government or Authority	Funding	Method
Vilkes County	General Fund	
low will the strategy change the n	revious arrangements for providing and/or fund	ling this service within the county?
low will the strategy change the p	revious arrangements for providing and/or fund	and the county:
o change.		
, change.		
ist any formal service delivery ag	reements or intergovernmental contracts that w	vill be used to implement the strategy
nis service:	eements of intergovernmental contracts that w	in be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name N/A	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
N/A What other mechanisms (if any) w	Il be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, k
N/A What other mechanisms (if any) w		
N/A What other mechanisms (if any) w	Il be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, k
N/A What other mechanisms (if any) water of the General Assembly, rate	Il be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, k
N/A What other mechanisms (if any) w	Il be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, k
N/A What other mechanisms (if any) water of the General Assembly, rate	Il be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
N/A What other mechanisms (if any) works of the General Assembly, rate	Il be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, k
N/A What other mechanisms (if any) w cts of the General Assembly, rate N/A Person completing form: Andy Cre	Il be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, k
N/A What other mechanisms (if any) works of the General Assembly, rate N/A Person completing form: Andy Crephone number: 706-210-2000 s this the person who should be completed.	Il be used to implement the strategy for this se or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, leeffect?
N/A What other mechanisms (if any) wacts of the General Assembly, rate N/A Person completing form: Andy Crephone number: 706-210-2000 Is this the person who should be coprojects are consistent with the ser	Il be used to implement the strategy for this se or fee changes, etc.), and when will they take on the changes, etc.) and when will they take on the changes of the changes	rvice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Tax Collection
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the City of Tignall, City of Rayle
	e 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	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

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

Local Government or Author	ity Funding I	Method
Wilkes County	General Fund, Grants	
City of Washington	General Fund, Grants	
City of Tignall	General Fund, Grants	
City of Rayle	General Fund, Grants	
4. How will the strategy change the	previous arrangements for providing and/or fund	ng this service within the county?
No change.		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	·	

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances	resolutions local
o. 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?	
dote of the Contrat recomment, rate of recomminger, etc., and when the theory	

N/A

- 7. Person completing form: **Andy Crosson, Executive Director**Phone number: **706-210-2000**Date completed: **08/10/2021**
- 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:

Karen Burton, County Administrator, 706-678-2511 Jerry deBin, City Administrator, 706-678-3277 Mayor Jake Buff, 706-274-3351

Mayor Henry Brown, 706-285-2551







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Tax Commissioner
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) 区 Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auti Wilkes County	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) \square Service will be provided only in the unincorport checked, identify the government, authority or organ	prated portion of the county by a single service provider. (If this box is nization providing the service.):
•	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e 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	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

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enterprise funds, user fees, gen fees, bonded indebtedness, etc.	eral funds, special service district revenues, hote	te how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Author	rity Funding	g Method
Wilkes County	Genral Fund	
4. How will the strategy change th	e previous arrangements for providing and/or fun	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
N/A		
) will be used to implement the strategy for this so ate or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: Andy Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021	
Phone number: 706-210-2000 8. Is this the person who should be	· · · · · · · · · · · · · · · · · · ·	whether proposed local government
Is this the person who should be projects are consistent with the second control of	Date completed: 08/10/2021 e contacted by state agencies when evaluating waservice delivery strategy? ☐Yes ☒No et person(s) and phone number(s) below:	whether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Transit Services
Check the 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, aut Wilkes County	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 unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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.

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	ity that will help to pay for this service and indicateral funds, special service district revenues, hoten).	
Local Government or Autho	rity Funding	g Method
Wilkes County	General Fund, Grants, SPLOST, TSPLOST	
l. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
Added TSPLOST, SPLOST and		
this service:	agreements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	
N/A		
projects are consistent with the	Date completed: 08/10/2021 e contacted by state agencies when evaluating waservice delivery strategy? ☐Yes ☒No	vhether proposed local government
If not, provide designated contac Karen Burton, County Administ	ct person(s) and phone number(s) below: rator, (706) 678-2511	







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: WILKES	Service: Veterans Services
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Wilkes County	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 rorganization 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 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.

