### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



## SERVICE DELIVERY STRATEGY FOR EARLY COUNTY

PAGE 1

### I. GENERAL INSTRUCTIONS:

- 1. 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.
- List all services provided or primarily funded by each general purpose local government and authority within the county in Section
  III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery
  strategy.
- 4. For **each** service or service component listed in Section III, complete a separate *Summary of Service Delivery Arrangements* form (page 2).
- 5. Complete one copy of the *Summary of Land Use Agreements* form (page 3).
- 6. Have the *Certifications* form (page 4) 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, page 4).
- 7. Mail the completed forms along with any attachments to:

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329

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 Coordinated Planning at (404) 679-3114.

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.

### 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.

Early County; City of Arlington; City of Blakely; City of Damascus; City of Jakin; Hospital Authority; Development Authority

### III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

Airport	Elections (Other)	Parks & Recreation	Tax Assessor
Animal Control	Electric/Gas Utilities	Planning & Zoning	Tax Commissioner
Building Inspection	Emergency Management &	Public Health Services	Tourism
Cemetery	Rescue	Public Works	Voter Registration
Code Enforcement	Fire Protection	Road/Bridge Construction &	Water Supply/Distribution
Courts (Traffic)	Headstart Center	Maintenance	
Courts (Other)	Hospital/Nursing Home /	Senior Center	
Cultural Programs	Emergency Medical	Sewage Collection/Dispoal	
Economic Development	Indigent Defense	Social Services	
E-911	Law Enforcement / Jail	Solid Waste Management	
Elections (Mayor, Council)	Library	Storm Water Management	



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Airport
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early 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 the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the servicee:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Authority:	Fundi	ng Method:
Early County	General Funds	
How will the strategy change the pthe county?	previous arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ontracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) we resolutions, local acts of the Gener		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
17/1		
7. Person completing form: Kathy H		
Phone number: (229) 723 – 4304	Date completed: June 2009	
Is this the person who should be consorted government projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:
	- ''	
		PAGE 2 (contin



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early 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 the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): M One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Blakely One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

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

Local Government or Authority:	Fundin	g Method:
itv of Blakelv	General Funds	
. How will the strategy change the p the county?	previous arrangements for providir	ng and/or funding this service within
No Change		
. List any formal service delivery as		ntracts that will be used to
implement the strategy for this ser	vice:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates.
		gy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the Gener		
resolutions, local acts of the Gener		
resolutions, local acts of the Gener	ral Assembly, rate or fee changes, o	
resolutions, local acts of the Gener	ral Assembly, rate or fee changes, o	
resolutions, local acts of the General N/A  N/A  Person completing form: Kathy F	Howard, County Administrator Date completed: June 2009	valuating whether proposed local



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early 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 the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Blakely One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

Local Government or Authority:	Fundin	g Method:
itv of Blakelv	General Funds	
. How will the strategy change the p the county?	revious arrangements for providing	g and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ntracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
. What other mechanisms (if any) we resolutions, local acts of the General		
,		
N/A		
. Person completing form: Kathy H		
Person completing form: Kathy He Phone number: (229) 723 – 4304	Date completed: June 2009	
. Person completing form: Kathy H	Date completed: June 2009 ontacted by state agencies when every state agencies agenci	



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Cemetery 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington, City of Blakely, City of Jakin One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

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

Local Government or Authority:	Fundin	g Method:
City of Arlington	General Funds	3
tity of Blakely	General Funds	
City of Jakin	General Funds	
THE VI SURINI	Scheral Tunds	
4. How will the strategy change the parties the county?	previous arrangements for providin	g and/or funding this service within
No Change		
5. List any formal service delivery as implement the strategy for this ser Agreement Name:		ntracts that will be used to  Effective and Ending Dates:
113.00		
	vill be used to implement the strate	gy for this service (e.g., ordinances,
	ral Assembly, rate or fee changes, e	etc.), and when will they take effect?
		etc.), and when will they take effect?
resolutions, local acts of the Gener		etc.), and when will they take effect?
resolutions, local acts of the Gener		etc.), and when will they take effect?
resolutions, local acts of the Gener	ral Assembly, rate or fee changes, e	etc.), and when will they take effect?
resolutions, local acts of the Gener	ral Assembly, rate or fee changes, e	etc.), and when will they take effect?
7. Person completing form: Kathy F. Phone number: (229) 723 – 4304  8. Is this the person who should be c	Howard, County Administrator Date completed: June 2009	aluating whether proposed local
7. Person completing form: Kathy F. Phone number: (229) 723 – 4304  8. Is this the person who should be c. government projects are consistent	Howard, County Administrator Date completed: June 2009 ontacted by state agencies when ev	aluating whether proposed local



Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Code Enforcement
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
X One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): City of Blakely; Early County
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.):
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐Yes ☒No
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

	Fundin	ng Method:
Early County	General Funds	-
City of Blakely	General Funds	
4. How will the strategy change the the county?	previous arrangements for providir	ng and/or funding this service within
No Change		
5. List any formal service delivery a implement the strategy for this ser		entracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		gy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
7. Person completing form: Kathy F Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009	
Phone number: (229) 723 – 4304 3. Is this the person who should be c	Date completed: June 2009	



**Instructions:** 

of this service identified?

