





FORM 1

COUNTY:

WILCOX

I. GENERAL INSTRUCTIONS:

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

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

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

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

PROCESS DESCRIBED. ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Wilcox County

City of Abbeville

City of Pineview

City of Pitts

City of Rochelle

Wilcox County Development Authority

Ocmulgee Regional Joint Development Authority

Abbeville Housing Authority

Rochelle Housing Authority

Wilcox State Prison

Wilcox County Library Board

Southern Renewable

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.

Aging Services, Ambulance Service, Cemeteries, Courts, E-911, Economic Development, Elections, Emergency Management, Extension Service, Housing Revitilization, Indigent Defense, Jail, Law Enforcement, Library, Parks, Public Health, Public Housing, Public Transportation, Public Works, Recreation, Road/Street Construction, Road/Street Maintenance, Social Services, Solid Waste Collection, Solid Waste Disposal, Tax Assessment, Tax Collection, Wastewater, Water Supply and Distribution, 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.

Fire Protection







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

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		p to pay for this service and indicate how the ecial service district revenues, hotel/motel tax	
Lacal Cavarrament or Authorit		Francisco Makka d	
Local Government or Authorit Wilcox County		Funding Method	
City of Rochelle	General Fund General Fund		
City of Nochelle	Oction	General Fund	
4. How will the strategy change the	orevious arra	angements for providing and/or funding this	service within the county?
No change is anticipated. The County will contribute to provide the Senior Center with utilities, maintenance, and gas. The City of Rochelle will provide funding for salaries, and contribute gas money to the County monthly to assist with the cost of gas.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name		Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Michael Phone number: 229-467-2737		Vilcox County Manager pleted: 4/3/2023	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:WILCOX	Service: Ambulance Service	
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	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Wilcox County	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	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.):	
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 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	

	eral fu	will help to pay for this service and indicate how nds, special service district revenues, hotel/mote	
Local Government or Autho	ritu	Funding Meth	and
Wilcox County	rity	General Fund	100
Wilcox County		General Fund	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding t	his service within the county?
	uninco	this service in the future. There is talk of a new larporated Wilcox County. As of this update, the Cowide.	
5. List any formal service delivery this service:	agree	ments or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service fee changes, etc.), and when will they take effec	
None			
7. Person completing form: Micha Phone number: 229-467-2737		nirko ate completed: 4/3/2023	
		acted by state agencies when evaluating whethe e delivery strategy? ⊠Yes ⊡No	r proposed local government
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:WILCOX	Service: Cemeteries	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	•	
(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 unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the of Pitts, City of Rochelle	
, <u> </u>	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.):	
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 strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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

Local Government or Authority	Funding Method
City of Abbeville	General Fund and Fees
City of Pineview	General Fund and Fees
City of Pitts	General Fund and Fees
City of Rochelle	General Fund and Fees

,			
4. How will the strategy change th	ne previo	ous arrangements for providing and/or funding this	service within the county?
No change is anticipated. Each	municipa	ality will continue to provide for a public cemetery	for its own respective jurisfiction.
List any formal service delivery this service:	agreem	nents or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (elee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
None			
7. Person completing form: Micha Phone number: 229-467-2737		nirko nte completed: 3/22/2023	
8. Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether p delivery strategy? ⊠Yes ⊡No	proposed local government
If not, provide designated conta	ict perso	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:WILCOX	Service: Courts	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider.	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	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 of Rochelle	
	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 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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	nt will help to pay for this service and indicate how the unds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Wilcox County	General Fund	
City of Abbeville	General Fund	
City of Rochelle	General Fund	
4. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
No change is anticipated. Municipal co provide for State and Superior Courts.	ourts are considered to be a higher level of service. T	he County will continue to
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
I I		
	be used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
		g., ordinances, resolutions, local
acts of the General Assembly, rate or None. 7. Person completing form: Michael Po	fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Acts of the General Assembly, rate or None. 7. Person completing form: Michael Po Phone number: 229-467-2737	mirko Date completed: 4/3/2023 cacted by state agencies when evaluating whether pr	







FORM 2: Summary of Service Delivery Arrangements

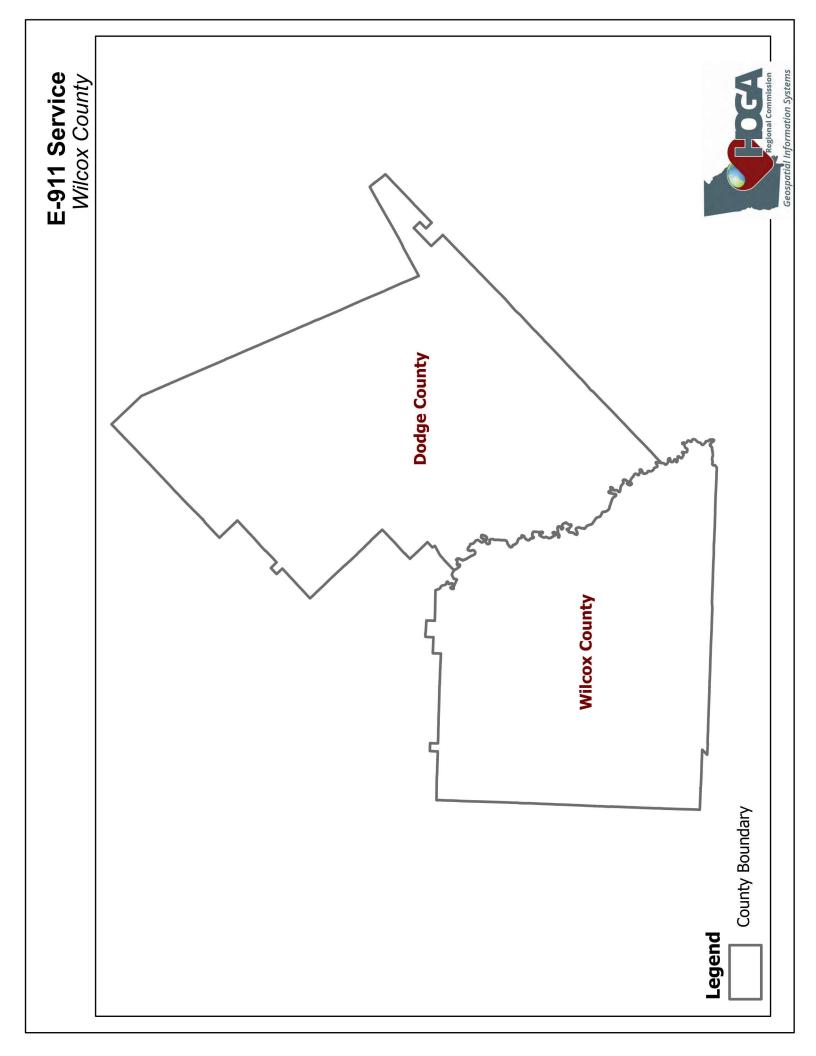
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COUNTY:WILCOX	Service:E-911	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider.	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	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.): Wilcox County	
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 will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