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Local Government or Authority		Method
Wilkes County	General Fund	
How will the strategy change the pr	evious arrangements for providing and/or fund	ling this service within the county?
No change.		
List any formal service delivery agrethis service:	eements or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) wil	Contracting Parties I be used to implement the strategy for this server fee changes, etc.), and when will they take the strategy for the strategy for the strategy for the strategy for this server fee changes, etc.)	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil	I be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil	I be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly, rate of the General Assembly acts of	I be used to implement the strategy for this set or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil acts of the General Assembly, rate	I be used to implement the strategy for this select fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	I be used to implement the strategy for this sent fee changes, etc.), and when will they take a sson, Executive Director Date completed: November 9, 2021	rvice (e.g., ordinances, resolutions, loc 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 III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: Wilkes	Service: Voter Registrar and Elections
Check the box that best describes the agreed upon	delivery arrangement for this service:
a.) 区 Service will be provided countywide (i.e., inclu (If this box is checked, identify the government, auth Wilkes County	uding all cities and unincorporated areas) by a single service provider. ority or organization providing the service.):
b.) \square Service will be provided only in the unincorporchecked, identify the government, authority or organ	rated portion of the county by a single service provider. (If this box is ization providing the service.):
	ly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
,	ly within their incorporated boundaries, and the county will provide the ed, identify the government(s), authority or organization providing the
	map delineating the service area of each service provider, and tion that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documer	ntation as described, below)
⊠ No	
	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).

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

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority **Funding Method** Wilkes County Genral Fund City of Washington Genral Fund Genral Fund City of Tignall City of Rayle Genral Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Combined Elections and Voter Registration. 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 N/A 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? N/A 7. Person completing form: Andy Crosson, Executive Director Phone number: **706-210-2000** Date completed: 08/10/2021 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: Karen Burton, County Administrator, 706-678-2511 Jerry deBin, City Administrator, 706-678-3277

Mayor Jake Buff, 706-274-3351 Mayor Henry Brown, 706-285-2551







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Washington-Wilkes Athens Tech Campus
Check the 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, aut Athens Technical College	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 unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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 strategy, attach an implementation schedule listing each step or action that

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Local Government or Authority	Funding Metho	od
Wilkes County	General Fund, Grants	
City of Washington	General Fund, Grants	
Athens Technical College	General Fund	
. How will the strategy change the prev	vious arrangements for providing and/or funding th	his service within the county?
3, 3		
New service that was not in previous S		
New service that was not in previous S		
New service that was not in previous S	SDS.	
New service that was not in previous S i. List any formal service delivery agree this service: Agreement Name	SDS. ements or intergovernmental contracts that will be	used to implement the strategy for
New service that was not in previous S List any formal service delivery agree this service:	SDS. ements or intergovernmental contracts that will be	used to implement the strategy for
New service that was not in previous S i. List any formal service delivery agree this service: Agreement Name	SDS. ements or intergovernmental contracts that will be	used to implement the strategy for
New service that was not in previous S i. List any formal service delivery agree this service: Agreement Name	SDS. ements or intergovernmental contracts that will be	used to implement the strategy for

7. Person completing form: **Andy Crosson, Executive Director**Phone number: **706-210-2000**Date completed: **08/10/2021**

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:

Karen Burton, County Administrator, 706-678-2511 Jerry deBin, City Administrator, 706-678-3277

N/A







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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COUNTY: Wilkes	Service: Waste Management
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square 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.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the , City of Tignall, City of Rayle
e.) ☐ Other (If this box is checked, attach a legible	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
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, attach an implementation schedule listing each step or action that

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

Local Government or Authority	Funding Method
Wilkes County	General Fund, Grants
City of Washington	General Fund, Grants
City of Rayle	General Fund, Grants
City of Tignall	General Fund, Grants

City of washington	General Fund, Grants		
City of Rayle	General Fund, Grants		
City of Tignall	General Fund, Grants		
I. How will the strategy change th	e previous arrangements for providing and/or fun	ıding this	service within the county?
Incorporated garbage pickup und	der this activity. Added grant fund sources.		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
N/A			
) will be used to implement the strategy for this so ate or fee changes, etc.), and when will they take		յ., ordinances, resolutions, local
N/A			
7. Person completing form: Andy Phone number: 706-210-2000	Crosson, Executive Director Date completed: 08/10/2021		
	e contacted by state agencies when evaluating w service delivery strategy? \square Yes $ ot \!$	/hether pro	oposed local government
If not, provide designated conta Karen Burton, County Administ	ct person(s) and phone number(s) below:		

