



SERVICE DELIVERY STRATEGY

for

CHATHAM COUNTY, GEORGIA

February 2010

Prepared by

The Chatham County-Savannah Metropolitan Planning Commission

Chatham County Service Delivery Strategy

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ADMINISTRATION AND SUPPORT



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: CHATHAM

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.)

<p style="text-align: center;">OPTION A <i>Revising or Adding to the SDS</i></p>	<p style="text-align: center;">OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 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 <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 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).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div style="background-color: #003366; color: white; padding: 10px; text-align: center; margin-top: 10px;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></p> </div>

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. Email the completed forms and any attachments as .pdf attachments to: pemd.opgga@dca.ga.gov, or mail the completed forms along with any attachments to:

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
OFFICE OF PLANNING AND QUALITY GROWTH
60 Executive Park South, N.E.
Atlanta, Georgia 30329**

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.

- Chatham County
- City of Savannah (county seat)
- City of Pooler .
- City of Bloomingdale
- City of Port Wentworth
- City of Garden City
- Town of Thunderbolt
- City of Tybee Island
- City of Vernonburg

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.

- Animal Control
- Street Lighting
- Emergency Medical
- Hazardous Materials
- Emergency Management Jail
- Courts
- Legal Defense
- Health Services
- New Road Construction
- Tax Billing and Collecting
- Bus Transit
- Airport
- Mosquito Control
- Libraries
- Cemeteries

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.

Water Supply/Distribution (municipal boundaries)
Sewage Collection/Treatment (municipal boundaries)
Police Protection (municipal boundaries/City-County force)
Fire Protection (municipal boundaries)
Parks and Recreation (municipal boundaries)
Cultural Affairs (municipal boundaries)
Seniors Programs (municipal boundaries)
Social Services (municipal boundaries)
Road Paving (municipal boundaries)
Road Maintenance (municipal boundaries)
Traffic Control (municipal boundaries)
Street Sweeping (municipal boundaries)
Road Right-of-Way Mowing (municipal boundaries)
Stormwater Management (municipal boundaries)
Refuse Collection and Disposal (municipal boundaries)
Code Enforcement (municipal boundaries)
Building Inspection (municipal boundaries)
Planning (municipal boundaries)
Purchasing (municipal boundaries)
Historic Preservation (municipal boundaries)

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Building Inspection**

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 this 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 this 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 this service:

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, authority, or organization providing this service: **Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg**

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District revenues
Savannah	General Fund
Thunderbolt	General Fund; Permits and fees
Bloomingtondale	General Fund; User fees
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund; Permits and Fees
Garden City	General Fund; User Fees
Pooler	General Fund; User fees
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. Chatham County provides building inspection service to Tybee Island on a contractual basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Building Inspections Contract	City of Tybee Island and Chatham County	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning**

Commission

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

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 this service: **Chatham County**

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 this 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 this service:

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, authority, or organization providing this service: **Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg**

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District revenues
Savannah	General Fund
Thunderbolt	General Fund; User Fees
Bloomingtondale	General Fund; User fees
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund
Garden City	General Fund; User Fees/Assessments
Pooler	General Fund; User fees
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Planning**

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 this service: **Chatham County**

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 this 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 this service:

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, authority, or organization providing this service: **Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg**

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District revenues; Solid Waste Management Fund
Savannah	General Fund; Federal and State grants
Thunderbolt	General Fund
Bloomingtondale	General Fund
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund; User Fees
Garden City	General Fund; User Fees
Pooler	General Fund
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Chatham County-Savannah Metropolitan Planning Commission	Chatham County and City of Savannah	Current/Continuing
Coastal Region Metropolitan Plannig Organization	Chatham County and all municipalities	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: Chatham	Service: Purchasing
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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 this service: **Chatham County**

- 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 this 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 this service:

- 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, authority, or organization providing this service:

- 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 this service within each service area: **Chatham County will provide this service countywide. The Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, and Tybee Island will provide service within their corporate area. (See jurisdictional map in Appendix A)**

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

Yes. (If "yes", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O revenue; Special Service District revenues
Savannah	Chargebacks to user departments
Thunderbolt	General Fund
Bloomingtondale	General Fund
Port Wentworth	General Fund
Tybee Island	General Fund; Water/Sewer Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Minority/Women Business Enterprise Joint Outreach Purchasing Program Agreement	Chatham County, City of Savannah, and Savannah-Chatham County Board of Public Education	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: Tax Billing and Collecting

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 this 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this service within each service area: Chatham County will provide this service countywide. Chatham County will provide this service countywide. The Cities of Savannah, Pooler, Thunderbolt, and Tybee Island will provide service within their corporate area. (See jurisdictional map in Appendix A)

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

Yes. (If "yes", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund
Savannah	General Fund
Thunderbolt	General Fund
Tybee Island	General Fund
Pooler	General Fund
Port Wentworth	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. Chatham County provides tax billing and collecting for the City of Tybee Island and Port Wentworth on a contractual basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Tax Billing and Collecting Contract	City of Tybee Island and Port Wentworth with Chatham County	Current/Continuing
Intergovernmental Special Purpose Local Option Sales Tax Agreement	Chatham County and all municipalities	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

CRIMINAL JUSTICE

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Courts**

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 this service: **Chatham County**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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 fees, impact fees, bonded indebtedness, etc.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & 0 revenues; Special Service District revenues; User fees; Fines

