





FORM 1

COUNTY: CALHOUN

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.
- 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.)

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

Calhoun County

City of Arlington

City of Edison

City of Leary

City of Morgan

Arlington Downtown Development Authority

Southwest Georgia Community Action Council (On behalf of Calhoun County)

Calhoun County Health Department

Arlington Senior Center (On behalf of Calhoun County and Arlington)

Calhoun County Department of Health & Human Services

Calhoun County Hospital Authority

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.

Cemetery

Courts - Juvenile

Courts - Recorder

Economic Development

Emergency Management & Rescue

Fire Protection

Headstart Center

Hospital/Nursing Home/Emergency Med.

Indigent Defense

Jail

Law Enforcement

Library

Parks & Recreation

Planning & Zoning

Public Health Services

Public Works

Road/Bridge Construction & Maintenance

Senior Center

Sewage Collection/ Disposal

Social Services (DFACS)

Solid Waste Management

Water Supply/Distribution

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.

Animal Control - No longer provided due to the passing of Dr. Marcus Gibbs

Electric - Removed due to no local government is providing this services

Natural Gas Services - Revised due to Electric being removed from services

Recycling (Paper) - No longer being provided







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	,
COUNTY:CALHOUN	Service: Cemetery
Check the box that best describes the agreed upor	a delivery arrangement for this convice:
1. Offect the box that best describes the agreed upor	r delivery arrangement for this service.
Service will be provided countywide (i.e., including this box is checked, identify the government, authorities and the countywide (i.e., including this box is checked, identify the government, authorities are considered.)	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional 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

General Fund ge the previous arrangements for providing and/or funding this service within the county? very agreements or intergovernmental contracts that will be used to implement the strategy	City of Arlington General Fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:		
very agreements or intergovernmental contracts that will be used to implement the strategy	How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name	Ochorar i ana	
very agreements or intergovernmental contracts that will be used to implement the strategy	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
very agreements or intergovernmental contracts that will be used to implement the strategy	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
very agreements or intergovernmental contracts that will be used to implement the strategy	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
very agreements or intergovernmental contracts that will be used to implement the strategy	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
very agreements or intergovernmental contracts that will be used to implement the strategy	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
very agreements or intergovernmental contracts that will be used to implement the strategy	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name	ous arrangements for providing and/or fun	ding this convice within the county?
	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name	ous arrangements for providing and/or fun	ang this service within the county?
	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
	List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service: Agreement Name		
	this service: Agreement Name		
	this service: Agreement Name		
	this service: Agreement Name		
	this service: Agreement Name	nents or intergovernmental contracts that	will be used to implement the strategy
Contracting Parties Effective and Ending Date	What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, keeping to be a service		,
Contracting Parties Effective and Ending Date	What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, keeping to be a service	Ocation Com Booting	Effective and English Date
		Contracting Parties	Effective and Ending Date
any) will be used to implement the strategy for this convice (e.g. ordinances recelutions le	acts of the General Assembly, rate of fee changes, etc.), and when will they take effect:		
		ee changes etc) and when will they take	
		ee changes, etc.), and when will they take	onot:
		ee changes, etc.), and when will they take	- Circuit.
		ee changes, etc.), and when will they take	· circut.
	None	ee changes, etc.), and when will they take	
	None	ee changes, etc.), and when will they take	
	None	ee changes, etc.), and when will they take	
	None	ee changes, etc.), and when will they take	
oly, rate or fee changes, etc.), and when will they take effect?	Person completing form: Conner Collins, Calhoun County Chairmain		
		e used to implement the strategy for this so	ervice (e.g., ordinances resolutions lo
any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo			
		ee changes, etc.), and when will they take	· chock:
		ee changes, etc.), and when will they take	
		ee changes, etc.), and when will they take	
	None	ee changes, etc.), and when will they take	
	None	ee changes, etc.), and when will they take	
	None	ee changes, etc.), and when will they take	
	None	ee changes, etc.), and when will they take	
oly, rate or fee changes, etc.), and when will they take effect?			
onner Collins, Calhoun County Chairmain	Person completing form: Conner Collins, Calhoun County Chairmain	ins, Calhoun County Chairmain	
onner Collins, Calhoun County Chairmain	Person completing form: Conner Collins, Calhoun County Chairmain	ins, Calhoun County Chairmain	
onner Collins, Calhoun County Chairmain Date completed: September 2017	Person completing form: Conner Collins, Calhoun County Chairmain	ins, Calhoun County Chairmain ate completed: September 2017	
			nents or intergovernmental contracts that v

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Courts - Juvenile	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Calhoun County	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap 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 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	