SDS FORM 2, c	continue

	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
Dodge County	· · · · ·	General Fund and User Fees	
Wilcox County		Contract with Dodge County - 911 Fees, General F	und
This on County		Communication and Communication and Communication	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this s	service within the county?
No change is anticipated going f 911 service.	orward	l; Wilcox County will continue to contract with Dodge	County for the provision of E-
this service:	agree	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
"Agreement on the Provision	Dodg	e and Wilcox Counties	Renews each year on Feb 16
E-911 Service"			
6 What other mechanisms (if any) will b	e used to implement the strategy for this service (e.g	ordinances resolutions local
		fee changes, etc.), and when will they take effect?	., ordinarious, resolutions, local
		fee changes, etc.), and when will they take effect?	., ordinarious, resolutions, local
acts of the General Assembly, r	ate or		., ordinarious, resolutions, local
none None 7. Person completing form: Micha Phone number: 229-467-2737 8. Is this the person who should be	nel Por	nirko	









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.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILCOX	Service: Elections
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is unization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the of Pineview, City of Pitts, City of Rochelle
	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 docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method
Wilcox County	General Fund
City of Abbeville	General Fund
City of Pineview	General Fund
City of Pitts	General Fund
City of Rochelle	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county :	
No change from the last report, nor is any change anticipated; the cities provide for their own municipal elections, where county provides for countywide, state, and federal elections.	ile

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None

7. Person completing form: Michael Pomirko

Phone number: **229-467-2737** Date completed: 4/3/2023

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	isary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILCOX	Service:Emergency Management
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Wilcox
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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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-	4 1 1 1 1		

Local Government or Autho	rity Funding I	Method
Wilcox County	General Fund	
How will the strategy change th	e previous arrangements for providing and/or fund	ing this service within the county?
To change is anticipated; the coi	unty will continue to provide emergency managemo	ent services countywide.
List any formal service delivery	agreements or intergovernmental contracts that w	ill be used to implement the strategy f
this service:	0	1
		= e
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
Agreement Name What other mechanisms (if any	Contracting Parties Output Discrete the strategy for this ser at each or fee changes, etc.), and when will they take each or fee changes.	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name . What other mechanisms (if any) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any acts of the General Assembly, range)) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any acts of the General Assembly, re) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, range) None. Person completing form: Micha Phone number: 229-467-27367) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loeffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.					
COUNTY:WILCOX	Service: Economic Development				
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):				
b.) Service will be provided only in the unincorportecked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is anization providing the service.):				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Pineview, City of Pitts, City of Rochelle				
	ole 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 servi identified?	ice areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)				
⊠No					
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 expressed to the service areas or competition cannot be expressed to the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
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				

SDS FORM 2, c	continue

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
Wilcox County/Wilcox Co Dev Auth.	General Fund, SPLOST
City of Abbeville	General Fund
City of Pineview	General Fund
City of Pitts	General Fund
City of Rochelle	General Fund

City of Pitts	General Fund		
City of Rochelle	General Fund		
4. How will the strategy change the	e previous arrangements for providing and/or	funding this	service within the county?
No change from the previous rep	ort, per is any anticipated		
Two change from the previous rep	ort, nor is any anticipated.		
5. List any formal service delivery this service:	agreements or intergovernmental contracts th	hat will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
) will be used to implement the strategy for thate or fee changes, etc.), and when will they t		g., ordinances, resolutions, local
None.			
7. Person completing form: Micha Phone number: 229-467-2737	el Pomirko Date completed: 4/3/2023		
8. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluatir service delivery strategy? ⊠Yes ⊡No	ng whether pr	oposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.					
COUNTY:WILCOX	Service:Extension Service				
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Wilcox County				
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
	ele 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 docum	entation as described, below)				
⊠No					
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate 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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Local Government or Authorit	y Funding I	Method
Wilcox County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fund	ing this sorvice within the county?
Tiow will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county:
lo change is anticipated. The cour	nty will continue to provide the service countywid	lo.
io change is anticipated. The coul	ity will continue to provide the service countywid	e.
List any formal service delivery ag	reements or intergovernmental contracts that wi	ill be used to implement the strategy
this service:	· ·	,
	·	
his service: Agreement Name	Contracting Parties	Effective and Ending Date
	·	
	·	
	·	
	·	
	·	
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) v	·	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	Contracting Parties vill be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	Contracting Parties vill be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	Contracting Parties vill be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v	Contracting Parties vill be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	Contracting Parties vill be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	Contracting Parties vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate lone. Person completing form: Michael Phone number: 229-467-2737	Contracting Parties vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	Effective and Ending Date vice (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 IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILCOX	Service: Fire Protection
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.):
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 nization providing the service.):
	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
identify the government, authority, or other organiza	le map delineating the service area of each service provider, and ation that will provide service within each service area.): the City of Rochelle, as well as Wilcox County will each provide service in inty. Map is attached.
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 will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.