Yes X No

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
County: Early Service: Courts (Traffic)			
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 s service provider. (If this box is checked, identify the government, authority or organization provider service.):			
Service will be provided only in the unincorporated portion of the county by a single service p (If this box is checked, identify the government, authority or organization providing the service.):	rovider.		
☑One or more cities will provide this service only within their incorporated boundaries, and the will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington; City of Blakely; City of Damascus	service		
One or more cities will provide this service only within their incorporated boundaries, and the will provide the service in unincorporated areas. (If this box is checked, identify the government authority or organization providing the service.):			
Other (If this box is checked, attach a legible map delineating the service area of each service area):			

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication

be funded (e.g., enterprise funds, utaxes, franchise taxes, impact fees	user fees, general funds, special ser, bonded indebtedness, etc.).	vice district revenues, hotel/motel
I a a al Cananana and an Andhanita	F #	~ Made al
Local Government or Authority:		g Method:
City of Arlington	General Funds	
City of Blakely	General Funds	
City of Damascus	General Funds	
4. How will the strategy change the	pravious arrangements for providin	a and/or funding this sarvice within
the county?	previous arrangements for providing	g and/or runding this service within
No Change		
5. List any formal service delivery a implement the strategy for this ser	vice:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) v resolutions, local acts of the General		gy for this service (e.g., ordinances, tc.), and when will they take effect?
N/A		
7. Person completing form: Kathy F Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009	
8. Is this the person who should be c government projects are consisten	contacted by state agencies when ever twith the service delivery strategy?	
If not, provide designated contact	t person(s) and phone number(s) be	low:
		PAGE 2 (continued



#### **Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Courts (Other) 1. Check the box that best describes the agreed upon delivery arrangement for this service: X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early 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 the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

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

Local Government or Authority:	Fundin	g Method:
Early County	General Funds	
I. How will the strategy change the part the county?	previous arrangements for providir	ng and/or funding this service within
No Change		
5. List any formal service delivery aş implement the strategy for this ser		ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
resolutions, local acts of the Gener		gy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the Gener		
resolutions, local acts of the Gener	ral Assembly, rate or fee changes, o	
7. Person completing form: Kathy F. Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009 ontacted by state agencies when ev	valuating whether proposed local
7. Person completing form: Kathy F. Phone number: (229) 723 – 4304 8. Is this the person who should be c government projects are consistent	Howard, County Administrator Date completed: June 2009 ontacted by state agencies when ev	valuating whether proposed local ? X Yes No



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Cultural Programs
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing service.): Chamber of Commerce
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the coun will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the 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 service within each service area.):
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplicatio of this service identified?  ☐ Yes ☒ No
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated

If aı be

3. List each government or authority be funded (e.g., enterprise funds, u taxes, franchise taxes, impact fees	user fees, general funds, special serv	
Local Government or Authority:	Funding	Method:
Early County	General Funds	, memou.
City of Blakely	General Funds & Hotel/Motel T	axes
City of Blakery	General Fands & Hotel/Woter F	uncs
4. How will the strategy change the the county?	previous arrangements for providing	g and/or funding this service within
No Change		
5. List any formal service delivery a implement the strategy for this ser		tracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Chamber & Early County	July 1- June 30
Contract for Services	Chamber & City of Blakely	Jan. 1 – Dec. 31, annually
6. What other mechanisms (if any) v resolutions, local acts of the General	vill be used to implement the strateg ral Assembly, rate or fee changes, et	
N/A		
7. Person completing form: Kathy I Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009	
8. Is this the person who should be c government projects are consisten	ontacted by state agencies when evat with the service delivery strategy?	
If not, provide designated contact	person(s) and phone number(s) bel	ow:
		PAGE 2 (continued)



**Instructions:** 

completing it.

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Economic Development
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Development Authority, Early County 2055
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

	that will help to pay for this service and indicate how the service will ser fees, general funds, special service district revenues, hotel/motel bonded indebtedness, etc.).
Local Government or Authority:	Funding Method:
Early County	General Funds
Development Authority	General Funds
Early County 2055	General Funds
Early County 2055	General Funds
4. How will the strategy change the p the county?	revious arrangements for providing and/or funding this service within
No Change	
implement the strategy for this serv  Agreement Name:	Contracting Parties: Effective and Ending Dates:
Agreement E	Co. Dev. Auth. & E.C. 2055 Oct – Sept, annually
	ill be used to implement the strategy for this service (e.g., ordinances, al Assembly, rate or fee changes, etc.), and when will they take effect?
N/A	
7. Person completing form: Kathy Ho Phone number: (229) 723 – 4304	oward, County Administrator Date completed: June 2009
	ontacted by state agencies when evaluating whether proposed local with the service delivery strategy? X Yes No
If not, provide designated contact	person(s) and phone number(s) below:
	PAGE 2 (continued)