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

This strategy will not change the current arrangement for providing or funding this service_ The court system operated by Chatham County includes Superior, Magistrate, Probate, State, and Juvenile courts. The City of Savannah operates the Chatham County Recorder's Court which serves the City of Savannah and unincorporated Chatham County and is partially funded by Chatham County. All municipalities party to this Service Delivery Strategy except the City of Vernonburg operate individual municipal courts_

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Jail**

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 this service: **Chatham County**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O revenues; User fees

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

This strategy would not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**
 Phone Number: **912-651-1450** Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Legal Defence**

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 this service: **Chatham County and Tybee Island**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O revenues; Special Service District revenues; User fees
Tybee Island	General Fund; User fees
Port Wentworth	General Fund; User fees

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement between the City of Tybee Island and the Office of the Circuit Public Defender; Agreement between Port Wentworth and the Office of the Circuit Public Defender	City of Tybee Island and Port Wentworth with the Office of the Circuit Public Defender	Current and continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

HEALTH AND WELFARE

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Health Services**

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 this service: **Chatham**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O revenues; Special Service District (SSD) revenues

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Social Services**

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 this 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 this 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 this service:

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, authority, or organization providing this service:

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 this service within each service area:
Chatham County will provide this service countywide. The Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, and Tybee Island will provide service to residents of their corporate area. (See jurisdictional map in Appendix A)

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

Yes. (If "yes", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O revenues; Special Service District (SSD) revenues
City of Savannah	General Fund; Community Development Block Grant
City of Pooler	General Fund
Town of Thunderbolt	General Fund
City of Bloomingdale	General Fund
City of Garden City	General Fund
City of Port Wentworth	General Fund
City of Tybee Island	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. Chatham County M & O funds are directed to countywide services including Family and Children Services, Food Stamp Program, and Greenbriar Children's Home. Chatham County grants-in-aid to social service agencies are General Funds for selected countywide services and SSD funds for services directed to residents of the unincorporated area.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

LEISURE SERVICES

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Cultural Affairs**

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 this service: **Chatham County**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this service within each service area: **Chatham County will provide this service countywide. The Cities of Savannah, and Tybee Island will provide service to residents of their corporate area but available also to residents of all other municipalities and to residents of unincorporated Chatham County. (See jurisdictional map in Appendix A)**

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

Yes. (If "yes", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O revenues; Special Service District Revenue
City of Savannah	General Fund; Class/Workshop Fees
City of Tybee Island	General Fund

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

This strategy would not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Parks and Recreation**

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 this 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this service within each service area: **Chatham County will provide this service countywide. The Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, and Tybee Island will provide service to residents of their corporate area but available also to residents of all other municipalities and to residents of unincorporated Chatham County. (See jurisdictional map in Appendix A)**

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

Yes. (If "yes", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	User Fees; General Fund M & O revenues; Sales Tax
City of Savannah	General Fund; Participant Fees
City of Pooler	General Fund; User Fees
Town of Thunderbolt	General Fund; Grants; Donations
City of Bloomingdale	General Fund; Grants; SPLOST; Donations; User Fees
City of Garden City	General Fund; User Fees
City of Port Wentworth	General Fund; User Fees
City of Tybee Island	General Fund; SPLOST; Grants; User Fees

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

This strategy would not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Seniors' Programs**

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 this service: **Chatham County**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this service within each service area:
Chatham County will provide this service countywide, The Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, and Tybee Island will provide service to residents of their corporate area but available also to residents of all other municipalities and to residents of unincorporated Chatham County. (See jurisdictional map in Attachment A)

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

Yes. (If "yes", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O revenues; Special Service District Revenue
City of Savannah	General Fund; Program Fees; State Grants
City of Tybee Island	General Fund
City of Pooler	General Fund
Town Of Thunderbolt	General Fund
City of Bloomingdale	General Fund
City of Garden City	General Fund; User Fees; Federal Funds (Title III)
City of Port Wentworth	General Fund; User Fees; Federal Funds (Title III)

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

This strategy would not change the current arrangement for providing or funding this service. Bloomingdale and Pooler participate in a joint funding agreement for the Pooler/Bloomingdale Seniors Center.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Seniors Services Agreement	Cities of Bloomingdale and Pooler	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

PUBLIC SAFETY

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Animal Control**

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 this service: **Chatham County**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)
- No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund; license fees; user fees

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

This strategy will not change the current arrangement for providing or funding this service. Tybee Island also provides a municipal service of animal pick-up and overnight holding before transport by the County to the central County holding facility

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Emergency Management**

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 this service: **Chatham County**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)
- No.

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

If these conditions will be eliminated under this strategy, attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund

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

This strategy would not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Emergency Medical**

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 this 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this service within each service area: The Chatham County EMS service area is shown on the map, Chatham County EMS Districts, in Attachment A.