3. List ea	ch government or a	uthority that will	help to pay fo	r this service an	d indicate how the	service will be fun	ded (e.g.,
enterpr	ise funds, user fees	, general funds	, special service	e district revenu	ies, hotel/motel ta	xes, franchise taxe	s, impact
fees, b	onded indebtedness	, etc.).					

Local Government or Authority	Funding Method
Wilcox County	General Fund
City of Abbeville	General Fund
City of Rochelle	General Fund
City of Pineview	General Fund
City of Pitts	General Fund

4. How will the strategy	change the	orevious arrange	ments for p	rovidina	and/or funding	this service	within the cour	ıtv?

The overall level of fire protection is increasing as the County is split into five fire protection zones, in which the 4 municipalities will cover the zone in which they exist and Wilcox County will cover a 5th zone. The attached map is delineated and color-coded to reflect which zone is covered by what responsible government/authority.

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

Ö.	. What other i	mechanisms ((if any) will be	e used to in	nplement the	strategy for	r this s	service (e.g.,	ordinances,	resolutions,	local
	acts of the G	Seneral Assen	nbly, rate or f	ee change	s, etc.), and w	vhen will the	ey tak	e effect?			

Ν	or	ne	

7. Person completing form: Michael Pomirko

Phone number: **229-467-2737** Date completed: 4/3/2023

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:

County Boundar State Highway Service Roads City Street County Road Legend City Limits Wilcox County Fire Protection Zone City of Pitts Protection Za







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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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:WILCOX	Service:Housing Revitilization			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., ind (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Wilcox County, City of Abbeville, City of Pineview, City of Pitts, City of Rochelle				
	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 servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the 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 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		
Wilcox County	Grant Funds		
City of Abbeville	Grant Funds		
City of Pineview	Grant Funds		
City of Pitts	Grant Funds		
City of Rochelle	Grant Funds		

City of Filleview	Granit i unus	
City of Pitts	Grant Funds	
City of Rochelle	Grant Funds	
4. How will the strategy change th	ne previous arrangements for providing and/or	r funding this service within the county?
No change from the previous re	port, nor is any anticipated.	
this service:	agreements or intergovernmental contracts t	
Agreement Name	Contracting Parties	Effective and Ending Dates
	/) will be used to implement the strategy for th rate or fee changes, etc.), and when will they	is service (e.g., ordinances, resolutions, local take effect?
7. Person completing form: Mich amber: 229-467-2737	ael Pomirko Date completed: 4/4/2023	
Is this the person who should be projects are consistent with the	be contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	ng whether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY:WILCOX	Service:Indigent Defense			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
	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 eked, identify the government(s), authority or organization providing the of Rochelle			
	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 docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	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				

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		
Wilcox County	General Fund, State, User Fees		
City of Abbeville	General Fund, User Fees		
City of Rochelle	General Fund, User Fees		

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

No change is anticipated. The County provides the service through State Couty and Superior Court. The cities of Abbeville and Rochelle provide the service through the municipal courts.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

6.	What	other	mechai	nisms (ıt any) v	vill be	used to	o impl	ement t	he	strategy	tor	this	service	(e.g.,	ordinances,	resolutions,	loca
	acts of	the C	General	Assem	ıbly, rate	e or fe	e chan	ges, e	etc.), an	d w	hen will	the	y tak	ke effec	t?			

Ν	on	e.
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7. Person completing form: Michael Pomirko

Phone number: **229-467-2737** Date completed: 4/3/2023

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.						
COUNTY:WILCOX	Service: <i>Jail</i>					
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:					
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Wilcox County					
b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this bo checked, identify the government, authority or organization providing the service.):						
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the					
	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.):					
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, <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 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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Local Government or Authori	ty Funding M	lethod
Wilcox County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
Tiow will the strategy change the	provides arrangements for providing and/or farial	ing this service within the county:
lo change is anticipated.		
o change is anticipated.		
litat and formula and a delice of		
List any formal service delivery a this service:	greements or intergovernmental contracts that wil	il be used to implement the strategy
u iis sei vice.		
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
Agreement Name		
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this serve or fee changes, etc.), and when will they take etc.	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rational lands of the General lands of the Genera	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take et	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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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:WILCOX	Service:Law Enforcement					
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:					
a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):					
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):					
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providir service:						
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the of Rochelle					
	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 servi identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)					
⊠No						
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 expressed to the service areas or competition cannot be expressed to the service areas or competition.	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					

SDS FORM 2, c	continue

enterprise funds, user fees, general	at will help to pay for this service and indicate how funds, special service district revenues, hotel/mote								
fees, bonded indebtedness, etc.).									
Local Government or Authority	Funding Method								
Wilcox County	General Fund								
City of Abbeville	General Fund								
City of Rochelle	General Fund								
How will the strategy change the pre	evious arrangements for providing and/or funding t	his service within the county?							
	There has been no change in service since the previous report, nor is any anticipated. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for								
Agreement Name	Contracting Parties	Effective and Ending Dates							
Agreement Name	Contracting Parties	Effective and Ending Dates							
Agreement Name	Contracting Parties	Effective and Ending Dates							
Agreement Name	Contracting Parties	Effective and Ending Dates							
Agreement Name	Contracting Parties	Effective and Ending Dates							
Agreement Name	Contracting Parties	Effective and Ending Dates							
Agreement Name	Contracting Parties	Effective and Ending Dates							
6. What other mechanisms (if any) will	be used to implement the strategy for this service or fee changes, etc.), and when will they take effect	(e.g., ordinances, resolutions, local							
6. What other mechanisms (if any) will	be used to implement the strategy for this service	(e.g., ordinances, resolutions, local							
6. What other mechanisms (if any) will acts of the General Assembly, rate of the None. 7. Person completing form: Michael Person number: 229-467-2737	be used to implement the strategy for this service or fee changes, etc.), and when will they take effect omirko Date completed: 4/5/2023 httacted by state agencies when evaluating whether	(e.g., ordinances, resolutions, local t?							