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: E-911
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early County Department of Public Safety
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Early County  General Funds  General Funds  4. How will the strategy change the previous arrangements for providing and/or funding the county?  No Change  5. List any formal service delivery agreements or intergovernmental contracts that will be implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective at Municipalities and Dept  Of Public Safety  6. What other mechanisms (if any) will be used to implement the strategy for this service	e used to  and Ending Dates:
4. How will the strategy change the previous arrangements for providing and/or funding the county?  No Change  5. List any formal service delivery agreements or intergovernmental contracts that will be implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective and Municipalities and Dept  Of Public Safety	e used to  and Ending Dates:
No Change  5. List any formal service delivery agreements or intergovernmental contracts that will be implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective as aw Enforcement Cooperation  Municipalities and Dept  Of Public Safety	e used to  and Ending Dates:
No Change  I. List any formal service delivery agreements or intergovernmental contracts that will be implement the strategy for this service:    Agreement Name:   Contracting Parties:   Effective and we Enforcement Cooperation   Early County, all   Jan. 2004 - Property	e used to  and Ending Dates:
No Change  I. List any formal service delivery agreements or intergovernmental contracts that will be implement the strategy for this service:    Agreement Name:   Contracting Parties:   Effective and we Enforcement Cooperation   Early County, all   Jan. 2004 - Property	e used to  and Ending Dates:
No Change  5. List any formal service delivery agreements or intergovernmental contracts that will be implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective as aw Enforcement Cooperation Early County, all  Municipalities and Dept  Of Public Safety	e used to  and Ending Dates:
5. List any formal service delivery agreements or intergovernmental contracts that will be implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective and aw Enforcement Cooperation   Early County, all   Jan. 2004 - Property   Municipalities and Dept   Of Public Safety	and Ending Dates:
implement the strategy for this service:  Agreement Name:  aw Enforcement Cooperation Early County, all  Municipalities and Dept  Of Public Safety  Municipalities Safety	and Ending Dates:
implement the strategy for this service:  Agreement Name:  aw Enforcement Cooperation Early County, all  Municipalities and Dept  Of Public Safety  Municipalities Safety	and Ending Dates:
implement the strategy for this service:  Agreement Name:  aw Enforcement Cooperation Early County, all  Municipalities and Dept  Of Public Safety  Municipalities Safety	and Ending Dates:
implement the strategy for this service:  Agreement Name:  aw Enforcement Cooperation Early County, all  Municipalities and Dept  Of Public Safety  Municipalities Safety	and Ending Dates:
Agreement Name: Contracting Parties: Effective at aw Enforcement Cooperation Early County, all Jan. 2004 - Property Of Public Safety	
aw Enforcement Cooperation Early County, all  Municipalities and Dept  Of Public Safety	
Municipalities and Dept Of Public Safety	resent
Municipalities and Dept Of Public Safety	
Of Public Safety	
What other machanisms (if any) will be used to implement the strategy for this corridor	
What other machanisms (if any) will be used to implement the strategy for this service	
resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when wi	
N/A	
7. Person completing form: Kathy Howard, County Administrator Phone number: (229) 723 – 4304 Date completed: June 2009	
8. Is this the person who should be contacted by state agencies when evaluating whether government projects are consistent with the service delivery strategy? X Yes No	proposed local
If not, provide designated contact person(s) and phone number(s) below:	

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



Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Elections (Mayor & Council)
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):
None or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington; City of Blakely; City of Damascus; City of Jakin
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

be funded (e.g., enterprise funds, t taxes, franchise taxes, impact fees	user fees, general funds, special ser, bonded indebtedness, etc.).	vice district revenues, hotel/motel
I and Community of Androise	F P.	. M.d. J.
Local Government or Authority:		g Method:
City of Arlington	General Funds	
City of Blakely	General Funds	
City of Jakin	General Funds	
City of Damascus	General Funds	
4. How will the strategy change the j the county?	previous arrangements for providir	g and/or funding this service within
No Change		
5. List any formal service delivery as implement the strategy for this ser  Agreement Name:		ntracts that will be used to  Effective and Ending Dates:
6. What other mechanisms (if any) v resolutions, local acts of the General N/A		gy for this service (e.g., ordinances, tc.), and when will they take effect?
	Date completed: June 2009	Yes No
		PAGE 2 (continued



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Elections (other) 1. Check the box that best describes the agreed upon delivery arrangement for this service: X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early 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 the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No If these conditions will continue under the strategy, attach an explanation for continuing the

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Authority:	Fundi	ng Method:
Early County	General Funds	
How will the strategy change the pthe county?	previous arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ontracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) we resolutions, local acts of the Gener		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
17/1		
7. Person completing form: Kathy H		
Phone number: (229) 723 – 4304	Date completed: June 2009	
Is this the person who should be consorted government projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:
	- ''	
		PAGE 2 (contin



**Instructions:** 

service.):

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Electric / Gas Utilities

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

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

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

 $\overline{\mathbb{X}}$  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington; City of Blakely

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

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

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

Yes X No

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

Local Government or Authority:	Fundin	ig Method:
City of Arlington	General Funds	
City of Blakely	General Funds	
4. How will the strategy change the protection the county?	evious arrangements for providing	ng and/or funding this service within
No Change		
<ol><li>List any formal service delivery agree implement the strategy for this service.</li></ol>		ontracts that will be used to
A company and Marina	Continuation Durations	Effective and Ending Dutes
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) wil resolutions, local acts of the General		
N/A		
7. Person completing form: Kathy Ho Phone number: (229) 723 – 4304	ward, County Administrator Date completed: June 2009	
8. Is this the person who should be cor government projects are consistent v		
If not, provide designated contact p	erson(s) and phone number(s) be	elow:
-	- ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
		PAGE 2 (continu



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Emergency Management & Rescue
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early County
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated)

If benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

	ty: Fundin	g Method:
Early County	General Funds	
City of Blakely	General Funds	
4. How will the strategy change the county?	ne previous arrangements for providir	ng and/or funding this service within
No Change		
implement the strategy for this		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
agreement for Services	Early County & Southern	July 2001 - Present
	Nuclear Operating Co., Inc	
resolutions, local acts of the Ge	y) will be used to implement the strate neral Assembly, rate or fee changes, or	
resolutions, local acts of the Ge	neral Assembly, rate or fee changes, or see that the changes of th	
resolutions, local acts of the Ge  N/A  7. Person completing form: Kathy Phone number: (229) 723 – 430  8. Is this the person who should be	neral Assembly, rate or fee changes, or see that the changes of th	valuating whether proposed local
7. Person completing form: Kathy Phone number: (229) 723 – 430 8. Is this the person who should be government projects are consist	y Howard, County Administrator Date completed: June 2009 e contacted by state agencies when every	valuating whether proposed local ? X Yes No

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



Ir	nstructions:
lis	Take copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names sted on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at le bottom of the page) changes, this should be reported to the Department of Community Affairs.
C	County: Early Service: Fire Protection
1.	. Check the box that best describes the agreed upon delivery arrangement for this service:
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
	None or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Early County and all municipalities
	Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
2.	. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐ Yes ☒ No
a	these conditions will continue under the strategy, <b>attach an explanation for continuing the rrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding  enefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated)

 $benefits\ of\ the\ duplication,\ or\ reasons\ that\ overlapping\ service\ areas\ or\ competition\ cannot\ be\ eliminated).$ 

be funded (e.g., enterprise funds, taxes, franchise taxes, impact fees	user fees, general funds, special service, bonded indebtedness, etc.).	e district revenues, hotel/motel
Local Government or Authority:	Funding M	lethod:
Early County	General Funds	
City of Arlington	General Funds	
City of Blakely	General Funds	
City of Damascus	General Funds	
City of Jakin	General Funds	
4. How will the strategy change the the county?	previous arrangements for providing a	nd/or funding this service within
No Change		
5. List any formal service delivery a implement the strategy for this ser  *Agreement Name:*	greements or intergovernmental contravice:  Contracting Parties:	acts that will be used to  Effective and Ending Dates:
	Early County & City of Blakely	
XGIGITI II O TIGITOOMON	Dairy County & City of Blanciy	1101 2001 1105011
	will be used to implement the strategy tral Assembly, rate or fee changes, etc.)	
N/A		
7. Person completing form: Kathy F Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009	
	contacted by state agencies when evalut with the service delivery strategy?	
If not, provide designated contact	t person(s) and phone number(s) below	<i>y</i> :
		PAGE 2 (continued



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: HeadStart Center 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No If these conditions will continue under the strategy, attach an explanation for continuing the benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

Local Government or Authority:		g Method:
City of Arlington	General Funds	
. How will the strategy change the pthe county?	previous arrangements for providin	g and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this ser Agreement Name:		ntracts that will be used to  Effective and Ending Dates
	vill be used to implement the strate	gy for this service (e.g., ordinances
<ul> <li>What other mechanisms (if any) we resolutions, local acts of the General</li> </ul>		
resolutions, local acts of the Gener		
resolutions, local acts of the Gener		
resolutions, local acts of the Gener		
resolutions, local acts of the Gener	ral Assembly, rate or fee changes, e	
7. Person completing form: Kathy H Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009 ontacted by state agencies when ev	aluating whether proposed local
7. Person completing form: Kathy H Phone number: (229) 723 – 4304 8. Is this the person who should be consistent	Howard, County Administrator Date completed: June 2009 ontacted by state agencies when ev	raluating whether proposed local



**Instructions:** 

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

the bottom of the page, changes, this should be reported to the Department of Community Artans.		
County: Early Service: Hospital/Nursing Home/Emergency Medical		
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing t service.): Hospital Authority		
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):		
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
One or more cities will provide this service only within their incorporated boundaries, and the count will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the 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 service within each service area.):		
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>		
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding		

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

3. List each government or authority the funded (e.g., enterprise funds, us taxes, franchise taxes, impact fees, but taxes, taxe	er fees, general funds, special servi		
Local Government or Authority:	Funding Method:		
Hospital Authority	General Funds		
Early County	General Funds  General Funds		
Archbold Memorial Hospital	General Funds		
THE MOTE THE MOTE TO BE THE	General Land		
4. How will the strategy change the pr the county?	evious arrangements for providing	and/or funding this service within	
No Change			
5. List any formal service delivery agr implement the strategy for this servi  Agreement Name:		racts that will be used to  Effective and Ending Dates:	
		June 1995 – Present	
Memorandum of Understanding	Early Co., Hospital Auth. &	Jan. 1995 – Present	
	Archbold		
Management & Lease Agmt	Hospital Auth & Archbold	Jan. 1995 - Present	
6. What other mechanisms (if any) will resolutions, local acts of the General			
N/A			
<ul> <li>7. Person completing form: Kathy Ho Phone number: (229) 723 – 4304</li> <li>8. Is this the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment projects are consistent with the person who should be congovernment with the person who should be congoverned by the person which will be considered by the person which will be considered by the person which will be congoverned by the person will be congoverned by the person will be congoverned by the person will be congoverned by the person</li></ul>	Date completed: June 2009 ntacted by state agencies when eva with the service delivery strategy?	X Yes No	
		PAGE 2 (continued)	