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

- Yes. (If "yes", attach additional documentation as described below.)
- No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	User fees

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

This strategy will not change the current arrangement for providing or funding this service. Chatham County Medstar (private) and Southside-Mercy (private) provide emergency medical service within separate service zones which together cover the entire county. The Chatham County EMS service area is shown on the attached map,

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

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 this 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 this 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 this service: Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island and Vernonburg

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, authority, or organization providing this service:

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Savannah (County Seat)	General Fund
City of Pooler	General Fund; Service Contracts
City of Bloomingdale	General Fund
City of Port Wentworth	General Fund; Fees; Service Contracts
City of Garden City	General Fund; Contributions
Town of Thunderbolt	General Fund; Subscription Fees
City of Tybee Island	General Fund; Subscription Fees
City of Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. The Cities of Savannah, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, and Tybee Island provide service to some individual subscribers within unincorporated Chatham County. The City of Savannah provides extraterritorial fire protection to three unincorporated Constitutional Industrial Districts shown on the accompanying map (Attachment A). Most of unincorporated Chatham County is served by a private fire department.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Hazardous Materials**

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 this service: **City of Savannah**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)
- No.

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

If these conditions will be eliminated under this strategy, attach and 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 fees, impact fees, bonded indebtedness, etc.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Savannah	General Fund; Special Haz Mat Industrial Tax

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

This strategy will not change the current arrangement for providing or funding this service. Program funding is 50% by private industry, 25% by Chatham County, and 25% by City of Savannah. Chatham County funds a program analyst position located in the Chatham Emergency Management Agency office.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Hazardous Materials Agreement	Chatham County and City of Savannah	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Police 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 this 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 this 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 this service:

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, authority, or organization providing this service: Chatham County and the City of Savannah provide service to the City, Vernonburg, and the unincorporated area; Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island.

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District taxes/revenues; General Fund M & O taxes/revenues
City of Savannah (County Seat)	General Fund; False alarm fees; Report fees; 911 fees; Traffic citation fees
City of Pooler	General Fund
City of Bloomingdale	General Fund
City of Port Wentworth	General Fund
City of Garden City	General Fund
Town of Thunderbolt	General Fund
City of Tybee Island	General Fund
City of Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. Chatham County operates the Savannah-Chatham Counter Narcotics Team under the terms of an agreement with all municipalities except the City of Vernonburg. The City of Savannah/Chatham County provides general police service to Vernonburg on a contractual basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement for operation of the Savannah-Chatham County counter narcotics team	Cities of Savannah, Pooler, Bloomingdale, Port Wentworth, Garden City, Thunderbolt, Tybee Island, and Chatham County	Current/Continuing
Police Protection Contract	Chatham County and City of Savannah	Current/Continuing
Police Protection Contract	Vernonburg and City of Savannah/Chatham County	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Street Lighting**

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 this 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 this 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 this service:
- 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, authority, or organization providing this service: Chatham County, Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island and Vernon burg
- 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 this 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", attach additional documentation as described below.)
- No.

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

If these conditions will be eliminated under this strategy, attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	User fees
City of Savannah	General Fund
City of Pooler	General Fund
Town of Thunderbolt	General Fund
City of Bloomingdale	General Fund
City of Garden City	General Fund
City of Port Wentworth	General Fund
City of Tybee Island	General Fund
City of Vernon burg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. Service by Chatham County is to portions of the unincorporated area only. The City of Savannah also maintains lighting on 1-16, 1-516, and high level bridge approaches.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

PUBLIC WORKS

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **New Road Construction**

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 this service: **Chatham County**
- 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 this 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 this service:
- 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, authority, or organization providing this service:
- 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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

Georgia Department of Community Affairs
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 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: **Chatham**

Service: Refuse Collection and Disposal

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 this service: **Chatham County**

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 this 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 this service:

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, authority, or organization providing this service: Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg (Note: Chatham County provides yard waste and bulky materials pickup and disposal only. Household waste pickup and disposal is provided by private haulers.)

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District revenues; Solid Waste Management Fund; Solid Waste Fee
Savannah	Solid Waste Fees; Commercial Refuse Fees
Thunderbolt	General Fund; User Fees
Bloomingtondale	General Fund
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund; User Fees
Garden City	General Fund; User Fees
Pooler	User Fees
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. The City of Savannah and the City of Port Wentworth provide extraterritorial service to individual subscribers.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Recycling Intergovernmental Agreement	Chatham County and Thunderbolt	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Road Maintenance**

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 this service: **Chatham County**

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 this 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 this service:

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, authority, or organization providing this service: **Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg**

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District Fund revenues
Savannah	General Fund
Thunderbolt	General Fund
Bloomington	General Fund; LARP
Port Wentworth	General Fund; LARP
Tybee Island	General Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Road Paving**

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 this 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 this 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 this service:
- 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, authority, or organization providing this service: Chatham County and Cities of Savannah, Thunderbolt, Bloomingdale, Port Wentworth, Tybee Island, and Garden City.
- 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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Purpose Local Option Sales Tax; Special Service District Funds; DOT Local Assistance Road Program (LARP)
Savannah	General Obligation Bonds; General Fund; DOT LARP; SPLOST
Thunderbolt	DOT City contracts; DOT LARP; General Fund revenues
Bloomingtondale	SPLOST; DOT matching funds
Port Wentworth	SPLOST; General Fund
Tybee Island	SPLOST; General Fund
Garden City	SPLOST; General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: Road Right-of-Way Mowing

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 this 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 this 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 this service:

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, authority, or organization providing this service: Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District Fund revenues
Savannah	General Fund
Thunderbolt	General Fund
Bloomingtondale	General Fund
Port Wentworth	General Fund
Tybee Island	General Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement	Chatham County and Thunderbolt	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Stormwater Management**