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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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:WILCOX	Service: Parks					
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:					
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):					
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):					
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the					
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the of Pineview, City of Pitts, City of Rochelle					
	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 service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)					
⊠No						
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	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					

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
Wilcox County	General Fund and Grants
City of Abbeville	General Fund and Grants
City of Pineview	General Fund and Grants
City of Pitts	General Fund, SPLOST, Grants
City of Rochelle	General Fund and Grants
Type Gov't/Authority Name Here	Detail Funding Here

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

No change is anticipated. Each of the municipalities will provide the service within their own respective jurisdiction. The County will provide for parks within the unincorporated area. Since the last SDS report, the City of Abbeville has made improvements to playground equipement at Lions Club Park, within their jurisdiction, and the City of Pitts is currently underway in building a walking track to its city park.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None

7. Person completing form: Michael Pomirko

Phone number: **229-467-2737** Date completed: 4/3/2023

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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:WILCOX	Service:Public Health
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., ind (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	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 cked, identify the government(s), authority or organization providing the
	ple 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 servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	that will help to pay for this service and indicate al funds, special service district revenues, hotel/		
fees, bonded indebtedness, etc.).			
Local Government or Authori		Funding Method General Fund	
Wilcox County City of Booksille	General Fund General Fund		
City of Rochelle	General Fund		
4. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?	
No change is anticipated.			
this service:	greements or intergovernmental contracts that w		
Agreement Name	Contracting Parties	Effective and Ending Dates	
	will be used to implement the strategy for this sele or fee changes, etc.), and when will they take o		
acts of the General Assembly, rat	e or fee changes, etc.), and when will they take o		
none. None. 7. Person completing form: Michae Phone number: 229-467-2737 8. Is this the person who should be	e or fee changes, etc.), and when will they take e	effect?	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:WILCOX	Service:Public Housing	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the Housing Authority	
	only within their incorporated boundaries, and the county will provide the sked, 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 docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, 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	

	hat will help to pay for this service and indicate how funds, special service district revenues, hotel/mote	
Local Government or Authority	Funding Meti	nod
Abbeville Housing Authority	General Fund and Federal	
Rochelle Housing Authority	General Fund and Federal	
4. How will the strategy change the pr	revious arrangements for providing and/or funding	his service within the county?
authorities.	cipalities will continue to provide for public housing	
5. List any formal service delivery agrethis service:	eements or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) wil	Contracting Parties If be used to implement the strategy for this service or fee changes, etc.), and when will they take effect	(e.g., ordinances, resolutions, local
6. What other mechanisms (if any) wil	ll be used to implement the strategy for this service	(e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will acts of the General Assembly, rate	ll be used to implement the strategy for this service or fee changes, etc.), and when will they take effec	(e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will acts of the General Assembly, rate. None. 7. Person completing form: Michael F Phone number: 229-467-2737	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effect of the completed: 4/3/2023 Ontacted by state agencies when evaluating whether	(e.g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.		
COUNTY:WILCOX	Service:Public Transportation	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Wilcox County	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> 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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Local Government or Authority		Funding Me	ethod
Wilcox County		General Fund, State, and Federal	
How will the strategy change	the previo	ous arrangements for providing and/or funding	g this service within the county?
No change is anticipated.			
	ry agreem	ents or intergovernmental contracts that will	be used to implement the strategy
this service:		ū	,
this service: Agreement Name		Contracting Parties	Effective and Ending Date
Agreement Name			
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 RMS/Countywide Transit . What other mechanisms (if a	Resou	Contracting Parties	Effective and Ending Date Effect. 2017, 1 year contract ce (e.g., ordinances, resolutions, lo
Agreement Name RMS/Countywide Transit . What other mechanisms (if a	Resou	Contracting Parties rce Management Systems, Inc. ("RMS") used to implement the strategy for this service	Effective and Ending Date Effect. 2017, 1 year contract ce (e.g., ordinances, resolutions, lo
Agreement Name RMS/Countywide Transit . What other mechanisms (if a acts of the General Assembly	Resou	Contracting Parties rce Management Systems, Inc. ("RMS") used to implement the strategy for this service	Effective and Ending Date Effect. 2017, 1 year contract ce (e.g., ordinances, resolutions, lo
Agreement Name RMS/Countywide Transit . What other mechanisms (if a acts of the General Assembly	Resou	Contracting Parties rce Management Systems, Inc. ("RMS") used to implement the strategy for this service	Effective and Ending Date Effect. 2017, 1 year contract ce (e.g., ordinances, resolutions, lo
Agreement Name RMS/Countywide Transit . What other mechanisms (if a	Resou	Contracting Parties rce Management Systems, Inc. ("RMS") used to implement the strategy for this service	Effective and Ending Date Effect. 2017, 1 year contract ce (e.g., ordinances, resolutions, lo
Agreement Name RMS/Countywide Transit What other mechanisms (if a acts of the General Assembly None Person completing form: Mice	ny) will be	Contracting Parties rce Management Systems, Inc. ("RMS") used to implement the strategy for this service changes, etc.), and when will they take effective	Effective and Ending Date Effect. 2017, 1 year contract ce (e.g., ordinances, resolutions, lo
Agreement Name RMS/Countywide Transit . What other mechanisms (if a acts of the General Assembly None . Person completing form: Mic Phone number: 229-467-273	ny) will be r, rate or fe	Contracting Parties rce Management Systems, Inc. ("RMS") used to implement the strategy for this service changes, etc.), and when will they take effective	Effective and Ending Date Effect. 2017, 1 year contract ce (e.g., ordinances, resolutions, logect?