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Indigent Defense

1. Check the box that best describes the agreed upon delivery arrangement for this service:
$\overline{X}$ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early County
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the servic will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the 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(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e. overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

If **arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Authority:	Fundi	ng Method:
Early County	General Funds	
How will the strategy change the pthe county?	previous arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ontracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) we resolutions, local acts of the Gener		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
17/11		
7. Person completing form: Kathy H		
Phone number: (229) 723 – 4304	Date completed: June 2009	
Is this the person who should be consorted government projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:
	- ''	
		PAGE 2 (contin



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Law Enforcement / Jail 1. Check the box that best describes the agreed upon delivery arrangement for this service: X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early County Department of Public Safety Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: None or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): City of Arlington; City of Damascus provide services within jurisdictions Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐Yes X No

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

Local Government or Authority: Funding Method:  Early County General Funds	
Early County General Funds	
City of Arlington General Funds	
City of Blakely General Funds	
City of Damascus General Funds City of Jakin General Funds	
How will the strategy change the previous arrangements for providing and/or funding this service the county?	within
No Change	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Intercontracts	Dates:
Law Enforcement Cooperation Early County, Blakely, Dept of Jan 2008 – Dec 201	
Public Safety	
I done salety	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  N/A	
<ul> <li>7. Person completing form: Kathy Howard, County Administrator Phone number: (229) 723 – 4304 Date completed: June 2009</li> <li>8. Is this the person who should be contacted by state agencies when evaluating whether proposed logovernment projects are consistent with the service delivery strategy? X Yes No</li> <li>If not, provide designated contact person(s) and phone number(s) below:</li> </ul>	ocal



**Instructions:** 

Yes X No

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Library 1. Check the box that best describes the agreed upon delivery arrangement for this service: X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Desoto Trail Regional Library Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): X Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): The City of Jakin also has a municipal library that is partially funded by the county. 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).			
	T. 1.		
Local Government or Authority:		g Method:	
Early County	General Funds		
City of Blakely	General Funds		
City of Jakin	General Funds		
4. How will the strategy change the the county?	previous arrangements for providin	g and/or funding this service within	
No Change			
<ul> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> <li>Agreement Name: Contracting Parties: Effective and Ending Dates:</li> </ul>			
Agreement Name:	Contracting Lances.	Effective and Ending Dates:	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  N/A			
7. Person completing form: Kathy I Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009		
	at with the service delivery strategy?	Yes No	
If not, provide designated contact	t person(s) and phone number(s) be		
		PAGE 2 (continued)	



**Instructions:** 

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

ted on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed a e bottom of the page) changes, this should be reported to the Department of Community Affairs.	t
County: Early Service: Parks & Recreation	
. Check the box that best describes the agreed upon delivery arrangement for this service:	
$\overline{\mathbb{X}}$ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Department of Recreation Board	e
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):	r.
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:	Э
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):	7
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): The City of Arlington has a recreation program that is partially funded by the County The City of Jakin maintains a city park.	у.
. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐Yes ☒No	
these conditions will continue under the strategy, <b>attach an explanation for continuing the rrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding	

benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).			
-			
Local Government or Authority:		g Method:	
Early County	General Funds		
City of Arlington	General Funds		
City of Blakely	General Funds		
City of Jakin	General Funds		
Recreation Department	User Fees		
4. How will the strategy change the paths the county?	previous arrangements for providing	g and/or funding this service within	
No Change			
<ul> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> <li>Agreement Name: Contracting Parties: Effective and Ending Dates:</li> </ul>			
6. What other mechanisms (if any) w resolutions, local acts of the Gener		gy for this service (e.g., ordinances, tc.), and when will they take effect?	
N/A			
7. Person completing form: Kathy H Phone number: (229) 723 – 4304	Ioward, County Administrator Date completed: June 2009		
8. Is this the person who should be consistent government projects are consistent	ontacted by state agencies when evaluation with the service delivery strategy?		
If not, provide designated contact	person(s) and phone number(s) bel	ow:	
		PAGE 2 (continued)	



Ir	structions:
lis	take copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names sted on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at e bottom of the page) changes, this should be reported to the Department of Community Affairs.
C	County: Early Service: Planning and Zoning
1	Check the box that best describes the agreed upon delivery arrangement for this service:
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
	$\overline{\mathbb{X}}$ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Early County and all municipalities
	Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
2	In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes \boxed{\text{No}}
a	these conditions will continue under the strategy, <b>attach an explanation for continuing the rrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding  enefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated)

 $benefits\ of\ the\ duplication,\ or\ reasons\ that\ overlapping\ service\ areas\ or\ competition\ cannot\ be\ eliminated).$ 

be funded (e.g., enterprise funds, us taxes, franchise taxes, impact fees, l		vice district revenues, hotel/motel
-		16 d d
Local Government or Authority:		g Method:
Early County	General Funds	
City of Arlington	General Funds	
City of Blakely	General Funds	
City of Damascus	General Funds	
City of Jakin	General Funds	
4. How will the strategy change the protection the county?	revious arrangements for providing	ng and/or funding this service within
No Change		
5. List any formal service delivery agrimplement the strategy for this serv  Agreement Name:		ntracts that will be used to  Effective and Ending Dates:
6. What other mechanisms (if any) wi resolutions, local acts of the Genera		gy for this service (e.g., ordinances, etc.), and when will they take effect?
IV/A		
7. Person completing form: Kathy Ho Phone number: (229) 723 – 4304	oward, County Administrator Date completed: June 2009	
8. Is this the person who should be co government projects are consistent		
If not, provide designated contact p	person(s) and phone number(s) be	elow:
		PAGE 2 (continued)



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Public Health Services
. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing service.): State of Georgia
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the cour will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
<ul> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li>☐ Yes ☒ No</li> </ul>
f these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding the denefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated.