Local Government or Authority	Funding I	Method
Calhoun County	General Fund	
How will the strategy change the previ	ous arrangements for providing and/or fund	ing this service within the county?
lo Change		
List any formal service delivery agreen his service:	nents or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
	e used to implement the strategy for this ser	
	e used to implement the strategy for this ser see changes, etc.), and when will they take e	
acts of the General Assembly, rate or f		
acts of the General Assembly, rate or f		
acts of the General Assembly, rate or f		
acts of the General Assembly, rate or f		
None Person completing form: Conner Colli	ee changes, etc.), and when will they take e	
lone Person completing form: Conner Colliphone number: 229.849.4835	ins, Calhoun County Chairman ate completed: September 2017	effect?
None Person completing form: Conner Colliphone number: 229.849.4835	ins, Calhoun County Chairman ate completed: September 2017 acted by state agencies when evaluating wh	effect?







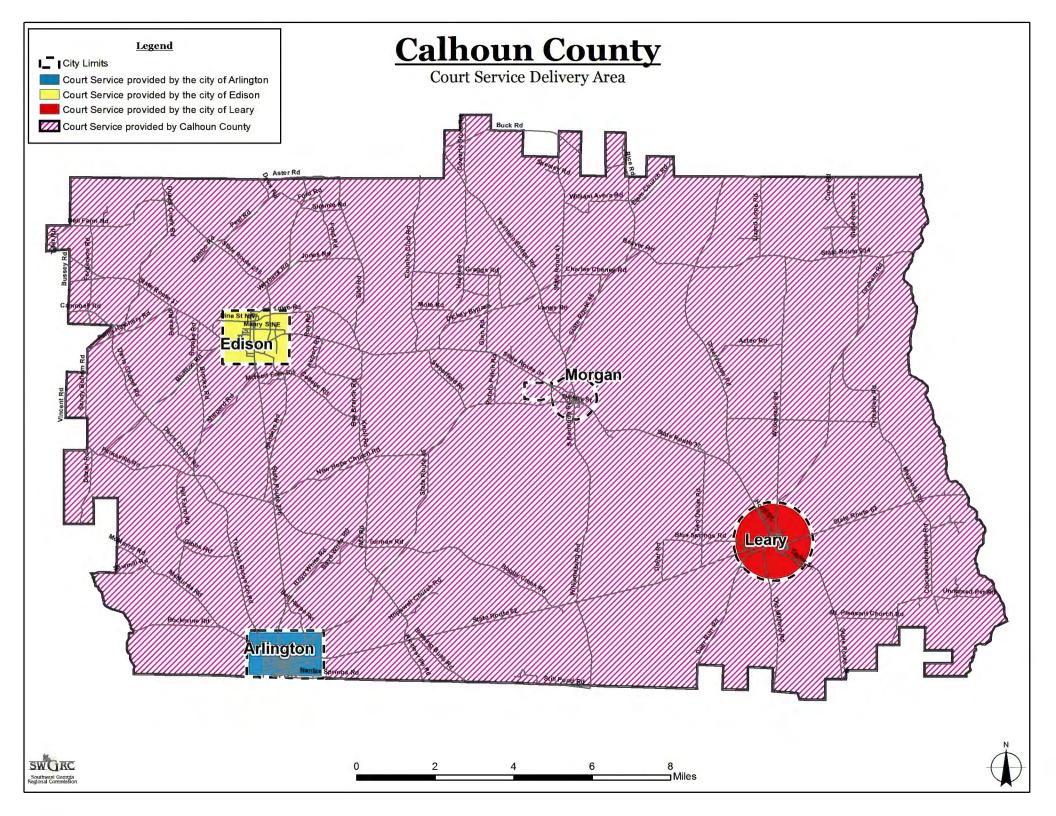
FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Alians.	
COUNTY:CALHOUN	Service: Courts - Recorder
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authorities).	ng all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Calhoun Leary
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority		thod
Calhoun County	General Funds/Fees	
City of Arlington	General Funds/Fees	
City of Edison	General Funds/Fees	
City of Leary	General Funds/Fees	
4. How will the strategy change the p	revious arrangements for providing and/or funding	this service within the county?
No Change		
this service:	reements or intergovernmental contracts that will b	
Agreement Name	Contracting Parties	Effective and Ending Dates
	ill be used to implement the strategy for this servic or fee changes, etc.), and when will they take effe	
acts of the General Assembly, rate		
acts of the General Assembly, rate	or fee changes, etc.), and when will they take effe	
None 7. Person completing form: Conner (Phone number: 229.849.4835) 8. Is this the person who should be conner (Phone number)	or fee changes, etc.), and when will they take effective states and when will they take effective states and states are consistent as a second state of the control of the	ect?