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 this 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 this 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 this service:

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, authority, or organization providing this service: Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District revenues; SPLOST
Savannah	General Fund; Electricity Sales revenue; SPLOST
Thunderbolt	General Fund; SPLOST
Bloomington	General Fund; SPLOST
Port Wentworth	General Fund; SPLOST
Tybee Island	General Fund; SPLOST
Garden City	Stormwater Utility Fee; SPLOST; General Fund
Pooler	General Fund; SPLOST
Vernonburg	General Fund; SPLOST

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement for Canal Maintenance	Chatham County, Thunderbolt, Garden City, Port Wentworth, Tybee	Current/Continuing
Intergovernmental Agreement – as required	Chatham County and Thunderbolt	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Street Sweeping**

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 this 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 this 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 this service:

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, authority, or organization providing this service: Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernonburg

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District Fund revenues
Savannah	General Fund and citation fees
Thunderbolt	General Fund
Bloomingtondale	General Fund
Port Wentworth	General Fund
Tybee Island	General Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement	Chatham County and Thunderbolt	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Traffic Control**

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 this 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 this 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 this service:

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, authority, or organization providing this service: Chatham County and Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island, Vernon burg

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Special Service District Fund revenues
Savannah	General Fund
Thunderbolt	General Fund
Bloomingtondale	General Fund
Port Wentworth	General Fund; GA DOT funds (State highways)
Tybee Island	General Fund; GA DOT funds (State highways)
Garden City	General Fund; GA DOT funds (State highways)
Pooler	General Fund
Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. The City of Savannah provides service to Chatham County on a contractual basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement for Signal Maintenance	Chatham County and City of Savannah	Current/Continuing
Intergovernmental Agreement – as needed	Chatham County and Thunderbolt	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

TRANSPORTATION

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Airport**

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 this service: **City of Savannah**

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 this 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 this service:

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, authority, or organization providing this service:

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

Georgia Department of Community Affairs
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 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: **Chatham**

Service: Bus Service

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 this service: **Chatham County**

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 this 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 this service:

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, authority, or organization providing this service:

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	Chatham County General Fund M & O - Non-Departmental

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

UTILITIES

Georgia Department of Community Affairs
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 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: Chatham	Service: Sewage Collection/Treatment
------------------------	---------------------------------------------

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 this 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 this 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 this service:

- 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, authority, or organization providing this service:

- 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 this service within each service area:

Chatham County
City of Savannah (County Seat)
City of Pooler
City of Bloomingdale
City of Port Wentworth
City of Garden City
Town of Thunderbolt
City of Tybee Island
City of Vernonburg

See Attachment A for map identifying sewage collection and treatment service areas.

SDS FORM 2 (continued)

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

Yes. (If “yes”, attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	User Fees
City of Savannah (County Seat)	User Fees; Surcharges; Interfund Fees
City of Pooler	User Fees; Tap-In Fees
City of Bloomingdale	User Fees
City of Port Wentworth	User Fees; Tap-In Fees; Impact Fees
City of Garden City	User Fees; Tap-In Fees
Town of Thunderbolt	User Fees; Tap-In Fees
City of Tybee Island	User Fees; General Fund
City of Vernonburg	User Fees

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

This strategy will not change the current arrangement for providing or funding this service. The City of Pooler provides sewage treatment to the City of Bloomingdale under the terms of an agreement . The City of Savannah provides sewage treatment to the City of Pooler, Town of Thunderbolt, and Chatham County under the terms of separate agreements with each governmental entity. There are areas within each municipality that are not served by municipal sewer (e.g. Lazaretto Creek area), but there is general agreement on who will provide this service if and when sewer lines are extended.

SDS FORM 2 (continued)

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Sewage Treatment Agreement	City of Pooler and City of Savannah	Current/July 24, 2022
Sewage Treatment Agreement	City of Bloomingdale and Pooler	Current/Continuing
Sewage Treatment Agreement	Chatham County and City of Savannah	Current/Continuing
Sewage Treatment Agreement	Vernonburg and City of Savannah	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: Chatham	Service: Water Supply/Distribution
------------------------	-------------------------------------------

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 this 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 this 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 this service:

- 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, authority, or organization providing this service:

- 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 this service within each service area:

Chatham County
City of Savannah (County Seat)
City of Pooler
City of Bloomingdale
City of Port Wentworth
City of Garden City
Town of Thunderbolt
City of Tybee Island
City of Vernonburg

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

Yes. (If “yes”, attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	User Fees; Tap-in Fees
City of Savannah (County Seat)	User Fees; Surcharges; Interfund Fees
City of Pooler	User Fees; Tap-In Fees; Grants
City of Bloomingdale	User Fees; Tap-In Fees; Grants
City of Port Wentworth	User Fees; Tap-In Fees; Impact Fees
City of Garden City	User Fees; Tap-In Fees
Town of Thunderbolt	User Fees
City of Tybee Island	User Fees; General Fund
City of Vernonburg	User Fees

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

This strategy will not change the current arrangement for providing or funding this service. The City of Savannah provides water to the City of Pooler, Bloomingdale, Thunderbolt, Vernonburg and to the City of Garden City under the terms of water supply agreements.

