COUNTY: DOUGHERTY COUNTY, GEORGIA

I. GENERAL INSTRUCTIONS:

1. FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.

2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.

3. List all services provided or primarily funded by each general purpose local government and authority within the county 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.)

<table>
<thead>
<tr>
<th>OPTION A</th>
<th>OPTION B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revising or Adding to the SDS</td>
<td>Extending the Existing SDS</td>
</tr>
</tbody>
</table>

4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

5. For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2).

6. Complete one copy of the Certifications form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]

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 OFFICIAL 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.

<table>
<thead>
<tr>
<th>List Local Governments Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dougherty County, Georgia (&quot;County&quot;)</td>
</tr>
<tr>
<td>City of Albany, Georgia (&quot;Albany&quot;)</td>
</tr>
</tbody>
</table>

## 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 can continue as previously agreed with no need for modification.

<table>
<thead>
<tr>
<th>List Services Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airport; Animal Control; Occupation Tax, Assessment and License Collection; Facility Management; Emergency Management Services; Traffic Engineering; Jail Services; Albany-Dougherty Drug Unit; Keep Albany-Dougherty Beautiful Commission; Solid Waste - Disposal and Collection; Economic Development Commission; Department of Information Technology; Water Service; Sewer Service; Water and Sewer Rates; Storm Drainage; Tax Collections and Transportation, Library Services; E-911 Services; Police Services and Emergency Medical Services.</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>List Services Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement; Planning and Development Services Department; Code Enforcement; Fire Protection and Recreation</td>
</tr>
</tbody>
</table>
## FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** DOUGHERTY COUNTY, GEORGIA  
**Service:** Procurement

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

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

- [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

- [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): **Type Name of Government, Authority or Organization Here**

- [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

- [ ] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

### 2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [ ] Yes  
  (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>General Fund</td>
</tr>
<tr>
<td>County</td>
<td>General Fund</td>
</tr>
<tr>
<td>Type Gov't/Authority Name Here</td>
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<td>Detail Funding Here</td>
</tr>
<tr>
<td>Type Gov't/Authority Name Here</td>
<td></td>
</tr>
</tbody>
</table>

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

Provided for a fixed amount for services rendered by Albany as opposed to previous funding based on usage by County

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution &amp; Ordinance</td>
<td>Albany and County</td>
<td>July 1, 2014 - June 30, 2017</td>
</tr>
<tr>
<td>Name Agreement Here</td>
<td>List Contracting Parties Here</td>
<td>Effective - End</td>
</tr>
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<td>Name Agreement Here</td>
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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?

Contract between County and Albany dated June 25, 2014 effective July 1, 2014.

7. Person completing form: **W. Spencer Lee, IV, County Attorney**  
   Phone number: **229.888.0013**  
   Date completed: **August 26, 2014**

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:  
**RICHARD C. CROWDIS, COUNTY ADMINISTRATOR**  
229.431.2121
Instructions:

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

COUNTY: DOUGHERTY COUNTY, GEORGIA

Service: Planning and Development Services Department

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

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

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

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

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

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

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<td>County</td>
<td>Special Tax District</td>
</tr>
<tr>
<td>Type Gov't/Authority Name</td>
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</tr>
<tr>
<td>Type Gov't/Authority Name</td>
<td>Detail Funding Here</td>
</tr>
</tbody>
</table>

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

Code Enforcement is now a separate department in City of Albany government and is no longer under the Planning and Development Services Department. The Strategy only changes to the extent that Code Enforcement becomes a separate Service Delivery Strategy from the Planning and Development Services Department.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution &amp; Ordinance</td>
<td>County and Albany</td>
<td>July 1, 2000 - June 30, 2016</td>
</tr>
<tr>
<td>Name Agreement Here</td>
<td>List Contracting Parties Here</td>
<td>Effective - End</td>
</tr>
<tr>
<td>Name Agreement Here</td>
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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?

Contract between County and Albany dated June 6, 1999 effective July 1, 2000.