Jerry deBin, City Administrator, 706-678-3277 Mayor Henry Brown, 706-285-2551







FORM 2: Summary of Service Delivery Arrangements

Instructions:

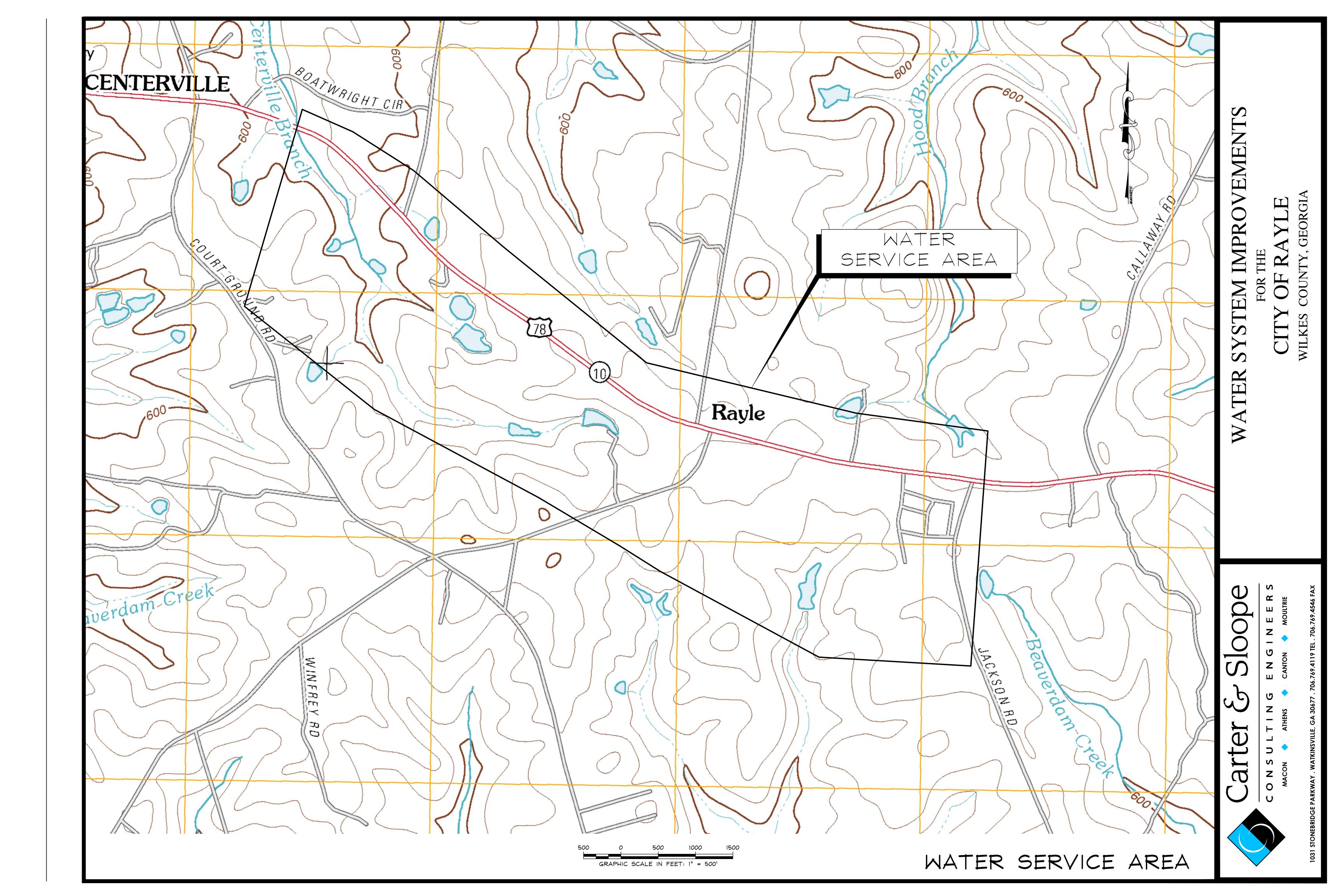
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

COUNTY: Wilkes	Service: Water
Check the box that best describes the agreed upor	n delivery arrangement for this service:
a.) \square 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.):
b.) ☐ Service will be provided only in the unincorport checked, identify the government, authority or organized	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
•	nly 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.):
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 diminated).
If these conditions will be eliminated under the strateg	gy, attach an implementation schedule listing each step or action that