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
Water Supply Agreement	City of Pooler and City of Savannah	Current/July 24, 2022
Water Supply Agreement	Garden City and City of Savannah	Current/Continuing
Water Supply Agreement	Vernonburg and City of Savannah	Current/Continuing
Water Supply Agreement	Thunderbolt and the City of Savannah	Current/Continuing
Water Supply Agreement	Bloomingdale and the City of Savannah	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

OTHER SERVICES

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Cemeteries**

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 this service: **City of Savannah and the City of Pooler**

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 this 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 this service:

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, authority, or organization providing this service:

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Savannah	General Fund, Burial and other fees, Burial lot sales
Pooler	General Fund, Burial and other fees, Burial lot sales

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Historic Preservation**

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 this 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 this 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 this service:

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, authority, or organization providing this service: **Chatham County and Cities of Savannah, Garden City, Port Wentworth, Tybee Island**

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund; Grants from State Historic Preservation Office
Savannah	General Fund
Garden City	General Fund
Port Wentworth	General Fund
Tybee Island	General Fund

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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:

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Mosquito Control**

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 this service: **Chatham County**

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 this 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 this service:

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, authority, or organization providing this service:

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

Georgia Department of Community Affairs
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 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: **Chatham**

Service: **Mosquito Control**

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 this service: **Chatham County**

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 this 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 this service:

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, authority, or organization providing this service:

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 this 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", attach additional documentation as described below.)

No.

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

If these conditions will be eliminated under this strategy, **attach and 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.

SDS FORM 2 (continued)

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chatham County	General Fund M & O

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

This strategy will not change the current arrangement for providing or funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450**

Date completed: **January 15, 2010**

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

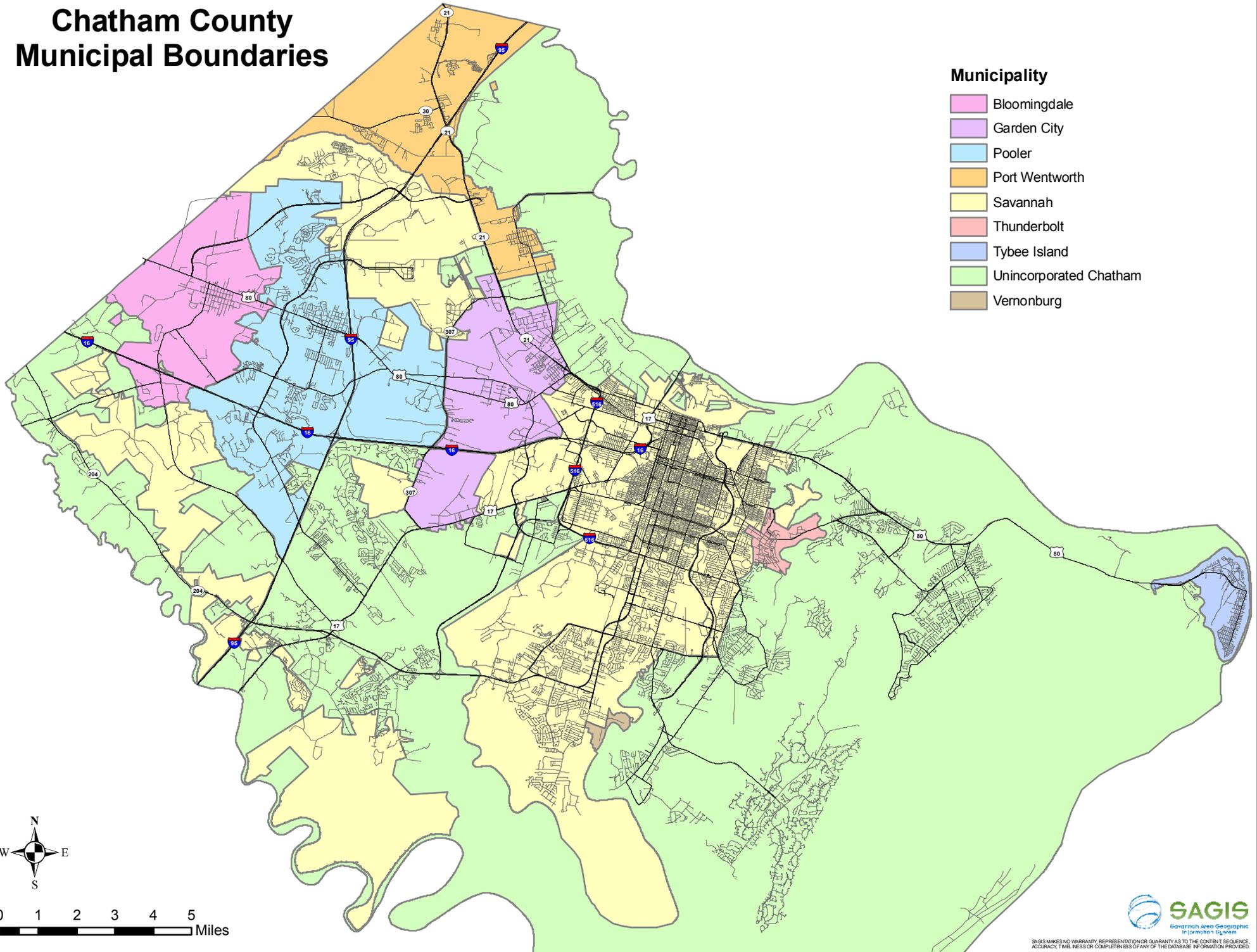
If not, provide designated contact person(s) and phone number(s) below:

APPENDIX A

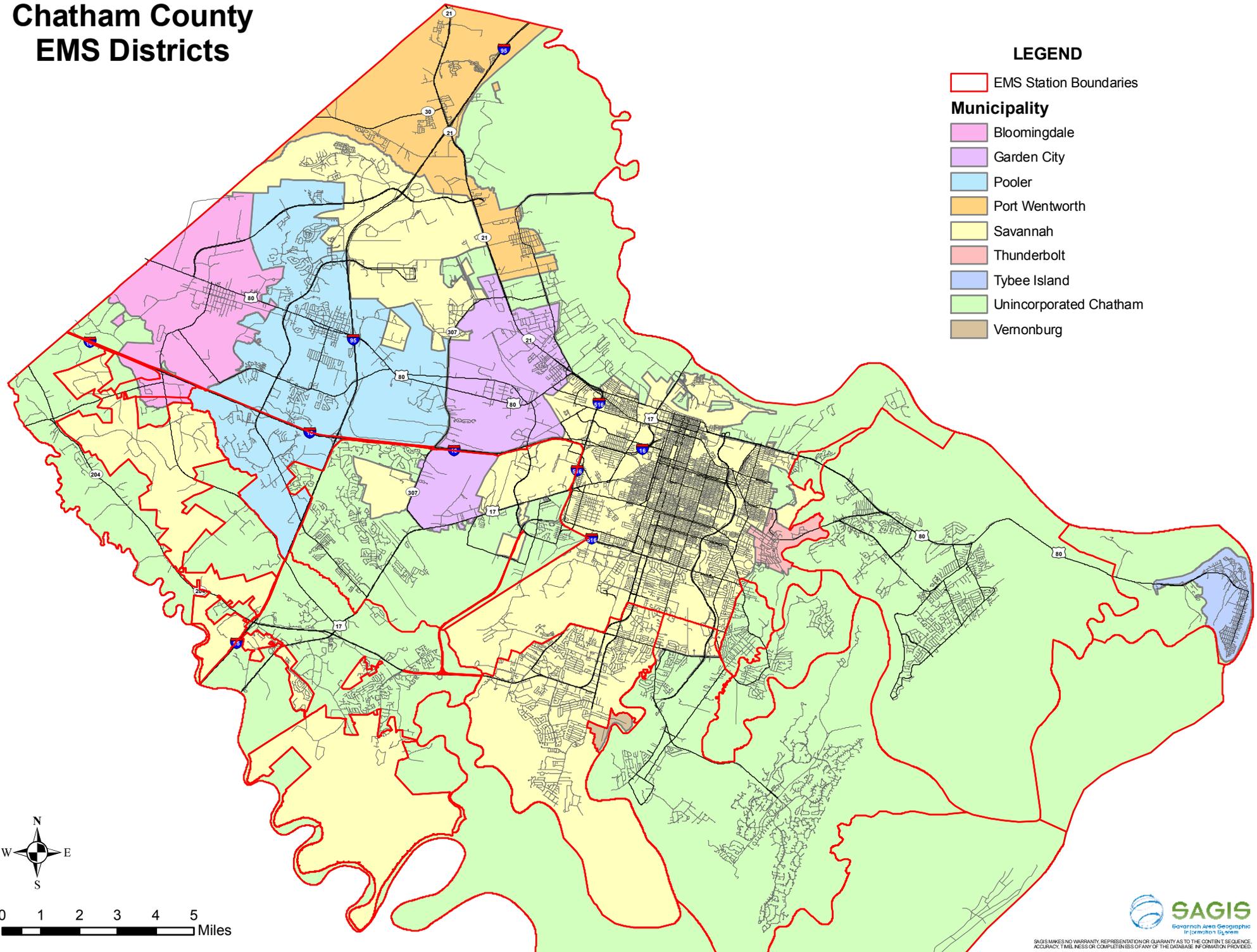
Chatham County Municipal Boundaries

Municipality

- Bloomingdale
- Garden City
- Pooler
- Port Wentworth
- Savannah
- Thunderbolt
- Tybee Island
- Unincorporated Chatham
- Vernonburg