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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:CALHOUN	Service: Economic Development
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: rlington DDA)
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping 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, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel/r.).	
Local Covernment or Author	ride.	Mother d
Arlington DDA	rity Funding N General Funds	Metnoa
Annigion DDA	General Fullus	
4. How will the strategy change th	e previous arrangements for providing and/or fundi	ng this service within the county?
No Change		
List any formal service delivery this service:	agreements or intergovernmental contracts that wil	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
acts of the General Assembly, r		
acts of the General Assembly, r		
None 7. Person completing form: Conne Phone number: 229.849.4835 8. Is this the person who should be	ate or fee changes, etc.), and when will they take e	ffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Emergency Management & Rescue	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
_	ng all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the agton, Edison, Leary, Morgan	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional documents	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	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
Calhoun County	General Funds
City of Arlington	General Funds
City of Edison	General Funds
City of Leary	General Funds
City of Morgan	General Funds

City of Morgan	General Fun	General Funds		
4. How will the strategy change the	e previous arrangem	ents for providing and/or funding this	service within the county?	
No Change				
5. List any formal service delivery this service:	agreements or interg	governmental contracts that will be us	ed to implement the strategy for	
Agreement Name	Co	ontracting Parties	Effective and Ending Dates	
Agreement of Services	Calhoun Co. & Cities	s of Arlington,Edison,Leary, Morgan	Ongoing	
		ement the strategy for this service (e. etc.), and when will they take effect?	g., ordinances, resolutions, local	
N/A				
7. Person completing form: Conn Phone number: 229.849.4835		County Chairman September 2017		
8. Is this the person who should be projects are consistent with the		agencies when evaluating whether pages Yes □No	roposed local government	
If not, provide designated conta	ct person(s) and pho	ne number(s) below:		







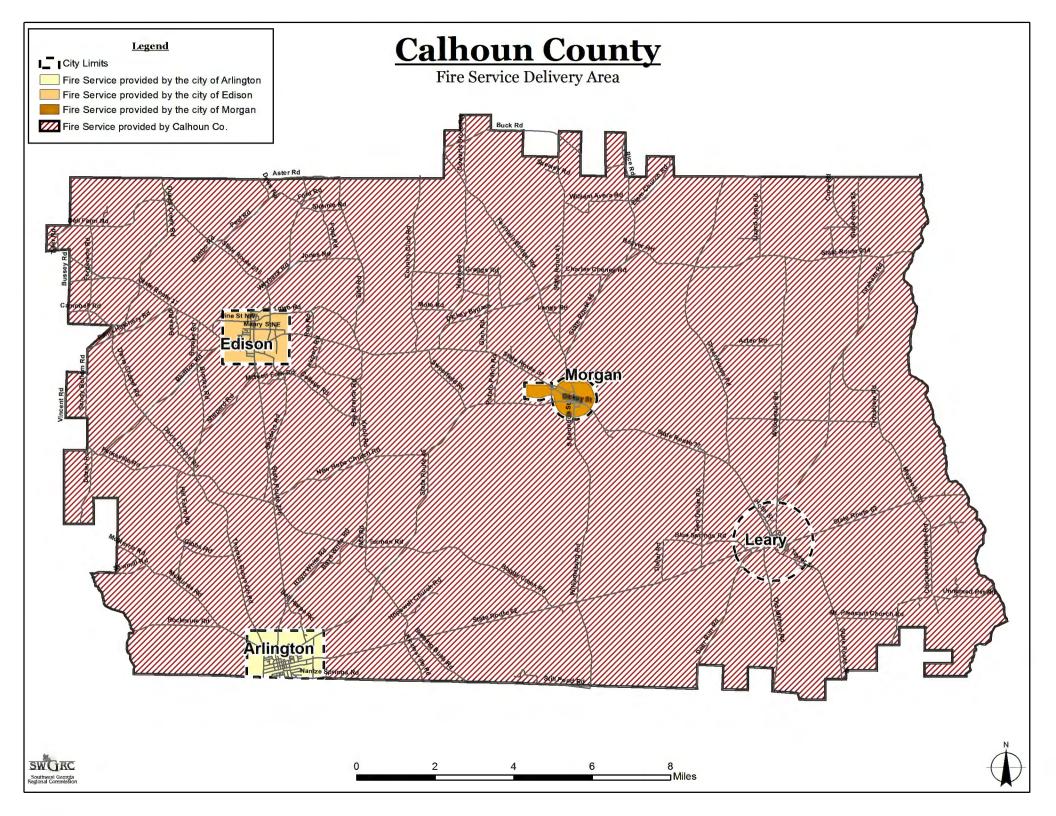
FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Fire Protection	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
 ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Calhoun lington, Edison and Morgan provides serivces within their service	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the 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 Authorit	ty Funding Method			
Calhoun County	General Fund Donation			
City of Edison	General Fund Donation			
City of Arlington	General Fund Donation			
City of Morgan	General Fund Donation			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No Change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
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: Conner Phone number: 229.849.4835	Collins, Calhoun County Chairman Date completed: September 2017			
Phone number: 229.849.4835 8. Is this the person who should be		oposed local government		









