





COUNTY: EARLY

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Early County

City of Arlington (Portions of the City of Arlington are located in Early and Calhoun County. The City is included in both SDS and also CalhounCounty's Comprehensive Plan.)

City of Blakely

City of Damascus

City of Jakin

Blakely- Early County Chamber of Commerce

Ealry County Development Authority

Early County Hospital Authority

Desoto Trail Regional Library

Department of Recreation Board(Early County, City of Arlington, City of Blakely, City of Jakin)

Ealry County Health Department

Blakely Senior Center

Georgia Department of Human Services

III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which can continue as previously agreed with no need for modification.

Airport

Animal Control

Building Inspection

Cemetery

Code Enforcement

Courts (Other)

Courts (Traffic)

Electric/Gas Utilities

Elections (Mayor and Council)

Elections (Other)

Emergency Management & Rescue

Fire Protection

Head Start

Hospital/Nursing Home/Emergency Medical

Indigent Defense

Law Enforcement/Jail

Planning and Zoning

Public Works

Road/Bridge Construction & Maintenance

Sewage Collection and Disposal

Solid Waste Management

Storm Water Management

Tax Assessor

Tax Commissioner

Voter Registration

Water Supply Distribution

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

E-911

Economic Development Parks and Recreation Senior Center Cultural Programs Library Public Health Services

Social Services

Tourism







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:EARLY	Service: Airport	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Early County	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority	Funding Meth	hod
Early County	General Fund	
How will the strategy change the prev	vious arrangements for providing and/or funding t	this service within the county?
ion in the charge the pro-	riodo arrangomonto foi providing ana, or randing t	and convice main are county.
o Change		
int any formal convince delivery caree	amonto or intergovernmental contracts that will be	used to implement the strategy
	ements or intergovernmental contracts that will be	e used to implement the strategy
nie earvica:		1 37
nis service:		, 3,
Agreement Name	Contracting Parties	
	Contracting Parties	
	Contracting Parties	
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	
	Contracting Parties	
	Contracting Parties	
Agreement Name		Effective and Ending Date
Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this service	Effective and Ending Date
Agreement Name What other mechanisms (if any) will be		Effective and Ending Date (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this service	Effective and Ending Date (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this service	Effective and Ending Date (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this service	Effective and Ending Date (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this service	Effective and Ending Date (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this service	Effective and Ending Date (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this service fee changes, etc.), and when will they take effec	Effective and Ending Date (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be cts of the General Assembly, rate or /A Person completing form: R. Spencer	De used to implement the strategy for this service fee changes, etc.), and when will they take effect	Effective and Ending Date (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this service fee changes, etc.), and when will they take effec	Effective and Ending Date (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be acts of the General Assembly, rate or Assembly and the Completing form: R. Spencer Phone number: 229.723.4304	De used to implement the strategy for this service fee changes, etc.), and when will they take effect the changes of the chang	Effective and Ending Date e (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be acts of the General Assembly, rate or I/A Person completing form: R. Spencer Phone number: 229.723.4304 Is this the person who should be continued in the person who should be contin	De used to implement the strategy for this service fee changes, etc.), and when will they take effect the changes of the chang	Effective and Ending Date e (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or I/A Person completing form: R. Spencer Phone number: 229.723.4304	De used to implement the strategy for this service fee changes, etc.), and when will they take effect the changes when evaluating whether the delivery strategy? ⊠Yes □No	Effective and Ending Date e (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:EARLY	Service: Animal Control	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider.	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	hat will help to pay for this service and indicate he funds, special service district revenues, hotel/m	
Local Government or Authority	Funding M	othod
City of Blakely	General Fund	einoa
City of blakely	General i dild	
4. How will the strategy change the pr	evious arrangements for providing and/or funding	g this service within the county?
No Change		
List any formal service delivery agreethis service:	eements or intergovernmental contracts that will	
Agreement Name	Contracting Parties	Effective and Ending Dates
	I be used to implement the strategy for this server fee changes, etc.), and when will they take efforts.	
acts of the General Assembly, rate		
acts of the General Assembly, rate	or fee changes, etc.), and when will they take ef	
n/A N/A 7. Person completing form: R. Spence Phone number: 229.723.4304	er Mueller, County Administrator Date completed: May 2017 ontacted by state agencies when evaluating whe	ect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	ty that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m	
Local Government or Author	ity Funding Me	ethod
City of Blakely	General Funds	
Only of Dianoly	Contrain and	
4. How will the strategy change the	previous arrangements for providing and/or fundin	g this service within the county?
No Change		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will	
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this servi te or fee changes, etc.), and when will they take eff	
N/A		
7. Person completing form: R. Spe Phone number: 229.723.4304	ncer Mueller, County Administrator Date completed: May 2017	
	e contacted by state agencies when evaluating whet ervice delivery strategy? ⊠Yes □No	ther proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:EARLY	Service: Cemetery		
4. Oh ashaba harribash harribash da asiibaa dha asaasad waxa			
Check the box that best describes the agreed upor	i delivery arrangement for this service:		
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impac	t
fees, bonded indebtedness, etc.).	