7. Person completing form: **W. Spencer Lee, IV, County Attorney**  
   Phone number: **229.888.0013**  
   Date completed: **August 26, 2014**

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  [x] No

   If not, provide designated contact person(s) and phone number(s) below:  
   **Richard C. Crowdis, County Administrator**  
   **229.431.2121**
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DOUGHERTY COUNTY, GEORGIA   Service: Code Enforcement

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

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

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

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

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

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

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
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<td>County</td>
<td>Special Tax District</td>
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<td>Type Gov't/Authority Name</td>
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<td>Detail Funding Here</td>
</tr>
<tr>
<td>Type Gov't/Authority Name</td>
<td>Detail Funding Here</td>
</tr>
</tbody>
</table>

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

Code Enforcement is now a separate department in City of Albany government and is no longer under the Planning and Development Services Department. Funding and Strategy relative to the service do change.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution &amp; Ordinance</td>
<td>County and Albany</td>
<td>July 1, 2014 - June 30, 2019</td>
</tr>
<tr>
<td>Name Agreement Here</td>
<td>List Contracting Parties</td>
<td>Effective - End</td>
</tr>
<tr>
<td>Name Agreement Here</td>
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</tr>
<tr>
<td>Name Agreement Here</td>
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</tbody>
</table>

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?

Contract between County and Albany dated June 25, 2014 effective July 1, 2014.

7. Person completing form: **W. Spencer Lee, IV, County Attorney**
   Phone number: **229.888.0013**   Date completed: **August 26, 2014**

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:
**RICHARD C. CROWDIS, COUNTY ADMINISTRATOR**
229-431.2121
Service Delivery Strategy

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: DOUGHERTY COUNTY, GEORGIA Service: Fire Protection

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

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

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

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

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

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

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<tbody>
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<td>Albany</td>
<td>General Fund</td>
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<td>County</td>
<td>Special Tax District</td>
</tr>
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<tr>
<td>Type Gov't/Authority Name Here</td>
<td>Detail Funding Here</td>
</tr>
</tbody>
</table>

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

The Strategy for providing Fire Protection Services will not change. Funding of the services does change.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution &amp; Ordinance</td>
<td>County &amp; Albany</td>
<td>July 1, 2014 - June 30, 2019</td>
</tr>
<tr>
<td>Name Agreement Here</td>
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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?

Contract between County and Albany dated June 25, 2014 effective July 1, 2014.

7. Person completing form: **W. Spencer Lee, IV, County Attorney**
   Phone number: **229.888.0013**    Date completed: **August 26, 2014**

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:
**RICHARD C. CROWDIS, COUNTY ADMINISTRATOR**  
**229.431.2121**
**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

Instructions:

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

<table>
<thead>
<tr>
<th>COUNTY: DOUGHERTY COUNTY, GEORGIA</th>
<th>Service: Recreation</th>
</tr>
</thead>
</table>

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

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

- [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

- [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): Type Name of Government, Authority or Organization Here

- [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

- [ ] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
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<td>Detail Funding Here</td>
</tr>
<tr>
<td>Type Gov’t/Authority Name</td>
<td>Detail Funding Here</td>
</tr>
</tbody>
</table>

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

The Strategy for providing Recreation Services will not change. Funding of the services does change.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution &amp; Ordinance</td>
<td>County &amp; Albany</td>
<td>July 1, 2014 - June 30, 2019</td>
</tr>
<tr>
<td>Name Agreement Here</td>
<td>List Contracting Parties Here</td>
<td>Effective - End</td>
</tr>
<tr>
<td>Name Agreement Here</td>
<td>List Contracting Parties Here</td>
<td>Effective - End</td>
</tr>
<tr>
<td>Name Agreement Here</td>
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<td>Effective - End</td>
</tr>
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<td>Name Agreement Here</td>
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<td>Effective - End</td>
</tr>
<tr>
<td>Name Agreement Here</td>
<td>List Contracting Parties Here</td>
<td>Effective - End</td>
</tr>
</tbody>
</table>

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?

Contract between County and Albany dated June 25, 2014 effective July 1, 2014.