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:CALHOUN	Service: Headstart Center
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Southwest Georgia
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding N	lethod
alhoun County	General Fund	
ow will the strategy change the pre	vious arrangements for providing and/or fundir	ng this service within the county?
ist any formal service delivery agre	ements or intergovernmental contracts that wil	be used to implement the strategy
ist any formal service delivery agre	ements or intergovernmental contracts that wil	be used to implement the strategy
ist any formal service delivery agre	ements or intergovernmental contracts that wil Contracting Parties	be used to implement the strategy Effective and Ending Date
ist any formal service delivery agre		
ist any formal service delivery agre		
ist any formal service delivery agre		
ist any formal service delivery agrenis service:		
ist any formal service delivery agre		
Agreement Name		Effective and Ending Dat

7. Person completing form: **Conner Collins, Calhoun County Chairman**Phone number: **229.849.4835**Date completed: September 2017

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:

should be reported to the Department of Community Affairs.				
COUNTY:CALHOUN	Service: Hospital/Nursing Home/Emergency Med.			
. Check the box that best describes the agreed upon delivery arrangement for this service:				
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Calhoun County Hospital			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the contract of the contract o	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	D 4 60			

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		
	Hospital Authority Bonded Indebtedness		

Hospital Authority	Bonded Indebtedness	
Calhoun County	General Funds	
4. How will the strategy change the	ne previous arrangements for providing and/or fundi	ng this service within the county?
No Change		
List any formal service delivery this service:	agreements or intergovernmental contracts that wil	ll be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Indigent Care Contract	Calhoun County & Hospital Authority	Ongoing
	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
N/A		
IV/A		
7. Person completing form: Conr Phone number: 229.849.4835	ner Collins, Calhoun County Chairman Date completed: September 2017	
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:

should be reported to the Department of Community Affairs.	
COUNTY:CALHOUN	Service: Indigent Defense
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Calhoun County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
· · · · · · · · · · · · · · · · · · ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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 diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	y that will help to pay for this service and indi- ral funds, special service district revenues, ho	
Local Government or Authori	ty Fundi	ing Method
Calhoun County	General Fund	-
,		
4. How will the strategy change the	previous arrangements for providing and/or	funding this service within the county?
No Change		
this service:	greements or intergovernmental contracts the	
Agreement Name	Contracting Parties	Effective and Ending Dates
Į.		
	will be used to implement the strategy for this e or fee changes, etc.), and when will they ta	
acts of the General Assembly, rat		
None 7. Person completing form: Conner Phone number: 229.849.4835 8. Is this the person who should be	e or fee changes, etc.), and when will they ta	ake effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Jail	
Check the box that best describes the agreed upor	a delivery arrangement for this service:	
1. Offect the box that best describes the agreed upor	r delivery arrangement for this service.	
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Calhoun County	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap 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	

Local Government or Authority	Funding Me	ethod
Calhoun County	General Funds	
<u> </u>		
How will the strategy change the prev	vious arrangements for providing and/or fundin	g this service within the county?
No Change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that will	be used to implement the strategy for
triis service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will h	ne used to implement the strategy for this servi	ce (e.g. ordinances resolutions los
	be used to implement the strategy for this servi	
	be used to implement the strategy for this servi fee changes, etc.), and when will they take eff	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
None Person completing form: Conner Col	fee changes, etc.), and when will they take eff	
None Person completing form: Conner Col Phone number: 229.849.4835 Is this the person who should be cont	fee changes, etc.), and when will they take eff lins, Calhoun County Chairman tate completed: September 2017 acted by state agencies when evaluating whet	ect?
None Person completing form: Conner Col Phone number: 229.849.4835	fee changes, etc.), and when will they take eff lins, Calhoun County Chairman tate completed: September 2017 acted by state agencies when evaluating whet	ect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.		
COUNTY:CALHOUN	Service:Law Enforcement	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
 .	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Calhoun Edison	
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		
	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 ge	overnment or au	thority that will	help to pay for	this service and i	ndicate how the ser	vice will be funded (e.g.,
· · · · · · · · · · · · · · · · · · ·		•	special service	district revenues	, hotel/motel taxes,	franchise taxes, impact
fees, bonde	d indebtedness,	etc.).				