Local Government or Authority:	Fundi	ng Method:
Early County	General Funds	
How will the strategy change the pthe county?	previous arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ontracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) we resolutions, local acts of the Gener		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
17/11		
7. Person completing form: Kathy H		
Phone number: (229) 723 – 4304	Date completed: June 2009	
Is this the person who should be consorted government projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:
	- ''	
		PAGE 2 (contin



Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Public Works
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
☑One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington; City of Blakely; City of Damascus; City of Jakin
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.):
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐ Yes ☒ No
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

be funded (e.g., enterprise funds, u taxes, franchise taxes, impact fees,		rvice district revenues, hotel/motel	
Total Communication And America	F 1.	M.d. J	
Local Government or Authority:		ng Method:	
City of Arlington	General Funds		
City of Blakely	General Funds		
City of Damascus	General Funds		
City of Jakin	General Funds		
4. How will the strategy change the p the county?	previous arrangements for providi	ng and/or funding this service within	
The County was deleted from this su	ımmary although it did not provio	le public works previously.	
<ul> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> <li>Agreement Name: Contracting Parties: Effective and Ending Dates:</li> </ul>			
6. What other mechanisms (if any) we resolutions, local acts of the Gener N/A		egy for this service (e.g., ordinances, etc.), and when will they take effect?	
<ul> <li>7. Person completing form: Kathy H Phone number: (229) 723 – 4304</li> <li>8. Is this the person who should be cogovernment projects are consistent If not, provide designated contact</li> </ul>	Date completed: June 2009 ontacted by state agencies when e with the service delivery strategy	? X Yes No	
		PAGE 2 (continued)	



**Instructions:** Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Road / Bridge Construction and 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 the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: X One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Early County and all municipalities Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

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

be funded (e.g., enterprise funds, us taxes, franchise taxes, impact fees, l		vice district revenues, hotel/motel
-		16 d d
Local Government or Authority:		g Method:
Early County	General Funds	
City of Arlington	General Funds	
City of Blakely	General Funds	
City of Damascus	General Funds	
City of Jakin	General Funds	
4. How will the strategy change the protection the county?	revious arrangements for providing	ng and/or funding this service within
No Change		
5. List any formal service delivery agrimplement the strategy for this serv  Agreement Name:		ntracts that will be used to  Effective and Ending Dates:
6. What other mechanisms (if any) wi resolutions, local acts of the Genera		gy for this service (e.g., ordinances, etc.), and when will they take effect?
IV/A		
7. Person completing form: Kathy Ho Phone number: (229) 723 – 4304	oward, County Administrator Date completed: June 2009	
8. Is this the person who should be co government projects are consistent		
If not, provide designated contact p	person(s) and phone number(s) be	elow:
		PAGE 2 (continued)



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed a the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
County: Early Service: Senior Center			
1. Check the box that best describes the agreed upon delivery arrangement for this service:			
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early County Senior Center in Blakely			
Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):			
XOne or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington has a Senior Center that serves Calhoun County and Early County			
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):			
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):			
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐Yes ☒No			
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			

Local Government or Authority: itv of Arlington itv of Blakelv  How will the strategy change the p the county?	General Funds General Funds	ng Method:
itv of Blakelv  . How will the strategy change the p	General Funds	
the county:	revious arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv	vice:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
Person completing form: Kathy H Phone number: (229) 723 – 4304	oward, County Administrator Date completed: June 2009	
. Is this the person who should be congovernment projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:



Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Sewage Collection / 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 the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
☑One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington; City of Blakely
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐ Yes ☒ No
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding

benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

	user fees, general funds, special serv	
taxes, franchise taxes, impact fees	, bonded indebtedness, etc.).	
Local Government or Authority:	Funding	Method:
City of Arlington	Enterprise Funds	
City of Blakely	Enterprise Funds	
4. How will the strategy change the the county?	previous arrangements for providing	and/or funding this service within
No Change		
No Change		
5. List any formal service delivery a implement the strategy for this ser		tracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) versolutions, local acts of the General N/A	will be used to implement the strateg ral Assembly, rate or fee changes, et	
7. Person completing form: Kathy F Phone number: (229) 723 – 4304 8. Is this the person who should be completed to the complete of the complet	Date completed: June 2009	uluating whether proposed local
government projects are consisten	t with the service delivery strategy?	X Yes No
ii not, provide designated contact	t person(s) and phone number(s) bel	OW:
		PAGE 2 (continued)



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Social Services 1. Check the box that best describes the agreed upon delivery arrangement for this service: X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): State of Georgia Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