Chatham County EMS Districts



LEGEND

 EMS Station Boundaries

Municipality

 Bloomingdale

 Garden City

 Pooler

 Port Wentworth

 Savannah

 Thunderbolt

 Tybee Island

 Unincorporated Chatham

 Vernonburg

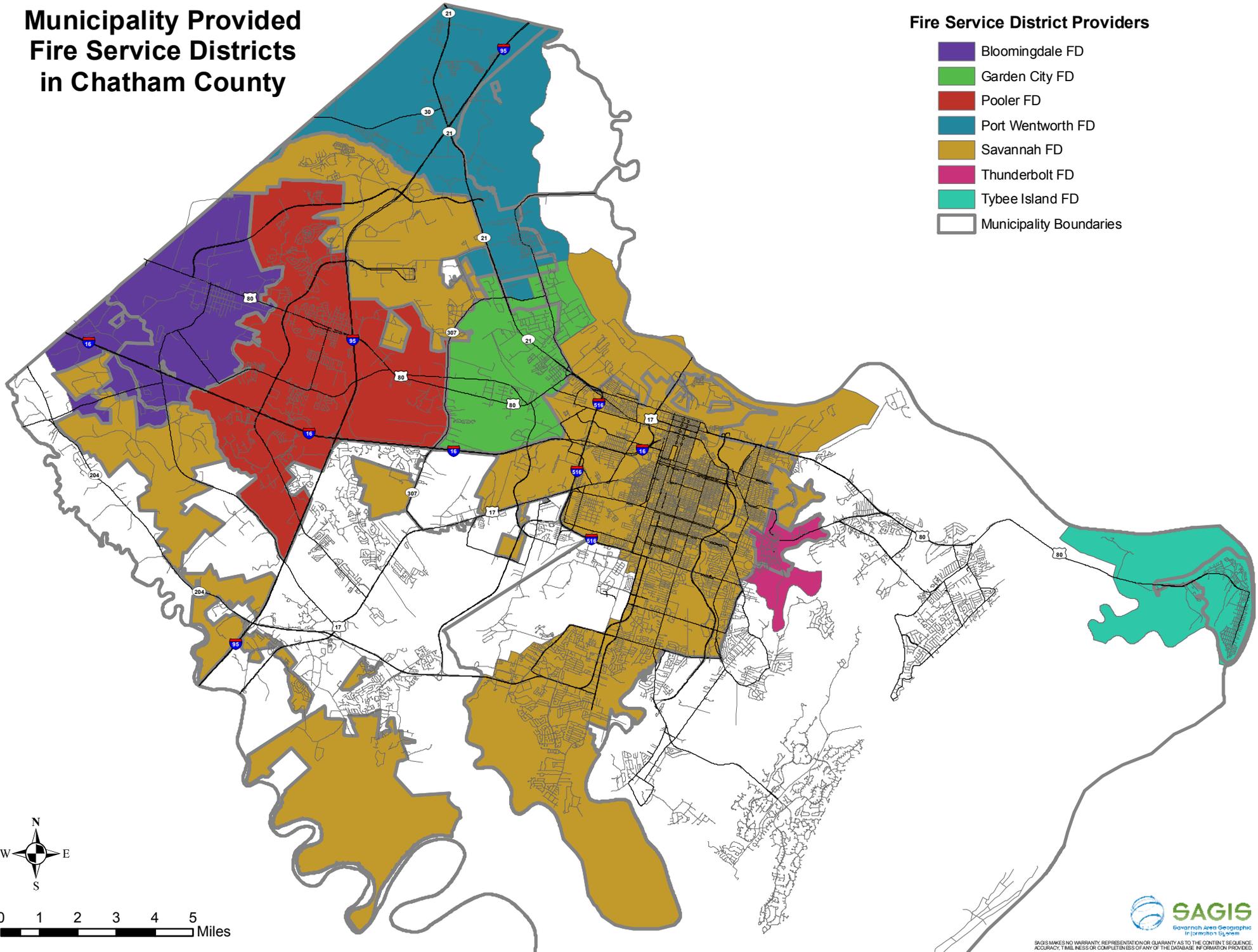


0 1 2 3 4 5 Miles

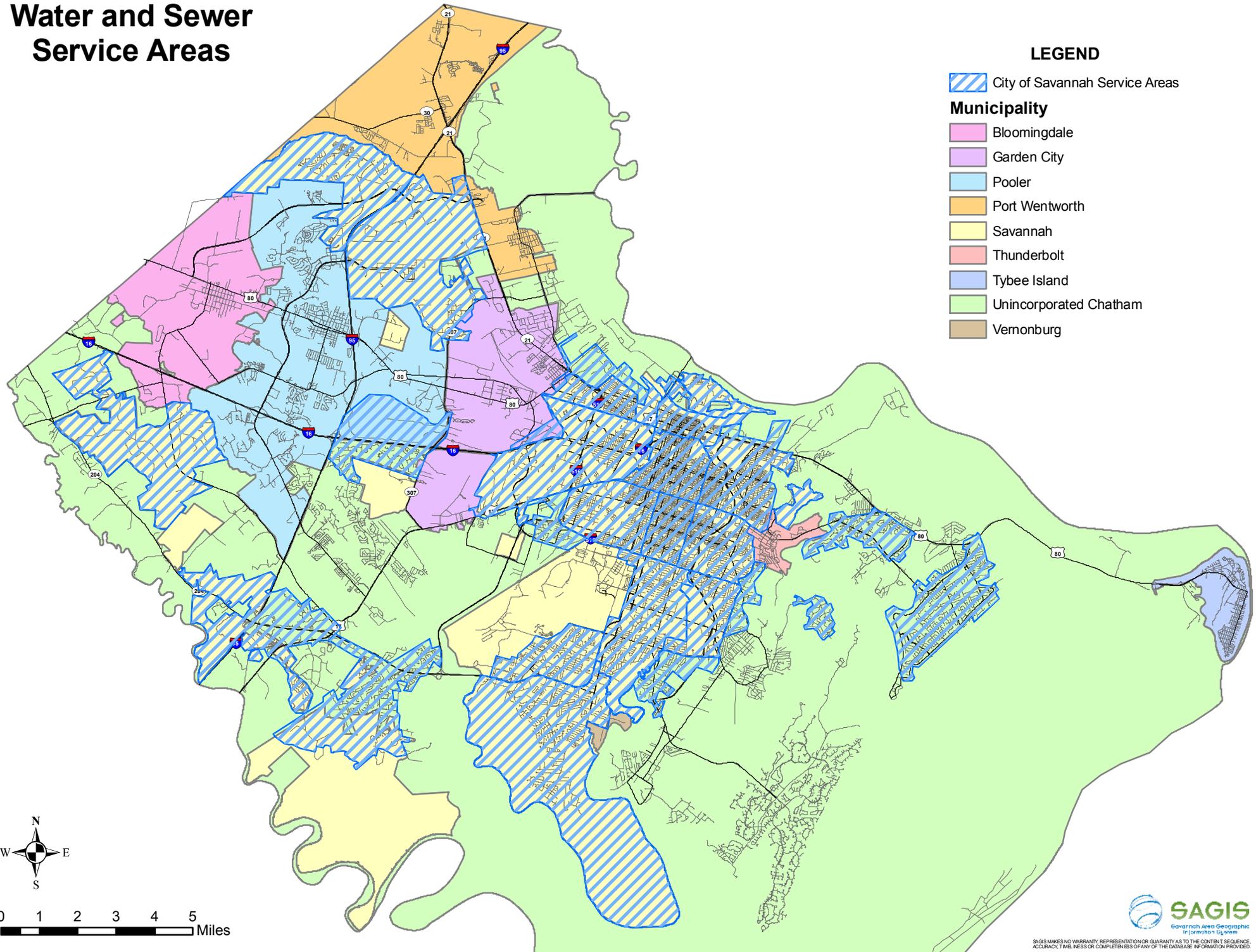
Municipality Provided Fire Service Districts in Chatham County