Local Government or Author	rity	Funding Method	
City of Blakely	General Funds		
City of Arlington	General Funds		
City of Jakin	General Funds		
4. How will the strategy change the	e previous arrangements for providing	g and/or funding this	service within the county?
No Change			
5. List any formal service delivery this service:	agreements or intergovernmental con	tracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Partie	es	Effective and Ending Dates
	will be used to implement the strategate or fee changes, etc.), and when w		g., ordinances, resolutions, local
N/A			
7. Person completing form: R. Spe Phone number: 229.723.4304	encer Mueller, County Administrato Date completed: May 2017	r	
	e contacted by state agencies when e service delivery strategy? ⊠Yes ⊡No		oposed local government
If not, provide designated contact	et person(s) and phone number(s) bel	ow:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	isary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EARLY	Service: Code Enforcement
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Author	ity Funding l	Method
City of Blakely	General Funds	
Early County	General Funds	
1. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
No Change		
i. List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	
N/A		
7. Person completing form: R. Spe Phone number: 229.723.4304	ncer Mueller, County Administrator Date completed: May 2017	
	contacted by state agencies when evaluating wh ervice delivery strategy? ☐Yes ☐No	ether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	
If not, provide designated contac	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	eral fu	t will help to pay for this service and indicate how the inds, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
Early County	, rey	General Funds	
Larry County		Contrain and	
4. How will the strategy change the	e prev	rious arrangements for providing and/or funding this	service within the county?
No Change			
this service:	agree	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: R. Spe Phone number: 229.723.4304		Mueller, County Administrator ate completed: May 2017	
		acted by state agencies when evaluating whether predefined by strategy? \boxtimes Yes \square No	oposed local government
If not, provide designated contact	ct pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EARLY	Service: Courts (Traffic)
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: scus
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G./overlapping service areas or competition cannot be expected to the condition of t	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impac	t
fees, bonded indebtedness, etc.).	

Local Government or Author	prity Fundin	g Method	
City of Arlington	General Funds		
City of Blakely	General Funds	General Funds	
City of Damascus	General Funds	General Funds	
4. How will the strategy change th	ne previous arrangements for providing and/or fu	nding this service within the county?	
No Change			
List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	e) will be used to implement the strategy for this state or fee changes, etc.), and when will they tak		
N/A			
7. Person completing form: R. Sp Phone number: 229.723.4304	encer Mueller, County Administrator Date completed: May 2017		
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes □No	whether proposed local government	
If not, provide designated conta	ct person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

		and indicate how the service will be funded (e.g., nues, hotel/motel taxes, franchise taxes, impact
fees, bonded indebtedness, etc.		nace, note, moter taxes, nanonies taxes, impact
Local Government or Author	rity	Funding Method
Early County	General Funds	
City of Blakely	General Funds & Hotel/Motel	Γaxes
4. How will the strategy change the		and/or funding this service within the county?
5. List any formal service delivery this service:	agreements or intergovernmental cont	racts that will be used to implement the strategy for
Agreement Name	Contracting Partie	s Effective and Ending Dates
Contract for Services	Chamber & Early County	July 1 - June 30, annually

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
N/A
7. Person completing form: R. Spencer Mueller, County Administrator Phone number: 229.723.4304 Date completed: May 2017
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No
If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:Early	Service: E-911
1. Check the box that best describes the agreed upo	on delivery arrangement for this service:
	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): City of Blakely
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
_	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	nap delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	rice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 1 of 2

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
Early County		General Funds & ETS Funds	
City of Blakely		General Funds	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?
In the previous SDS there were service.	multiple	e agreements but currently, the City of Blakely and E	Early County are providing this
this service:	agreei	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
City of Blakely	Early	County	August 2016-August 2036
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: R. Spe Phone number: 229.723.4304		Mueller, County Administrator ate completed: May 2017	
7. Person completing form: R. Sp Phone number: 229.723.4304 8. Is this the person who should b	Da e conta		oposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Author	rity	Funding Method	
Early County		General Funds	
Development Authority		General Funds	
4. How will the strategy change th	ie prev	ious arrangements for providing and/or funding this	service within the county?
In the previous SDS, Early Coun	ity 205	5 was listed as providing this service, but they are no	o longer doing so.
this service:	agree	ments or intergovernmental contracts that will be use	
Agreement Name	Corby	County Conomic Dayslanmost	Cet Sept appually
Agreement	Earry	County Economic Development	Oct - Sept. annually
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	,, ordinances, resolutions, local
N/A			
7. Person completing form: R. Sp Phone number: 229.723.4304		Mueller, County Administrator ate completed: May 2017	
		acted by state agencies when evaluating whether probe delivery strategy? $oxed{oxed}$ Yes $oxed{oxed}$ No	oposed local government
If not, provide designated conta	ct pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impac	t
fees, bonded indebtedness, etc.).	