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILCOX	Service: Public Works
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Pineview, City of Pitts, City of Rochelle
	ole 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 servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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
Wilcox County	General Fund
City of Abbeville	General Fund, Water Fund
City of Pineview	General Fund, Water Fund
City of Pitts	General Fund, Water Fund
City of Rochelle	General Fund, Water Fund

Oity of Nochelle	General i una, water i una	
4. How will the strategy change	the previous arrangements for providing and/or fu	unding this service within the county?
No change is anticipated. Each	n government will continue to provide the service	within its own respective jurisdiction.
List any formal service deliver this service:	ry agreements or intergovernmental contracts that	t will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
	ny) will be used to implement the strategy for this rate or fee changes, etc.), and when will they tak	
None.		
7. Person completing form: Mich Phone number: 229-467-2737		
	be contacted by state agencies when evaluating e service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated cont	tact person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.		
COUNTY:WILCOX	Service:Recreation	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Wilcox County	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
, <u> </u>	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.):	
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 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.	
	D 4 60	

Page 1 of 2

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel t	
Local Government or Autho	rity	Funding Method	4
Wilcox County	rity	General Fund, Grants	
Which County		General Fund, Grants	
4. How will the strategy change th	ie previ	ous arrangements for providing and/or funding this	service within the county?
No change is anticipated. The Crecreation board.	ounty r	now provides county-wide recreation facilities organ	nization under a county-wide
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be u	sed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (efee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
None.			
projects are consistent with the	Da e conta service	ate completed: 4/3/2023 acted by state agencies when evaluating whether per delivery strategy? ⊠Yes ⊡No	proposed local government
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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

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

Local Government or Authority	Funding Method
Wilcox County	General Fund, State, SPLOST, and T-SPLOST
City of Abbeville	General Fund, State, SPLOST, and T-SPLOST, LMIG
City of Pineview	General Fund, State, SPLOST, and T-SPLOST, LMIG
City of Pitts	General Fund, State, SPLOST, and T-SPLOST, LMIG
City of Rochelle	General Fund, State, SPLOST, and T-SPLOST, LMIG

City of Rochelle General Fund, State, SPLOST, and T-SPLOST, LMIG			
4. How will the strategy change the previous arrangements for providing and/or fu	nding this se	ervice within	the county?
No change since the previous report, nor is any anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that this service:	will be used	d to impleme	nt the strategy for
Agreement Name Contracting Parties		Effective an	d Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this s acts of the General Assembly, rate or fee changes, etc.), and when will they take		, ordinances,	resolutions, local
None			
7. Person completing form: Michael Pomirko Phone number: 229-467-2737 Date completed: 4/4/2023			
8. Is this the person who should be contacted by state agencies when evaluating v projects are consistent with the service delivery strategy? ⊠Yes ☐No	whether prop	posed local	government
If not, provide designated contact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

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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:WILCOX	Service:Road/Street Maintenance		
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
b.) Service will be provided only in the unincorport checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the of Pineview, City of Pitts, City of Rochelle		
	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 servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	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, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method
Wilcox County	General Fund, State, SPLOST, and T-SPLOST
City of Abbeville	General Fund, State, SPLOST, and T-SPLOST
City of Pineview	General Fund, State, SPLOST, and T-SPLOST
City of Pitts	General Fund, State, SPLOST, and T-SPLOST
City of Rochelle	General Fund, State, SPLOST, and T-SPLOST

City of Rochelle	General Fund, State, SPLOST, a	ind T-SPLOST	
4. How will the strategy change th	e previous arrangements for providing an	nd/or funding this	service within the county?
No change since the previous re	port, nor is any anticipated.		
List any formal service delivery this service:	agreements or intergovernmental contract	cts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
) will be used to implement the strategy fo ate or fee changes, etc.), and when will th		g., ordinances, resolutions, local
None			
7. Derson completing form: Miche	al Damiela		
7. Person completing form: Micha Phone number: 229-467-2737	Date completed: 4/4/2023		
8. Is this the person who should b projects are consistent with the	e contacted by state agencies when evaluservice delivery strategy? ⊠Yes ⊡No	uating whether pr	oposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:		







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should be reported to the Department of Community Affairs.			
COUNTY:WILCOX	Service:Social Services		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Wilcox County		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
	ele 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 docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, 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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Local Government or Authorit	y Funding I	Method
Wilcox County	General Fund and State	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
lo change is anticipated. The cou	nty will continue to provide social services county	wide.
	greements or intergovernmental contracts that wi	II 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
Agreement Name		
Agreement Name What other mechanisms (if any) v	Contracting Parties will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	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, lo
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	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, lo
What other mechanisms (if any) vacts of the General Assembly, rate None Person completing form: Michael Phone number: 229-467-2737	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, lo