Fire Service District Providers

-  Bloomingdale FD
-  Garden City FD
-  Pooler FD
-  Port Wentworth FD
-  Savannah FD
-  Thunderbolt FD
-  Tybee Island FD
-  Municipality Boundaries



Water and Sewer Service Areas

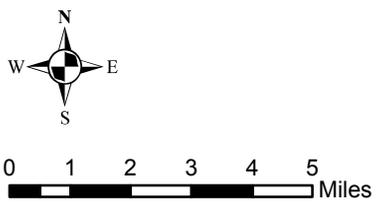


LEGEND

 City of Savannah Service Areas

Municipality

-  Bloomingtondale
-  Garden City
-  Pooler
-  Port Wentworth
-  Savannah
-  Thunderbolt
-  Tybee Island
-  Unincorporated Chatham
-  Vernonburg





SERVICE DELIVERY STRATEGY

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: CHATHAM

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

In the process of developing this Service Delivery Strategy, each local government within Chatham County reviewed the land use plans of adjoining jurisdictions to determine if incompatibilities or conflicts exist, especially in boundary areas. The conclusion from this assessment is that there are no incompatibilities or conflicts between the land use plans of local governments within Chatham County.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed: comprehensive plans

- Adoption of a joint comprehensive plan
 Other measures (amend zoning ordinances, add environmental regulations, etc.)

If "other measures" was checked, describe these measures:
N/A

NOTE:
If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? The Service Delivery Strategy for Chatham County certifies that the provision of extraterritorial water and sewer services by any jurisdiction shall be consistent with all applicable land use plans and ordinances. This assurance is included as a specific item in the Service Delivery Strategy Certification

4. Person completing form: Dennis Hutton

Phone number: 912-651-1450 Date completed: January 15, 2010

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

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

TYPE CONTACT NAME, TITLE & PHONE HERE

Georgia
Department of
Community Affairs

SERVICE DELIVERY STRATEGY
FORM 4: Certifications

Instructions:

This two page form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residents residing within the county. Cities with a 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: CHATHAM

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 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. 37-70-24(1));
3. Our service delivery strategy provides that water and sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and 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 Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomington	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb	<i>Mike Lamb</i>	2-16-10
Bloomingtondale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

RECEIVED

FEB 19 2010

METROPOLITAN PLANNING COMMISSION

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis	<i>Pete Liakakis</i>	2/12/10
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomingtondale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomingtondale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder	<i>Tennyson Holder</i>	
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

RECEIVED

FEB 09 2010

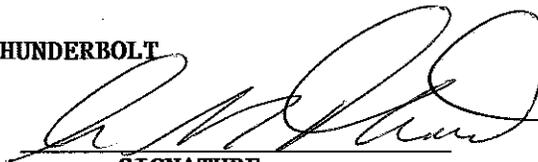
METROPOLITAN PLANNING COMMISSION

TYPE CONTACT NAME, TITLE & PHONE HERE

ANNA MARIA THOMAS, MAYOR - TOWN OF THUNDERBOLT

912 354-5533 - OFFICE

912 661-0070 - CELL

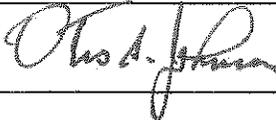


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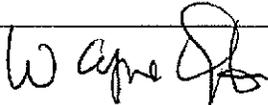
01/15/10

DATE

Page 1 of 1

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		2/16/10
Pooler	Mayor	Mike Lamb		
Bloomington	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomington	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		1/28/10
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomingdale	Mayor	Wayne E. Tipton		2/24/10
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		