Local Government or Autho	rity Fu	Inding Method
City of Arlington	General Funds	y
City of Blakely	General Funds	
City of Jakin	General Funds	
City of Damascus	General Funds	
How will the strategy change th	e previous arrangements for providing and	or funding this service within the county?
No Change		
List any formal service delivery this service:	agreements or intergovernmental contracts	s that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for ate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, local y take effect?
N/A		
7. Person completing form: R. Spo Phone number: 229.723.4304	encer Mueller, County Administrator Date completed: May 2017	
	e contacted by state agencies when evalua service delivery strategy? ⊠Yes ⊡No	ating whether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority	Funding I	Method
Early County	General Funds	wellou .
How will the strategy change the prev	vious arrangements for providing and/or fundi	ing this service within the county?
NI OL		
No Change		
List any formal service delivery agree	ments or intergovernmental contracts that wi	ill he used to implement the strategy fo
List arry formal solvies delivery agree	miorito oi mitorgovominiontal contracto triat wi	
this service:	9	in be deed to implement the strategy re
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will be	Contracting Parties	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties Doe used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties Doe used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties Doe used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties Doe used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties De used to implement the strategy for this ser fee changes, etc.), and when will they take e	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will bacts of the General Assembly, rate or N/A Person completing form: R. Spencer	Contracting Parties De used to implement the strategy for this ser fee changes, etc.), and when will they take e	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or N/A Person completing form: R. Spencer Phone number: 229.723.4304	Contracting Parties December used to implement the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes.	Effective and Ending Dates vice (e.g., ordinances, resolutions, loceffect?
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or N/A Person completing form: R. Spencer Phone number: 229.723.4304 Is this the person who should be contact the person who should be cont	Contracting Parties December used to implement the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes.	Effective and Ending Dates vice (e.g., ordinances, resolutions, localifect?
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or N/A Person completing form: R. Spencer Phone number: 229.723.4304	Contracting Parties December used to implement the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes, etc.), and when will they take expected the strategy for this serfee changes.	Effective and Ending Dates vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authority	Funding Method	1
City of Arlington	General Funds	
City of Blakely	General Funds	
I. How will the strategy change the pre	vious arrangements for providing and/or funding this	s service within the county?
No Change		
Tto change		
	ements or intergovernmental contracts that will be us	sed to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Effairing Dates
I		
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e	.g., ordinances, resolutions, local
acts of the General Assembly, rate of	r fee changes, etc.), and when will they take effect?	
N/A		
IV/A		
7. Person completing form: R. Spence		
Phone number: 229.723.4304	Date completed: May 2017	
s. Is this the person who should be cor projects are consistent with the servi	stacted by state agencies when evaluating whether pose delivery strategy? $oxtimes$ Yes $oxtimes$ No	proposed local government
If not, provide designated contact pe	rean(a) and phone number(a) below:	
ii not, provide designated contact pe	son(s) and phone number(s) below.	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority Early County		od .
	General Funds	
City of Blakely	General Funds	
I. How will the strategy change the p	revious arrangements for providing and/or funding thi	s service within the county?
List any formal service delivery ag	reements or intergovernmental contracts that will be u	used to implement the strategy for
this service:		
	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties orly County & Southern Nuclear Operating Co. Inc.	Effective and Ending Dates July 2001 - Annually
this service: Agreement Name		

6	8. 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	7. Person completing form: R. Spencer Mueller, County Administrator Phone number: 229.723.4304 Date completed: May 2017
8	8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No
	If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:Early	Service: Fire Protection			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the kely, Damascus, Jakin			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
	Page 1 of 2			