Local Government or Authority	Funding Method
Calhoun County	General Funds
City of Leary	General Funds
City of Edison	General Funds
City of Arlington	General Funds

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

Overlapping service areas for this service occurs within the limits of each municipality. The City of Morgan does not have a police department so the sherriff department responds to all of their emergencies. Even though the Cities of Arlington, Leary and Edison have their own police department; the Sherriff Department is allowed to respond to emergencies within their city limits if needed.

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

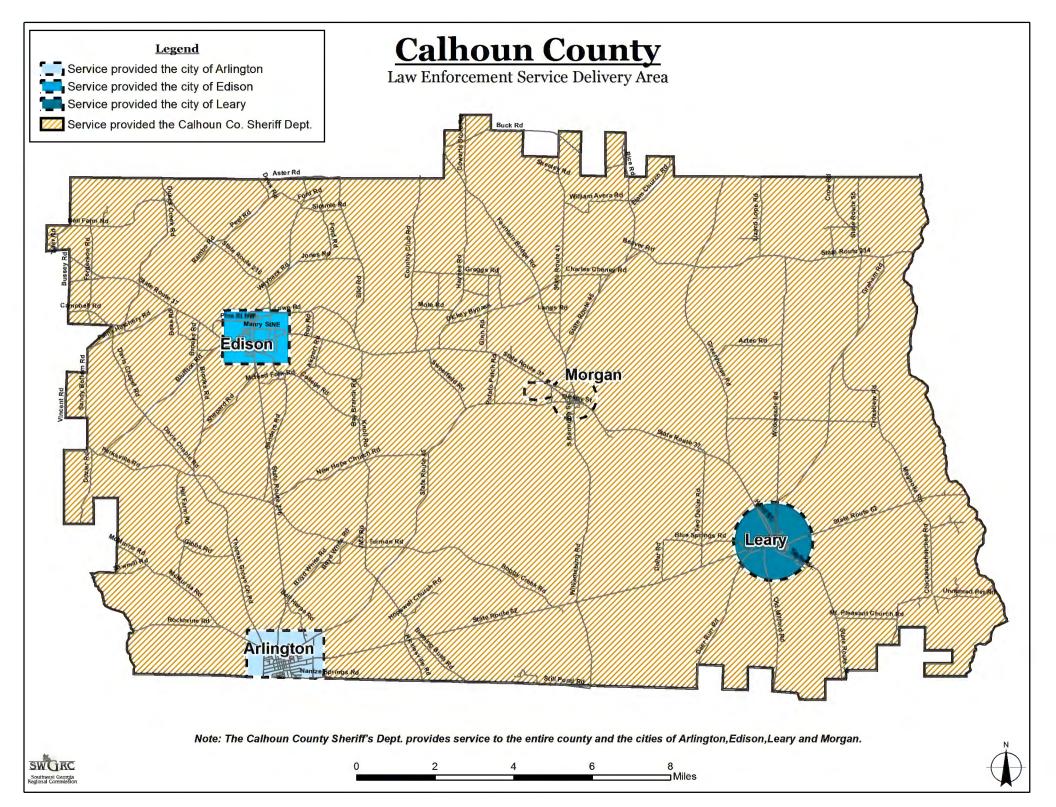
7. Person completing form: Conner Collins, Calhoun County Chairman Phone number: 229.849.4835

None

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

Date completed: September 2017

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









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Library	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap 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)	
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the 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	

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, impa	ct
fees, bonded indebtedness, etc.).	

Local Government or Authorit	ty Funding I	Method
Calhoun County	General Fund	
City of Leary	General Fund	
. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
N. O.		
No Change		
. List any formal service delivery aq this service:	greements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Faities	Enective and Ending Dates
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
None		
110110		
	Collins, Calhoun County Chairman Date completed: September 2017	
. Person completing form: Conner Phone number: 229.849.4835 . Is this the person who should be		ether proposed local government
7. Person completing form: Conner Phone number: 229.849.4835 8. Is this the person who should be projects are consistent with the se	Date completed: September 2017 contacted by state agencies when evaluating wh	ether proposed local government
. Person completing form: Conner Phone number: 229.849.4835 . Is this the person who should be projects are consistent with the se	Date completed: September 2017 contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes □No	ether proposed local government