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

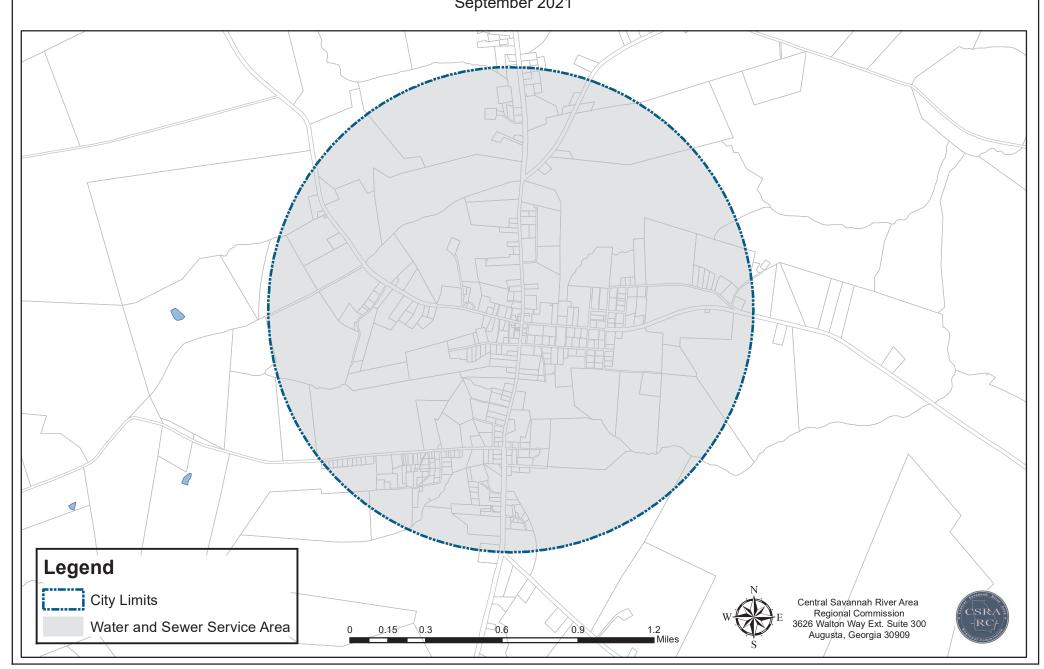
Local Government or Authority	Funding Method	
City of Washington	Public Utility Fund, Grants	
City of Rayle	General Fund, Grants	
City of Tignall	General Fund, Grants	
City of Fightin	General Fana, Grants	
4. How will the strategy change the prev	ious arrangements for providing and/or funding this s	service within the county?
Added grant fund source.		
List any formal service delivery agrees this service:	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A		
7. Person completing form: Andy Cross Phone number: 706-210-2000 Da	on, Executive Director ate completed: 08/10/2021	
8. Is this the person who should be conta projects are consistent with the service	acted by state agencies when evaluating whether probe delivery strategy? \square Yes $oxtimes$ No	oposed local government
If not, provide designated contact pers Jerry deBin, City Administrator, 706-6 Mayor Jake Buff, 706-274-3351 Mayor Henry Brown, 706-285-2551		