7. Person completing form: **W. Spencer Lee, IV, County Attorney**
   Phone number: **229.888.0013**  Date completed: **August 26, 2014**

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 [x] No

If not, provide designated contact person(s) and phone number(s) below:
**RICHARD C. CROWDIS, COUNTY ADMINISTRATOR**
**229.431.2121**
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 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: DOUGHERTY COUNTY, GEORGIA

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); 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)).

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TITLE</th>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBANY, GEORGIA</td>
<td>Mayor</td>
<td>Dorothy Hubbard</td>
<td>[Signature]</td>
<td>01/29/17</td>
</tr>
<tr>
<td>DOUGHERTY COUNTY, GEORGIA</td>
<td>Chairman</td>
<td>Jeff Sinyard</td>
<td>[Signature]</td>
<td>01/29/17</td>
</tr>
</tbody>
</table>
A RESOLUTION ENTITLED 14-R1460
A RESOLUTION AUTHORIZING AND APPROVING EXECUTION OF SERVICE DELIVERY AGREEMENT WITH DOUGHERTY COUNTY RE CENTRAL SERVICES; REPEALING PRIOR RESOLUTIONS IN CONFLICT AND FOR OTHER PURPOSES.

WHEREAS, it is in the best interests of the citizens of Albany that the attached Service Delivery Agreement ("Agreement") with Dougherty County re Central Services be approved and properly executed,

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the City of Albany, Georgia and it is hereby resolved by authority of same:

SECTION 1. That certain Agreement is hereby approved, and the Mayor, or in her absence, the Mayor Pro-Tem, is authorized to sign and the City Clerk may affix the City seal.

SECTION 2. A copy of the Agreement is attached hereto and specifically incorporated herein by reference as fully as if set forth verbatim.

SECTION 3. All resolutions, or parts of resolutions, in conflict herewith are repealed.

Doretha Hubbard
MAYOR

ATTEST:
Soupi Delbert
CITY CLERK

Adopted: June 25, 2014

Introduced By Commissioner: Donnie Pirtle
Date(s) read: June 25, 2014

I do hereby certify that this is a true and correct copy.
Soupi Delbert 7-14-14
City Clerk Date
Albany, GA
A RESOLUTION ENTITLED 14- R14-7
A RESOLUTION AUTHORIZING AND APPROVING EXECUTION OF SERVICE DELIVERY AGREEMENT WITH DOUGHERTY COUNTY RE CODE ENFORCEMENT; REPEALING PRIOR RESOLUTIONS IN CONFLICT AND FOR OTHER PURPOSES.

WHEREAS, it is in the best interests of the citizens of Albany that the attached Service Delivery Agreement ("Agreement") with Dougherty County re Code Enforcement be approved and properly executed,

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the City of Albany, Georgia and it is hereby resolved by authority of same:

SECTION 1. That certain Agreement is hereby approved, and the Mayor, or in her absence, the Mayor Pro-Tem, is authorized to sign and the City Clerk may affix the City seal.

SECTION 2. A copy of the Agreement is attached hereto and specifically incorporated herein by reference as fully as if set forth verbatim.

SECTION 3. All resolutions, or parts of resolutions, in conflict herewith are repealed.

Dorothy Hubbard
MAYOR

ATTEST:
Soupi Wimbish
CITY CLERK

Adopted: June 25, 2014

Introduced By Commissioner: Orman Postell
Date(s) read: June 25, 2014
A RESOLUTION ENTITLED 14-R148
A RESOLUTION AUTHORIZING AND
APPROVING EXECUTION OF SERVICE
DELIVERY AGREEMENT WITH
DOUGHERTY COUNTY RE FIRE
SERVICES; REPEALING PRIOR
RESOLUTIONS IN CONFLICT AND FOR
OTHER PURPOSES.

WHEREAS, it is in the best interests of the citizens of Albany that the attached Service
Delivery Agreement ("Agreement") with Dougherty County re Fire Services be approved and
properly executed,

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the City of
Albany, Georgia and it is hereby resolved by authority of same:

SECTION 1. That certain Agreement is hereby approved, and the Mayor, or in her
absence, the Mayor Pro-Tem, is authorized to sign and the City Clerk may affix the City seal.