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

Local Government or Authority:	Fundi	ng Method:
Early County	General Funds	
How will the strategy change the pthe county?	previous arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ontracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) we resolutions, local acts of the Gener		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
17/11		
7. Person completing form: Kathy H		
Phone number: (229) 723 – 4304	Date completed: June 2009	
Is this the person who should be consorted government projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:
	- ''	
		PAGE 2 (contin



Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed a the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: Early Service: Solid Waste 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 the service.):
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
X One or more cities will provide this service only within their incorporated boundaries, and the count will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Early County and all municipalities
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li></li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated)

3. List each government or authority be funded (e.g., enterprise funds, u taxes, franchise taxes, impact fees,	ser fees, general funds, special serv		
Local Government or Authority:	Funding Method:		
Early County	General Funds		
City of Arlington	General Funds & User Fees		
City of Blakely	General Funds & Enterprise		
City of Damascus	General Funds & User Fees		
City of Jakin	General Funds & User Fees	S	
4. How will the strategy change the p the county?	previous arrangements for providing	and/or funding this service within	
No Change			
5. List any formal service delivery ag implement the strategy for this service.  **Agreement Name:**		tracts that will be used to  Effective and Ending Dates:	
	<b>3</b>	3,7	
6. What other mechanisms (if any) we resolutions, local acts of the General N/A	rill be used to implement the strateg al Assembly, rate or fee changes, etc		
	Date completed: June 2009	X Yes No	
		PAGE 2 (continued)	



Instructions:	
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
County: Early Service: Storm Water 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 service.):	
Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):	der.
☑One or more cities will provide this service only within their incorporated boundaries, and the serv will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Blakely	ice
One or more cities will provide this service only within their incorporated boundaries, and the cour will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):	ıty
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):	in
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplicatio of this service identified?</li></ol>	n
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding	

benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

3. List each government or authority be funded (e.g., enterprise funds, u taxes, franchise taxes, impact fees	user fees, general funds, special serv	
Local Government or Authority:	Fundin	g Method:
City of Blakely	General Funds	,
4. How will the strategy change the the county?	previous arrangements for providing	g and/or funding this service within
No Change		
No Change		
5. List any formal service delivery a implement the strategy for this ser		ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) v resolutions, local acts of the General		gy for this service (e.g., ordinances, tc.), and when will they take effect?
N/A		
7. Person completing form: Kathy F Phone number: (229) 723 – 4304	Howard, County Administrator Date completed: June 2009	
8. Is this the person who should be c government projects are consisten	contacted by state agencies when ever t with the service delivery strategy?	
If not, provide designated contact	person(s) and phone number(s) be	low:
		PAGE 2 (continue



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Tax Assessor 1. Check the box that best describes the agreed upon delivery arrangement for this service: 🔀 Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early 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 the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

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

Local Government or Authority:	Fundi	ng Method:
Early County	General Funds	
How will the strategy change the pthe county?	previous arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ontracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) we resolutions, local acts of the Gener		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
17/11		
7. Person completing form: Kathy H		
Phone number: (229) 723 – 4304	Date completed: June 2009	
Is this the person who should be consorted government projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:
	- ''	
		PAGE 2 (contin



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Tax Commissioner
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early 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 the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider,</b> and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Authority:	Fundi	ng Method:
Early County	General Funds	
How will the strategy change the pthe county?	previous arrangements for providing	ng and/or funding this service within
No Change		
List any formal service delivery ag implement the strategy for this serv		ontracts that will be used to
-		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) we resolutions, local acts of the Gener		egy for this service (e.g., ordinances, etc.), and when will they take effect
N/A		
17/11		
7. Person completing form: Kathy H		
Phone number: (229) 723 – 4304	Date completed: June 2009	
Is this the person who should be consorted government projects are consistent		
If not, provide designated contact	person(s) and phone number(s) be	elow:
	- ''	
		PAGE 2 (contin



Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Tourism
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Chamber of Commerce
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Autho	rity: Fund	ling Method:
Early County	General Funds	
City of Blakely	General Funds & Hotel/Mote	el Taxes
4. How will the strategy change the county?	the previous arrangements for provio	ling and/or funding this service within
5. List any formal service delive	ery agreements or intergovernmental o	contracts that will be used to
implement the strategy for thi	s service:	
Agreement Name: Contract for Services	Chamber & Early County	July 1 – June 30, annually
Contract for Services	Chamber & City of Blakely	Jan 1 – Dec 31, annually
30112400 101 201 1100	enumer at early of Enumery	200 51, umidally
	ny) will be used to implement the stra General Assembly, rate or fee changes	
7. Person completing form: _Ka Phone number: (229) 723 - 4  8. Is this the person who should	athy Howard, County Administrator 304 Date completed: June 2009  be contacted by state agencies when	evaluating whether proposed local
7. Person completing form: _Ka Phone number: (229) 723 - 4  8. Is this the person who should	deneral Assembly, rate or fee changes of the Howard, County Administrator 304 Date completed: June 2009	evaluating whether proposed local



**Instructions:** 

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early Service: Voter Registration 1. Check the box that best describes the agreed upon delivery arrangement for this service: X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Early 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 the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes X No