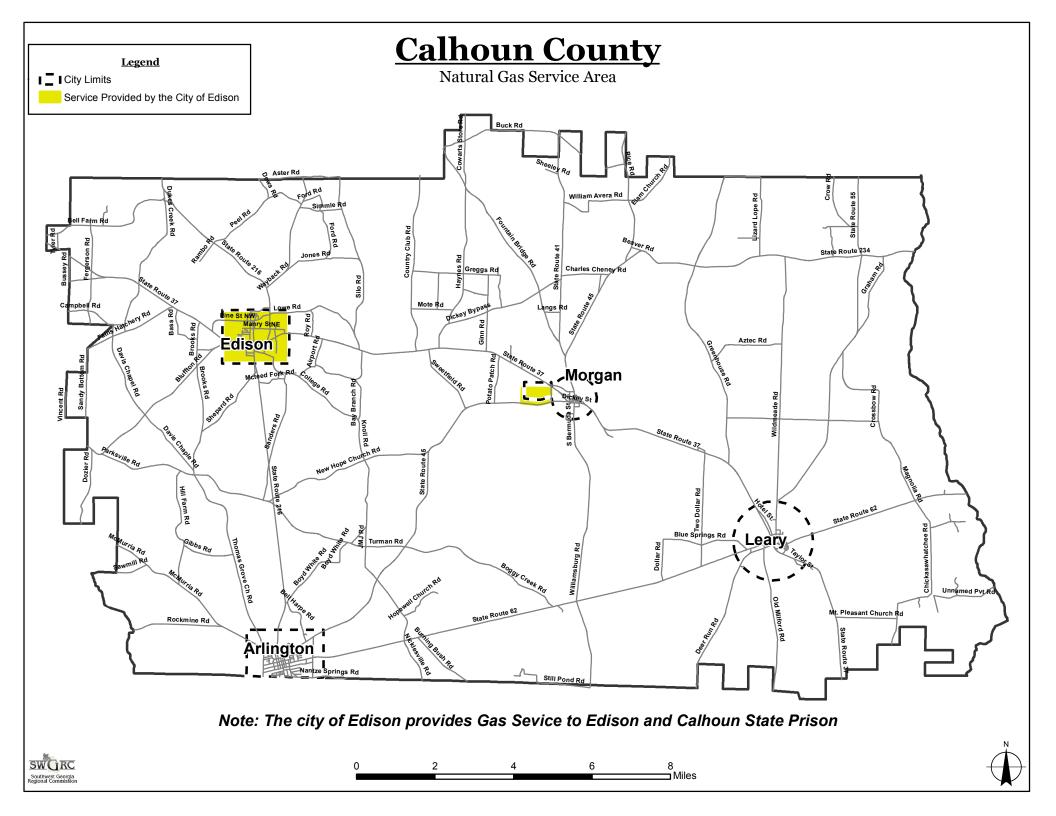


FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Analis.		
COUNTY:CALHOUN	Service: Natural Gas Services	
Check the box that best describes the agreed upon		
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): City of	
2. In developing this strategy, were overlapping 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, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

	nat will help to pay for this service and indicate how funds, special service district revenues, hotel/motel	
Local Government or Authority	Funding Metho	od .
City of Edison	Enterprise Funds	<i>5</i> a
City of Arlington	Enterprise Funds	
ony on y amington		
4. How will the strategy change the pro-	evious arrangements for providing and/or funding th	is service within the county?
	from Electric due to the electrical service not being point of Edison now provides Natural Gas Service to Ca	
this service:	eements or intergovernmental contracts that will be	
Agreement Name	Contracting Parties	Effective and English Detec
	contracting rando	Effective and Ending Dates
	conducting turned	Effective and Ending Dates
		Effective and Ending Dates
	I be used to implement the strategy for this service (or fee changes, etc.), and when will they take effect	e.g., ordinances, resolutions, local
	I be used to implement the strategy for this service (e.g., ordinances, resolutions, local
acts of the General Assembly, rate of None 7. Person completing form: Conner C	I be used to implement the strategy for this service (or fee changes, etc.), and when will they take effect	e.g., ordinances, resolutions, local
None 7. Person completing form: Conner Conn	I be used to implement the strategy for this service (or fee changes, etc.), and when will they take effect olders, Calhoun County Chairman Date completed: September 2017	e.g., ordinances, resolutions, local









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:CALHOUN	Service: Parks & Recreation
Check the box that best describes the agreed upor	n delivery arrangement for this service:
_	ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, author	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the 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