SECTION 2. A copy of the Agreement is attached hereto and specifically incorporated
herein by reference as fully as if set forth verbatim.

SECTION 3. All resolutions, or parts of resolutions, in conflict herewith are repealed.

ATTEST:
Dorothy Hubbard
MAYOR

CITY CLERK

Adopted: June 25, 2014

Introduced By Commissioner: Jimmie Postell
Date(s) read: June 25, 2014

I do hereby certify that this is a true and correct copy.

City Clerk 7-14-14
Albany, GA

Date
A RESOLUTION ENTITLED 14-R 149

A RESOLUTION AUTHORIZING AND APPROVING EXECUTION OF SERVICE DELIVERY AGREEMENT WITH DOUGHERTY COUNTY RE RECREATION; REPEALING PRIOR RESOLUTIONS IN CONFLICT AND FOR OTHER PURPOSES.

WHEREAS, it is in the best interests of the citizens of Albany that the attached Service Delivery Agreement ("Agreement") with Dougherty County re Recreation be approved and properly executed,

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the City of Albany, Georgia and it is hereby resolved by authority of same:

SECTION 1. That certain Agreement is hereby approved, and the Mayor, or in her absence, the Mayor Pro-Tem, is authorized to sign and the City Clerk may affix the City seal.

SECTION 2. A copy of the Agreement is attached hereto and specifically incorporated herein by reference as fully as if set forth verbatim.

SECTION 3. All resolutions, or parts of resolutions, in conflict herewith are repealed.

[Dorothy Hubbard]
MAYOR

ATTEST:

[Joseph Delbert]
CITY CLERK

Adopted: June 25, 2014

Introduced By Commissioner: [Jomzie Postell]
Date(s) read: June 25, 2014

I do hereby certify that this is a true and correct copy.

[Joseph Delbert]
City Clerk
Albany, GA
A RESOLUTION ENTITLED
A RESOLUTION AUTHORIZING AND APPROVING THE EXECUTION OF SERVICE DELIVERY AGREEMENTS WITH THE CITY OF ALBANY, GEORGIA IN REGARD TO CENTRAL SERVICES/PROCUREMENT, CODE ENFORCEMENT, FIRE SERVICES AND RECREATION; RATIFYING PREVIOUS EXECUTIONS OF SAID SERVICE DELIVERY AGREEMENTS BY THE CHAIRMAN OF THE BOARD OF COMMISSIONERS OF DOUGHERTY COUNTY, GEORGIA; REPEALING PRIOR RESOLUTIONS IN CONFLICT HEREWITH; AND FOR OTHER PURPOSES.

WHEREAS, the Board of Commissioners of Dougherty County, Georgia finds that it is in the best interest of the citizens of Dougherty County that the attached Service Delivery Agreements with the City of Albany regarding Central Services/Procurement, Code Enforcement, Fire Services and Recreation be approved and properly executed.

NOW THEREFORE, BE IT RESOLVED by the Board of Commissioners of Dougherty County, Georgia and it is hereby resolved by Authority of same as follows:

SECTION I The attached Service Delivery Strategy Agreements between Dougherty County, Georgia and the City of Albany, Georgia are hereby approved and the Chairman of the Board of Commissioners of Dougherty County is hereby authorized to execute same.

SECTION II Any previous executions of the attached Service Delivery Strategy Agreements by the Chairman of the Board of Commissioners of Dougherty County is hereby approved and ratified.

SECTION III All Resolutions of parts of Resolutions in conflict herewith are hereby repealed.

This the 7th day of July, 2014.

BOARD OF COMMISSIONERS OF DOUGHERTY COUNTY, GEORGIA

BY: ________________

Jeff Smyard, Chairman

ATTEST: ________________

[Signature]

"I certify that the foregoing is a true copy of a resolution duly adopted by the Board of Commissioners of Dougherty County at its regular meeting held ________ the original of which is on file in the official minute book which is in my custody."

[Signature]

COUNTY CLERK
BOARD OF COMMISSIONERS DOUGHERTY COUNTY GEORGIA