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

Local Government or Authority:	Funding Method:		
arly County	General Funds	· ·	
. How will the strategy change the pr the county?	evious arrangements for provid	ing and/or funding this service within	
. List any formal service delivery agr		contracts that will be used to	
implement the strategy for this servi	ice:		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
	<b>-</b>		
		tegy for this service (e.g., ordinances, , etc.), and when will they take effect	
	l Assembly, rate or fee changes		
resolutions, local acts of the Genera	oward, County Administrator Date completed: June 2009	evaluating whether proposed local	



Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Early 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 the service.):
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
None or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington; City of Blakely; City of Damascus; City of Jakin
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.):
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li>Yes X No</li> </ol>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

Local Government or Authority:	Funding	g Method:
ity of Arlington	Enterprise Funds	
ity of Blakely	Enterprise Funds	
ity of Damascus	Enterprise Funds	
ity of Jakin	Enterprise Funds	
4. How will the strategy change the pr the county?	evious arrangements for providing	g and/or funding this service within
5. List any formal service delivery agr implement the strategy for this servi		atracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) wi resolutions, local acts of the Genera		
7. Person completing form: _Kathy H Phone number: (229) 723-4304 I		
7. Person completing form: _Kathy H Phone number: (229) 723-4304 I  8. Is this the person who should be co government projects are consistent	Date completed: June 2009  Intacted by state agencies when evaluations are stated agencies.	

### PAGE 3

### SERVICE DELIVERY STRATEGY 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 updating 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.

Country	EARLY

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

Early County and its municipal governments have reviewed the respective communities land use plans for incompatibilities and/or conflicts and no major plan incompatibilities or conflicts were identified pursuant to the respective land use plans. Moreover, Early County and its municipal governments formally adopted a consolidated comprehensive plan in 2009 where land use issues were jointly considered and appropriately addressed.

- 2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
  - amendments to existing comprehensive plans
  - **X** adoption of a joint comprehensive plan
  - <sup>-</sup> other measures (amend zoning ordinances, add environmental regulations, etc.

If "other measures" was checked, describe these measures:

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.

Early County and its municipal governments have jointly adopted a land dispute resolution to address land use disputes arising from annexation proposals. The dispute resolution provides for interjurisdictional notification, mediation and a forum for resolution of land use conflicts.

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

The County and its municipal governments have all adopted a joint resolution which established a formal process to insure that new extra territorial water and sewer service extensions are consistent with applicable land use plans.

4. 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?

5. Person completing form: <u>Kathy Howard, County Administrator</u>

Phone number: (229) 723-4304 Date completed: <u>June 2009</u>

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? X Yes - No

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

#### PAGE 4

#### SERVICE DELIVERY STRATEGY CERTIFICATIONS

#### Instructions:

This page 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 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

#### SERVICE DELIVERY STRATEGY FOR EARLY COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
F/Mind M	Richard Ward, III	County Commission Chairman	Early County	<b>6-</b> 8-09
Jewone La L. S.	Jerome Brakins	Mayor	City of Arlington	6/9/09
Ri Sau	Ric Hall	Mayor	City of Blakely	6-2-09
Servain Pourder	Vivian Pounder	Mayor	City of Damascus	6/16/09
Truty Rhogers	Timothy Rogers	Mayor	City of Jakin	6-9-09

09-010

Whereas, the local governments of Early County are required to review their existing Service Delivery Strategy concurrently with the update to the Early County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Early County have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and City Council of Blakely, Georgia that the revised Early County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

**Be it further resolved**, by the Mayor and City Council of Blakely, Georgia to approve and adopt these revisions to the Early County Service Delivery Strategy.

Duly enacted this 22day of June, 2009

Ric Hall Mayor,

City of Blakely

Witness

Melinda Crook, City Clerk

Whereas, the local governments of Early County are required to review their existing Service Delivery Strategy concurrently with the update to the Early County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Early County have found it necessary to make minor revisions to the Service Delivery Strategy; and.

Whereas, the revised Service Deli' ry Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and Council of Damascus, Georgia that the revised Early County Service Delivery Strategy as submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

Be it further resolved, by the Mayor and City Council of Damascus, Georgia to approve and adopt these revisions to the Early County Service Delivery Strategy.

Duly enacted this 30 day of June, 2009

Vivian Pounder Mayor,

Guan Pounder.

City of Damascus

Witness

Floria Fillynda



Whereas, the local governments of Early County are required to review their existing Service Delivery Strategy concurrently with the update to the Early County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Early County have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

**Therefore, be it resolved** by the Board of Commissioners of Early County, Georgia that the revised Early County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the chairman be authorized to sign the Service Delivery Strategy document of behalf of the County.

**Be it further resolved**, by the Board of Commissioners of Early County, Georgia to approve and adopt these revisions to the Early County Service Delivery Strategy.

Duly enacted this 8th day of June, 2009

Richard Ward, III

Chairman,

Early County Board of Commissioners

Witness

Kathy Howard, County Clerk

Whereas, the local governments of Early County are required to review their existing Service Delivery Strategy concurrently with the update to the Early County Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

Whereas, the governments of Early County have found it necessary to make minor revisions to the Service Delivery Strategy; and,

Whereas, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

Therefore, be it resolved by the Mayor and City Council of Jakin, Georgia that the revised Early County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

Be it further resolved, by the Mayor and City Council of Jakin, Georgia to approve and adopt these revisions to the Early County Service Delivery Strategy.

Duly enacted this 9+h day of June, 2009

Timothy Rogers

Mayor, City of Jakin

Witness

Judith Young City Clerk