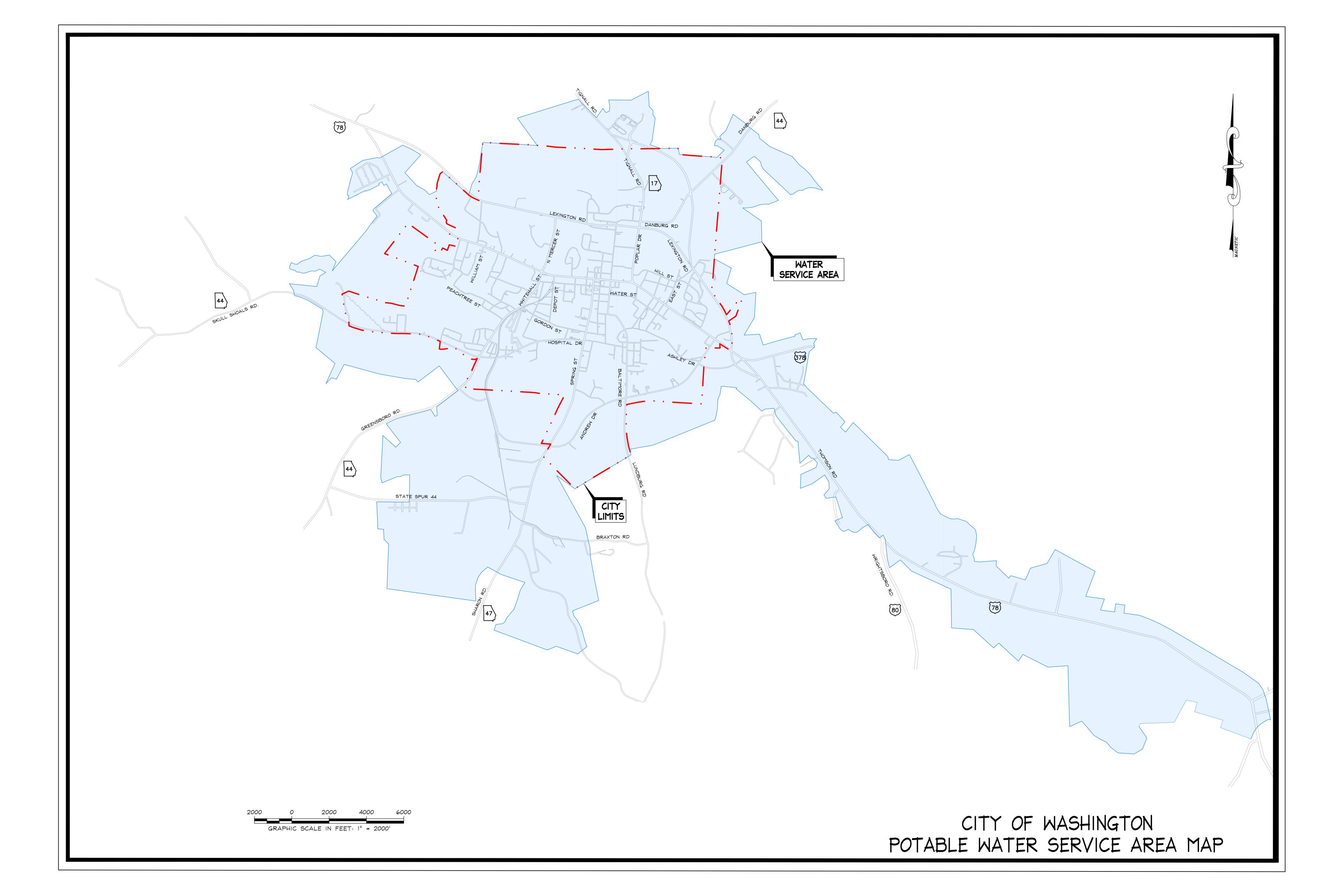


City of Tignall, Georgia

Water and Sewer Service Area

September 2021











SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: Wilkes	Service: Zoning
Check the box that best describes the agreed upor	າ delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organized on the control of the contr	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e 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	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

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

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

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Local Government or Authority	Funding	Method
ity of Washington	General Fund	
How will the strategy change the pre	vious arrangements for providing and/or fund	ding this service within the county?
o change.		
ist any formal service delivery care	ements or intergovernmental contracts that w	vill he used to implement the stratogy
nis service:	ements of intergovernmental contracts that w	in be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Dat
NI/A		
N/A		
	be used to implement the strategy for this se	
acts of the General Assembly, rate o	r fee changes, etc.), and when will they take	effect?
N/A		
N/A		
N/A		
	son. Executive Director	
Person completing form: Andy Cros	eson, Executive Director Date completed: 08/102021	
Person completing form: Andy Cros Phone number: 706-210-2000 Is this the person who should be co	Date completed: 08/102021 Intacted by state agencies when evaluating when ev	nether proposed local government
Person completing form: Andy Cros Phone number: 706-210-2000 [Date completed: 08/102021 Intacted by state agencies when evaluating when ev	nether proposed local government







SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

Service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this s Community Affairs.	
COUNTY:WILKES	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
Amendments to existing comprehensive plans	If the necessary plan amendments,
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when
Other measures (amend zoning ordinances, add environmental regulations, etc.) If "other measures" was checked, describe these measures:	each of the affected local governments will adopt them.
Not applicable	
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? The county and the cities continue to abide by the Service Delivery Strategies outlined in the resolution adopted by each in May 1999 and included in the 1999 Service have been made to this agreement.	with all applicable land use plans ategy (Number SDS0499) as
4. Person completing form: Andy Crosson, Executive Director	
Phone number: 706-210-2000 Date completed: 08/10/2021	
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:	