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 Author		Funding Method		
City of Leary	General Fund			
City of Edison	General Fund			
City of Arlington	General Fund			
4. How will the strategy change th	e previous arrangements for providing and/or	funding this service within the county?		
No Change				
List any formal service delivery this service:	agreements or intergovernmental contracts th	at will be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
) will be used to implement the strategy for this ate or fee changes, etc.), and when will they to			
None				
7. Person completing form: Conn Phone number: 229.849.4835	er Collins, Calhoun County Chairman Date completed: September 2017			
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 conta	ct person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:CALHOUN	Service: Planning & Zoning			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
⊠One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Cities of Edison, Arlington, Leary, and Morgan				
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
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 Author	Government or Authority Funding Method	
City of Edison	General Fund	
City of Arlington	General Fund	
City of Leary	General Fund	
City of Morgan	General Fund	
, ,		
4. How will the strategy change the	e previous arrangements for providing and/or funding	this service within the county?
No Change		
this service:	agreements or intergovernmental contracts that will be	
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effect	
None		
7. Person completing form: Conne Phone number: 229.849.4835 8. Is this the person who should be	er Collins, Calhoun County Chairman Date completed: September 2017 e contacted by state agencies when evaluating whether service delivery strategy? ⊠Yes □No	er proposed local government

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.		
COUNTY:CALHOUN	Service: Public Health Services	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Calhoun County Health	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	D 4 60	

Local Government or Authority	Funding I	Method
Calhoun County	General Fund	
How will the strategy change the previ	ous arrangements for providing and/or fund	ing this service within the county?
lo Change		
List any formal service delivery agreen his service:	nents or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
	e used to implement the strategy for this ser	
	e used to implement the strategy for this ser see changes, etc.), and when will they take e	
acts of the General Assembly, rate or f		
acts of the General Assembly, rate or f		
acts of the General Assembly, rate or f		
acts of the General Assembly, rate or f		
None Person completing form: Conner Colli	ee changes, etc.), and when will they take e	
lone Person completing form: Conner Colliphone number: 229.849.4835	ins, Calhoun County Chairman ate completed: September 2017	effect?
None Person completing form: Conner Colliphone number: 229.849.4835	ins, Calhoun County Chairman ate completed: September 2017 acted by state agencies when evaluating wh	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Public Works	
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, autho Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the eary and Morgan	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the 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.).

Funding Method

Loodi Governinent of Addito	Tu.	iding incured
City of Edison	General Fund	
City of Arlington	Genreal Fund	
City of Leary	General Fund	
City of Morgan	General Fund	
Calhoun County	General Fund	
No Change		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates

Agreement Name	Contracting Parties	Effective and Ending Dates

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

7. Person completing form: **Conner Collins, Calhoun County Chairman**Phone number: **229.849.4835**Date completed: September 2017

Local Government or Authority

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:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Road/Bridge Construction & Maintenance	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
1. Offect the box that best describes the agreed upor	ruenvery arrangement for this service.	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the agton, Leary, Morgan and Edison	
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the 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	

3	s. 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
Calhoun County	General Fund
City of Arlington	General Fund
City of Leary	General Fund
City of Morgan	General Fund
City of Edison	General Fund
	ious arrangements for providing and/or funding this service within the county?

City of Morgan	General Fund	
City of Edison	General Fund	
		•
4. How will the strategy change th	ne previous arrangements for providing and/or fu	unding this service within the county?
No Change		
5. List any formal service delivery this service:	agreements or intergovernmental contracts tha	t will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	y) will be used to implement the strategy for this rate or fee changes, etc.), and when will they tak	
None		
7. Person completing form: Conn Phone number: 229.849.4835	er Collins, Calhoun County Chairman Date completed: September 2017	
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes □No	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:

should be reported to the Department of Community Arians.		
COUNTY:CALHOUN	Service: Senior Center	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Arlington Senior Center (On	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Author		ng Method
Calhoun County	General Services	
City of Arlington	General Services	
4. How will the strategy change the	e previous arrangements for providing and/or fu	unding this service within the county?
No Change		
List any formal service delivery this service:	agreements or intergovernmental contracts tha	t will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ate or fee changes, etc.), and when will they take	
None		
7. Person completing form: Conne Phone number: 229.849.4835	er Collins, Calhoun County Chairman Date completed: September 2017	
8. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Sewage Collection/Disposal	
Check the box that best describes the agreed upor	a delivery arrangement for this service:	
_		
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	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 I	Method
City of Arlington	Enterprise Funds	
City of Morgan	Enterprise Funds	
City of Leary	Enterprise Funds	
City of Edison	Enterprise Funds	
How will the strategy change the p	revious arrangements for providing and/or fund	ing this service within the county?
No Change		
 List any formal service delivery agonthis service: 	reements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate		
acts of the General Assembly, rate None		
None 7. Person completing form: Conner (Phone number: 229.849.4835) 8. Is this the person who should be connerted the content of the conten	or fee changes, etc.), and when will they take e	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Alians.	
COUNTY:CALHOUN	Service: Social Services (DFACS)
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Calhoun County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping 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	
	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.
	Dama 1 of 2