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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:WILCOX	Service: Solid Waste Collection		
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Southern Renewable		
b.) Service will be provided only in the unincorportecked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the 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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Wilcox County	General Fund, User fees	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
	ort; no anticipated change over at least the next 5	
Southern Renewable), at least. E	ven then, if rates remain comparable, there will be	no change in service.
List any formal convice delivery	agraemente er intergevernmentel centracte that wi	ill be used to implement the strategy for
this service:	agreements or intergovernmental contracts that wi	in be used to implement the strategy for
A A Manua	On the office Booting	
Agreement Name Wilcox Co. Garbage Collection	Contracting Parties Southern Renewable	Effective and Ending Dates 2023-2028 (5 years)
Wilcox Co. Carbage Collection	Oddinem Renewable	2025-2020 (3 years)
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	
d		
None		
Person completing form: Michae Phone number: 229-467-2737	el Pomirko Date completed: 4/4/2023	
Phone number: 229-467-2737 Is this the person who should be		ether proposed local government







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.			
COUNTY:WILCOX	Service:Solid Waste Disposal		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	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 eked, identify the government(s), authority or organization providing the of Pineview, City of Pitts, City of Rochelle		
	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 docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method
Wilcox County	General Fund, User fees
City of Abbeville	General Fund, User fees
City of Pineview	General Fund, User fees
City of Pitts	General Fund, User fees
City of Rochelle	General Fund, User fees

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

The county and its municipal jurisdictions currently contract through a third party, Southern Renewable Services, but the county manager indicated they will seek bids at the end of its current contract for cheaper options.

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
Wilcox County-Southern	Southern Renewable	2018 - 2023 (5 years)
Renewable Garbage Disposal		
Agreement		

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

None	Ν	o	n	e
------	---	---	---	---

7. Person completing form: Michael Pomirko

Phone number: **229-467-2737** Date completed: 4/4/2023

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	(
COUNTY:WILCOX	Service: Tax Assessment
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
, <u> </u>	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Wilcox County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
, <u> </u>	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.):
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 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.
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Page 1 of 2

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20 D	5	KUM	72.	cor	MП	ued

Local Government or Author	ity Funding N	Method
Wilcox County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
Tiow will the strategy change the	provides arrangements for providing analor farial	ing this service within the county:
lo change is anticipated.		
o change is anticipated.		
litet en de fermant en mitre en de literen e		II be a seed to be a least to be a street and
List any formal service delivery a :his service:	greements or intergovernmental contracts that wil	il be used to implement the strategy
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
Agreement Name		
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this serve to or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this service or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rallone. Person completing form: Michael Phone number: 229-467-2737 Is this the person who should be	will be used to implement the strategy for this service or fee changes, etc.), and when will they take e	vice (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 IV. Use <u>EXACTLY</u> the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILCOX	Service: Tax Collection
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	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 of Pineview, City of Rochelle
	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 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

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
Wilcox County	General Fund
City of Abbeville	General Fund
City of Pineview	General Fund
City of Pitts	General Fund
City of Rochelle	General Fund

City of Pitts	General Fund		
City of Rochelle	General Fund		
•			
How will the strategy change the	previous arrangements for providing and/o	r funding this	service within the county?
No change is anticipated.			
List any formal service delivery a this service:	greements or intergovernmental contracts t	that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
	will be used to implement the strategy for the or fee changes, etc.), and when will they		g., ordinances, resolutions, local
None			
Person completing form: Michae Phone number: 229-467-2737	I Pomirko Date completed: 4/4/2023		
Is this the person who should be projects are consistent with the s	contacted by state agencies when evaluati ervice delivery strategy? ⊠Yes ⊡No	ng whether pr	oposed local government
If not, provide designated contact	person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

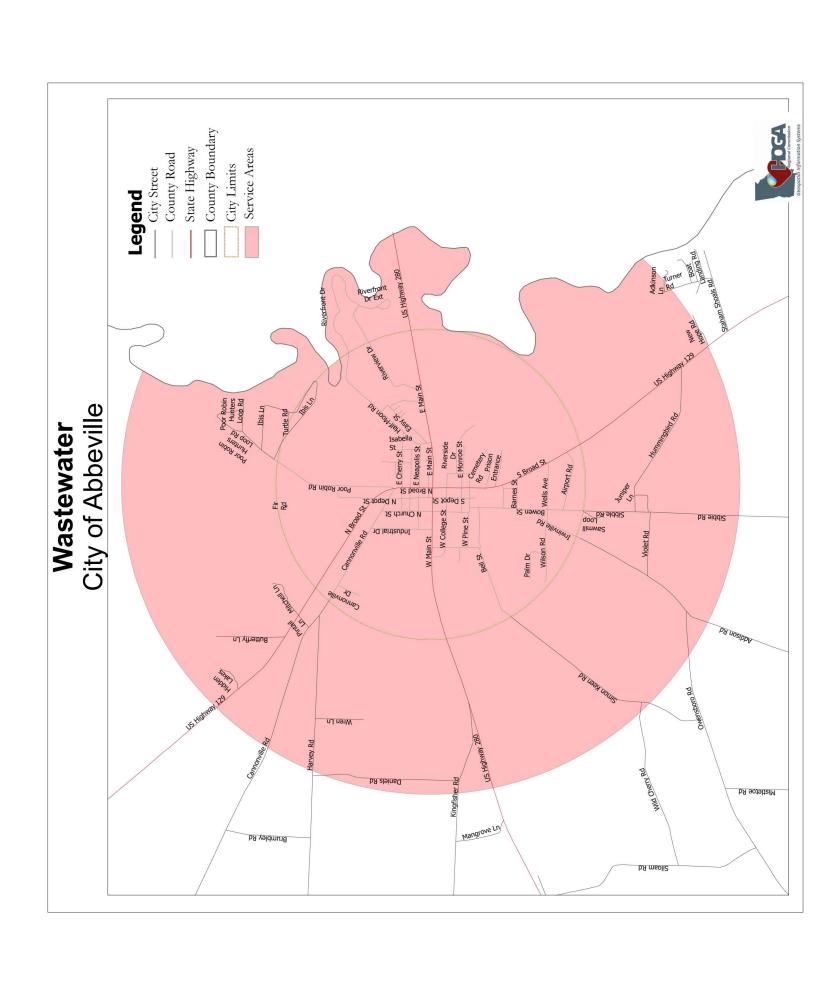
Instructions:

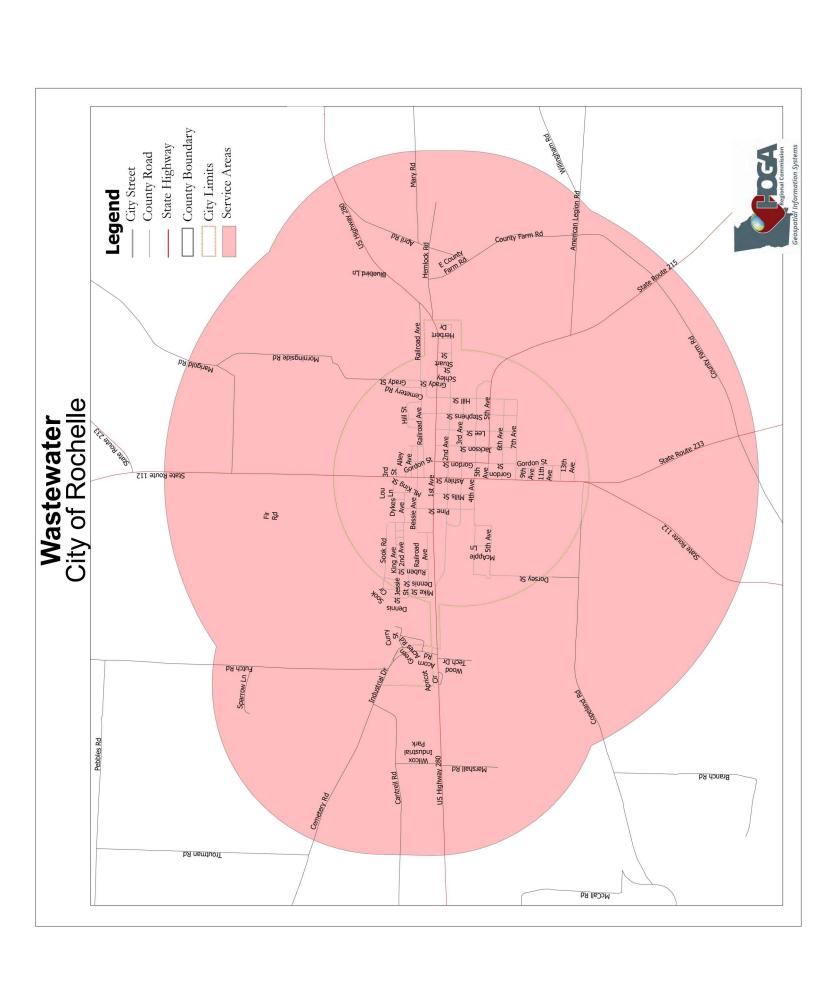
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

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:WILCOX	Service: Wastewater
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	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.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, c	continue

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 Abbeville	Water & Sewer Fund, Grants		
City of Rochelle	Enterprise Funds, Grants, SPLOST		
,	Emorphiso Famo, Orano, Or 2001		
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?	
	es of Rochelle and Abbeville will continue to provide not offered in the cities of Pineview or Pitts.	this service within their	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None.			
7. Person completing form: Michael Por Phone number: 229-467-2737 D	nirko ate completed: 4/3/2023		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:			











FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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 Abbeville	Water & Sewer Fund, Grants
City of Pineview	Water & Sewer Fund, Grants
City of Pitts	Water Fund, Grants
City of Rochelle	Enterprise Fund, SPLOST, Grants

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. Each government will continue to provide the service within its respective jurisdiction and to residents adjacent to municipal boundaries.			

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

Ν	or	ne

7. Person completing form: Michael Pomirko

Phone number: **229-467-2737** Date completed: 4/4/2023

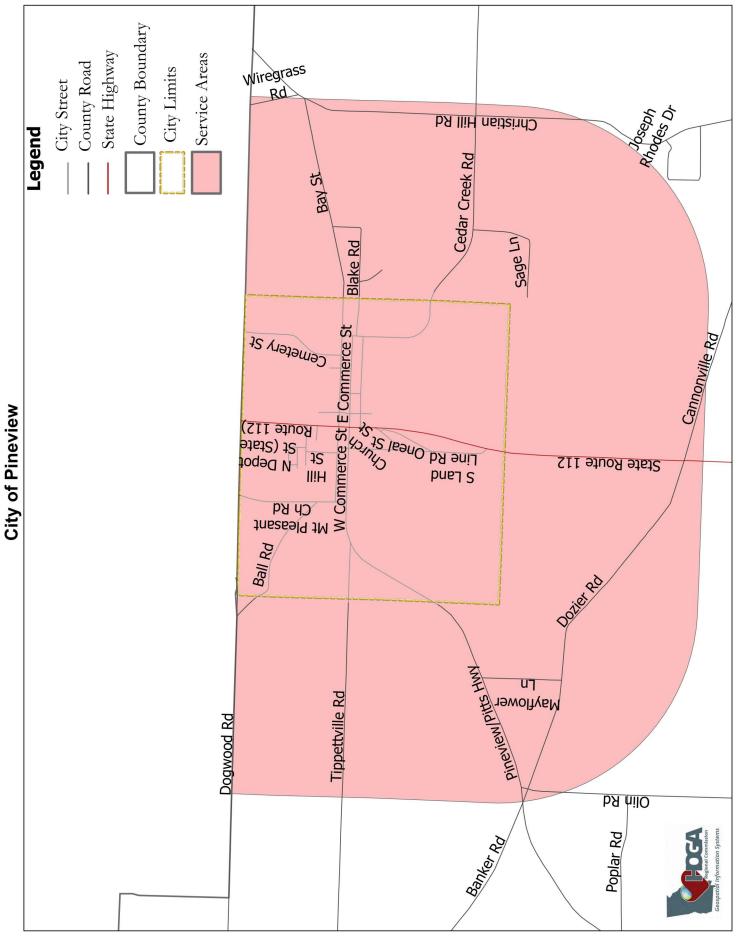
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