KAREN BURTON, COUNTY ADMINISTRATOR, 706-678-2511 - JERRY DEBIN, CITY ADMINISTRATOR, 706-678-3277 - MAYOR JAKE BUFF, CITY OF RAYLE - 706-274-3351 - MAYOR HENRY BROWN, CITY OF TIGNALL, 706-285-2551







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

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

COUNTY: WILKES 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
CITY OF TIGNALL	MAYOR	HENRY BROWN	M	9/9/202/
TOWN OF RAYLE	MAYOR	JAKE BUFF	Jul E	9/9/2021
CITY OF WASHINGTON	MAYOR	WILLIAM DEGOLIAN	W.D. de J	9/30/20
WILKES COUNTY	CHAIRMAN	SAM MOORE	5-7220	ne 9/9/2021

RESOLUTION OF EXTENSION THE CITY OF TIGNALL, GEORGIA, SERVICE DELIVERY STRATEGY

WHEREAS, the City of Tignall, Georgia and the governing authorities of the cities of Washington, Rayle, and Wilkes County jointly maintain the *Wilkes County, Georgia, Service Delivery Strategy* document prepared in accordance with the Official Code of Georgia (O.C.G.A. § 36-70; Art. 2) regarding coordinated public service delivery; and,

WHEREAS the preparation of a new joint comprehensive plan for Wilkes County, Rayle, Tignall, and Washington requires that the jurisdictions review and authorize an extension of their joint service delivery arrangements as provided in O.C.G.A. § 36-70-28; and,

WHEREAS the jurisdictions have agreed to extending certain services as outlined in Section III (Services Extended without Change) of Form 1; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in the changes as outlined in the new Service Delivery Strategy as described in Form 2, as attached hereto; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in no changes to the Land Use Agreements as outlined in Form 3; and,

WHEREAS supporting documentation has been prepared for any additional and amended public service delivery arrangements referenced herein in accordance with the administrative requirements of the Georgia Department of Community Affairs; and,

WHEREAS all other public services and associated service delivery arrangements referenced in the preexisting *Wilkes County, Georgia, Service Delivery Strategy*, shall be extended without change unless noted herein.

NOW THEREFORE, BE IT RESOLVED, that the City of Tignall City Council extends the *Wilkes County, Georgia, Service Delivery Strategy*, such extension incorporating those service delivery additions and amendments referenced herein.

By: Henry Brown, Mayor

Date

AFFIX CITY SEAL

Date

RESOLUTION OF EXTENSION THE CITY OF RAYLE, GEORGIA, SERVICE DELIVERY STRATEGY

WHEREAS, the City of Rayle, Georgia and the governing authorities of the cities of Washington, Tignall, and Wilkes County jointly maintain the *Wilkes County, Georgia, Service Delivery Strategy* document prepared in accordance with the Official Code of Georgia (O.C.G.A. § 36-70; Art. 2) regarding coordinated public service delivery; and,

WHEREAS the preparation of a new joint comprehensive plan for Wilkes County, Rayle, Tignall, and Washington requires that the jurisdictions review and authorize an extension of their joint service delivery arrangements as provided in O.C.G.A. § 36-70-28; and,

WHEREAS the pre-existing *Wilkes County, Georgia, Service Delivery Strategy*, adopted by resolution of this governing body on Signature 1, 2021, was jointly reviewed by representatives of participating local governments to ensure that the delivery of public services to the citizens of incorporated and unincorporated areas of Wilkes County remains efficient and unimpeded; and,

WHEREAS the jurisdictions have agreed to extending certain services as outlined in Section III (Services Extended without Change) of Form 1; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in the changes as outlined in the new Service Delivery Strategy as described in Form 2, as attached hereto; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in no changes to the Land Use Agreements as outlined in Form 3; and,

WHEREAS supporting documentation has been prepared for any additional and amended public service delivery arrangements referenced herein in accordance with the administrative requirements of the Georgia Department of Community Affairs; and,

WHEREAS all other public services and associated service delivery arrangements referenced in the preexisting *Wilkes County, Georgia, Service Delivery Strategy*, shall be extended without change unless noted herein.