	nat will help to pay for this service and indicate how funds, special service district revenues, hotel/mote	
Local Government or Authority	Funding Meth	od
Calhoun County	General Funds	
Samean Seartly	Contrain and	
4. How will the strategy change the pr	evious arrangements for providing and/or funding the	nis service within the county?
No Change 5. List any formal service delivery agree	eements or intergovernmental contracts that will be	used to implement the strategy for
this service: Agreement Name	Contracting Parties	
7.greement name	Contracting Farties	Effective and Ending Dates
ngreement name	Contracting Farties	Effective and Effding Dates
rigreement name	Contracting Farties	Effective and Efforing Dates
- Tigreement items	Contracting Farties	Effective and Effding Dates
- Tigreement tume	Contracting Farties	Effective and Effding Dates
Tigreement items	Contracting Farties	Effective and Effding Dates
	Contracting Farties	Effective and Effaing Dates
6. What other mechanisms (if any) wil	I 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	I be used to implement the strategy for this service	(e.g., ordinances, resolutions, local
6. What other mechanisms (if any) wil acts of the General Assembly, rate of	I 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 acts of the General Assembly, rate of the None 7. Person completing form: Conner C	I be used to implement the strategy for this service or fee changes, etc.), and when will they take effect collins, Calhoun County Chairman Date completed: September 2017	(e.g., ordinances, resolutions, local?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Solid Waste Mangement	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
_	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the agton, Edison, Leary, and Morgan	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the 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	

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 Edison	General Fund
Calhoun County	General Fund
City of Arlington	General Fund-User Fees
City of Morgan	General Fund-User Fees
City of Leary	General Fund-User Fees

City of Leary	General Fund-User Fees	
L	ne previous arrangements for providing and/or fundi	ing this service within the county?
No Change		
The change		
List any formal service delivery this service:	agreements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	y) will be used to implement the strategy for this sereate or fee changes, etc.), and when will they take e	
None		
7. Person completing form: Conn Phone number: 229.849.4835	er Collins, Calhoun County Chairman Date completed: September 2017	
	e contacted by state agencies when evaluating whoservice delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CALHOUN	Service: Water Supply/Distribution	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
_		
this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the 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	

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 Edison	Enterprise Fund		
City of Arlington	Enterprise Fund		
City of Morgan	Enterprise Fund		
City of Leary	Enterprise Fund		
4. How will the strategy change the pre-	vious arrangements for providing and/or funding this	service within the county?	
No Change			
this service:	ements or intergovernmental contracts that will be use		
Adreement Name	I Ontracting Partice		
Agreement Name	Contracting Parties	Effective and Ending Dates	
Agreement Name	Contracting Farties	Effective and Ending Dates	
Agreement Name	Contracting Farties	Effective and Ending Dates	
Agreement Name	Contracting Farties	Effective and Ending Dates	
Agreement Name	Contracting Farties	Effective and Ending Dates	
Agreement Name	Contracting Farties	Effective and Ending Dates	
Agreement Name	Contracting Farties	Effective and Ending Dates	
6. What other mechanisms (if any) will I	be used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?		
6. What other mechanisms (if any) will I	pe used to implement the strategy for this service (e.s		
6. What other mechanisms (if any) will I acts of the General Assembly, rate or None 7. Person completing form: Conner Co	be used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?		

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.

COUNTY:CALHOUN COUNTY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE.
Amendments to existing comprehensive plans	NOTE:
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: N/A	
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent.	with all applicable land use plans
and ordinances? All governments will be guided by the SDS and will secure permission elected body of the jurisdiction before extraterritoral services are provided. An updated S	through resolution or from the SDS will be required whenever new
territory or services are added to the service delivery area.	
4. Person completing form: Kimberly Brooks, Planner	
Phone number: 229.522.3552 Date completed: September 2017	
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ☐Yes ☒No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
CONNER COLLINS, CALHOUN COUNTY CHAIRMAN 229.849.4835	







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: CALHOUN COUNTY

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
LIST EACH JURISDICTION HERE, ALPHABETICALLY	List the Title of the Authorized Representative of Each Jurisdiction Here, Respectively	List the Names of the Representatives Here, Respectively		9/25/1
CITY OF ARLINGTON	Mayor	Mayor Marvin King Marum Ky	0/1	
CALHOUN COUNTY CITY OF EDISON CITY OF LEARY CITY OF MORGAN	County Commission Chairman Mayor Mayor Mayor	Reeves Lane Calvin Cox	Marini Ky 9/25/17 Parini Ky 9/25/17 Plani Ky 9/25/17 Marini Ky 9/25/17	