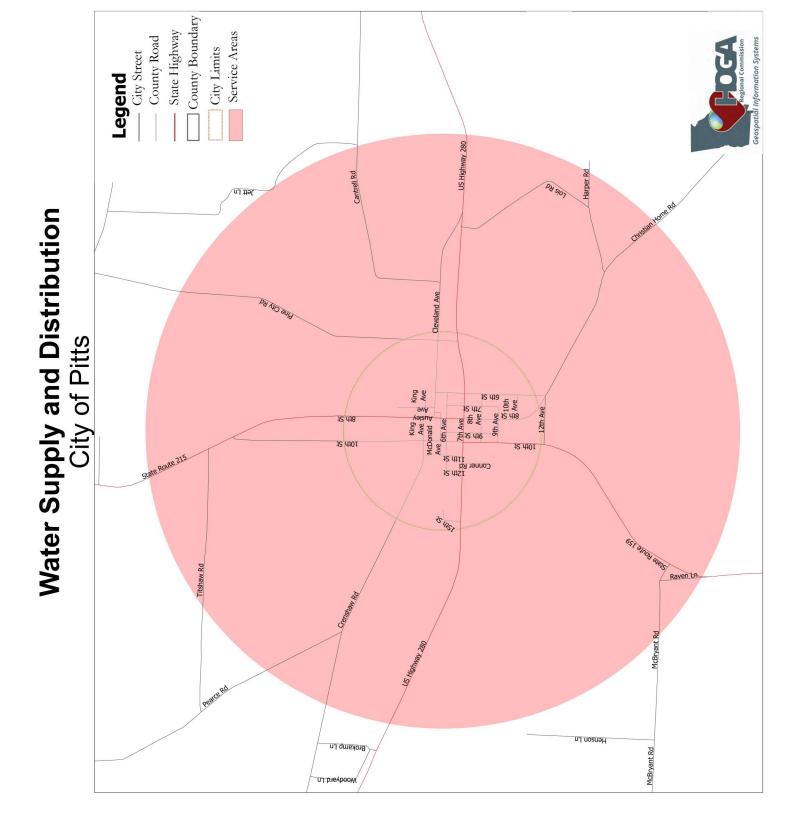
If not, provide designated contact person(s) and phone number(s) below:

Water Supply and Distribution City of Abbeville

County Boundary State Highway Service Areas County Road City Limits Legend Poor Robin Rd W College St Ilimws Loop Ba elddis Palm Dr Brumbley Rd Siloam Rd

Water Supply and Distribution





Water Supply and Distribution City of Rochelle

County Boundary State Highway Service Areas County Road Legend
—— City Street City Limits Morningside Rd Marigold Rd State Route 112 McApple Sth Ave Sparrow Ln Rd Wilcox
Milcox
Industrial
Park Marshall Rd Troutman Rd McCall Rd







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:WILCOX	Service: Zoning	
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the of Pitts, City of Pineview	
	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.):	
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	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, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding Method	
City of Pitts	General Fund	
City of Abbeville	General Fund	
O'te of Dealer II.	0	

	r unung momou
City of Pitts	General Fund
City of Abbeville	General Fund
City of Rochelle	General Fund
City of Pineview	General Fund

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

The City of Abbeville provides zoning within its boundaries, as do the Cities of Pineview, Pitts, and Rochelle. There is no anticipated change in the foreseeable future. Anticipated changes (ones that would have called for countywide zoning measures) have been removed from WIlcox County's Community Work Program in their most recent Comprehensive Plan Update, meaning changes in the ways in which zoning services are rendered are not expected.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

Ν	or	ne.

7. Person completing form: Michael Pomirko

Phone number: **229-467-2737** Date completed: 4/3/2023

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

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







FORM 3: Summary of Land Use Agreements

Instructions:

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

С

COUNTY:WILCOX					
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy?	ere identified in the process of				
No incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy.					
The Wilcox County Joint Comprehensive Plan (2018) includes the Wilcox County gover Rochelle, Pitts, and Pineview; an update for 2023 is currently being drafted and will the and local governments before being submitted to the Georgia Department of Community	n be reviewed by the community				
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:				
☐ Amendments to existing comprehensive plans					
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet				
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.				
If "other measures" was checked, describe these measures:					
3. What policies, procedures and/or processes have been established by local government	ents (and water and sewer				

authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

4. Person completing form: Mark Carter

Phone number: 912-367-3648 ext 209 Date completed: 7/17/23

5. 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:

MICHAEL POMIRKO, COUNTY ADMINISTRATOR, 229-467-2737







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

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

COUNTY: WILCOX

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

- 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
WILCOX COUNTY	Chairman, Wilcox County Commission	Mel Powell	Mel Pavess	8/7/3
ABBEVILLE	Mayor	Ronald Spires	And L Spi	8/4/23
PINEVIEW	Mayor	Brandon Holt	Brus Harp	8/4/23
<u>PITTS</u>	Mayor	Lisa Willis	LiseWillow	8/4/23
ROCHELLE	Mayor	Wayne McGinty	Wayne Mc Sont	8/9/23
			V. San	į
			i	