NOW THEREFORE, BE IT RESOLVED, that the City of Rayle, City Council extends the *Wilkes County, Georgia, Service Delivery Strategy*, such extension incorporating those service delivery additions and amendments referenced herein.

By: Jake Buff, Mayor

8-27-2021

Date

Attest: City Clerk

Date

RESOLUTION OF EXTENSION THE CITY OF WASHINGTON, GEORGIA, SERVICE DELIVERY STRATEGY

WHEREAS, the City of Washington, Georgia and the governing authorities of the cities of Rayle, Tignall, and Wilkes County jointly maintain the *Wilkes County, Georgia, Service Delivery Strategy* document prepared in accordance with the Official Code of Georgia (O.C.G.A. § 36-70; Art. 2) regarding coordinated public service delivery; and,

WHEREAS the preparation of a new joint comprehensive plan for Wilkes County, Rayle, Tignall, and Washington requires that the jurisdictions review and authorize an extension of their joint service delivery arrangements as provided in O.C.G.A. § 36-70-28; and,

WHEREAS the pre-existing *Wilkes County, Georgia, Service Delivery Strategy*, adopted by resolution of this governing body on this 13th day of September 2021, was jointly reviewed by representatives of participating local governments to ensure that the delivery of public services to the citizens of incorporated and unincorporated areas of Wilkes County remains efficient and unimpeded; and,

WHEREAS the jurisdictions have agreed to extending certain services as outlined in Section III (Services Extended without Change) of Form 1; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in the changes as outlined in the new Service Delivery Strategy as described in Form 2, as attached hereto; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in no changes to the Land Use Agreements as outlined in Form 3; and,

WHEREAS supporting documentation has been prepared for any additional and amended public service delivery arrangements referenced herein in accordance with the administrative requirements of the Georgia Department of Community Affairs; and,

WHEREAS all other public services and associated service delivery arrangements referenced in the preexisting *Wilkes County, Georgia, Service Delivery Strategy*, shall be extended without change unless noted herein.

NOW THEREFORE, BE IT RESOLVED, that the City of Washington, City Council extends the *Wilkes County, Georgia, Service Delivery Strategy*, such extension incorporating those service delivery additions and amendments referenced herein.

By: Bill DeGolian, Mayor

9-16-2021

deBin, City Administrator

AFFIX CITY SEAL

Date

Date

RESOLUTION OF EXTENSION WILKES COUNTY, GEORGIA, SERVICE DELIVERY STRATEGY

WHEREAS, Wilkes County, Georgia and the governing authorities of the cities of Washington, Rayle, and Tignall jointly maintain the *Wilkes County, Georgia, Service Delivery Strategy* document prepared in accordance with the Official Code of Georgia (O.C.G.A. § 36-70; Art. 2) regarding coordinated public service delivery; and,

WHEREAS the preparation of a new joint comprehensive plan for Wilkes County, Rayle, Tignall, and Washington requires that the jurisdictions review and authorize an extension of their joint service delivery arrangements as provided in O.C.G.A. § 36-70-28; and,

WHEREAS the pre-existing *Wilkes County, Georgia, Service Delivery Strategy,* adopted by resolution of this governing body on 9, 2021, was jointly reviewed by representatives of participating local governments to ensure that the delivery of public services to the citizens of incorporated and unincorporated areas of Wilkes County remains efficient and unimpeded; and,

WHEREAS the jurisdictions have agreed to extending certain services as outlined in Section III (Services Extended without Change) of Form 1; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in the changes as outlined in the new Service Delivery Strategy as described in Form 2, as attached hereto; and,

WHEREAS the review of the pre-existing *Wilkes County, Georgia, Service Delivery Strategy* document has resulted in no changes to the Land Use Agreements as outlined in Form 3; and,

WHEREAS supporting documentation has been prepared for any additional and amended public service delivery arrangements referenced herein in accordance with the administrative requirements of the Georgia Department of Community Affairs; and,

WHEREAS all other public services and associated service delivery arrangements referenced in the preexisting *Wilkes County, Georgia, Service Delivery Strategy*, shall be extended without change unless noted herein.

NOW THEREFORE, BE IT RESOLVED, that the Wilkes County Board of Commissioners extends the *Wilkes County, Georgia, Service Delivery Strategy*, such extension incorporating those service delivery additions and amendments referenced herein.

By: Sam Moore, Chairman

Date

est: Karen Burton, County Admi្តាំ