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

Funding Method
General Funds

City of Jakin	General Funds	3		
4. How will the strategy change th	e previous arrangemer	nts for providing and/or fundi	ng this servic	e within the county?
No Change				
5. List any formal service delivery this service:	agreements or intergo	vernmental contracts that wil	l be used to i	mplement the strategy for
Agreement Name	Cor	ntracting Parties	Effe	ctive and Ending Dates
Rural Fire Agreement	Early County & City of	f Blakely	Nov	2001 - Annually
6. What other mechanisms (if any acts of the General Assembly, r				linances, resolutions, local
N/A				
7. Person completing form: R. Sp Phone number: 229.723.4304	encer Mueller, County Date completed: N			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:Early	Service: HeadStart			
4 Observation to the state of t				
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
⊠One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Arlington, City of Blakely				
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
	Page 1 of 2			

3. List each	n government or au	thority that will h	elp to pay for th	is service and i	ndicate how the	service will be fund	ed (e.g.,
enterprise	e funds, user fees,	general funds, s	pecial service o	listrict revenues	s, hotel/motel tax	es, franchise taxes,	impact
fees, bon	ided indebtedness,	etc.).					

Local Government or Author	rity Funding M	ethod
City of Arlington	General Funds	
City of Blakely	General Funds	
4. How will the strategy change the	e previous arrangements for providing and/or fundin	ng this service within the county?
No Change		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	
N/A		
7. Person completing form: R. Spe Phone number: 229.723.4304	ncer Mueller, County Administrator Date completed: May 2017	
8. Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating whe ervice delivery strategy? ⊠Yes ⊡No	ther proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	
	- F (e) aa F	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. Lis	st each government or a	authority that will h	elp to pay for this	service and inc	dicate how the ser	vice will be funded	(e.g.,
en	terprise funds, user fees	s, general funds, s	special service dis	trict revenues,	hotel/motel taxes,	franchise taxes, in	npact
fee	es, bonded indebtednes	s, etc.).					

Local Government or Author	rity Funding	Method
Hospital Authority	General Funds	
Early County	General Funds	
Archbold Memorial Hospital	General Funds	
4. How will the strategy change the	e previous arrangements for providing and/or fun	iding this service within the county?
No Change		
this service:	agreements or intergovernmental contracts that v	
Agreement Name	Contracting Parties	Effective and Ending Dates
•	Early Co. & Hospital Auth	June 1995 - Annually
Memorandum of Understandin	Early Co. Hospital Auth. & Pioneer	Jan. 1995 - Annually
Management & Lease Agmt	Hospital Auth & Pioneer	Jan. 1995 - Annually
	will be used to implement the strategy for this sette or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: R. Spe Phone number: 229.723.4304	ncer Mueller, County Administrator Date completed: May 2017	
	e contacted by state agencies when evaluating we service delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact	et person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If		
this box is checked, identify the government, autho	rity or organization providing the service.):Early County ed portion of the county by a single service provider. (If this box is	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
If these conditions will continue under this strategy, a	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	eral fu	t will help to pay for this service and indicate how the inds, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
Early County	, rey	General Funds	
Larry County		Contrain and	
4. How will the strategy change the	e prev	rious arrangements for providing and/or funding this	service within the county?
No Change			
this service:	agree	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: R. Spe Phone number: 229.723.4304		Mueller, County Administrator ate completed: May 2017	
		acted by state agencies when evaluating whether predefined by strategy? \boxtimes Yes \square No	oposed local government
If not, provide designated contact	ct pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact				
fees, bonded indebtedness, etc.).				
Local Government or Autho	rity F	Funding Method		
Early County	General Funds			
City of Blakely	General Funds			
City of Jakin	General Funds			
4. How will the strategy change th	e previous arrangements for providing an	d/or funding this service within the county?		
The Service Provider was not listed on the previous SDS.				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		

What other mechanisms (if any	will be used to implement the strategy for this service (a.g.	ordinances resolutions local

•	acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
	N/A		
L			

7. Person completing form: **R. Spencer Mueller, County Administrator**Phone number: **229.723.4304**Date completed: May 2017

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:Early	Service: Parks & Recreation	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Department of Recreation Blakely, City of Jakin)	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	David 4 (50)	

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

Local Government or Authority	Funding Method
Early County	General Funds
City of Arlington	General Funds
City of Blakely	General Funds
City of Jakin	General Funds
Recreation Department	User Fees

In the previous SDS both countywide and one or more cities were providing this service but in the current SDS the
services is being provided countywide by the Department of Recreation Board (Early County, City of Arlington, City of
Blakely, City of Jakin).

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

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

7. Person completing form: R. Spence	r Mueller, County Administrator
Phone number: 229.723.4304	Date completed: May 2017

Date completed: May 2017

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

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

N/A







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:EARLY	Service: Planning and Zoning	
1. Check the box that best describes the agreed upor	a delivery arrangement for this convice:	
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. (In this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
 ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Blakely, Damascus and Jakin.	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
	Page 1 of 2	

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

Local Government or Authority	Funding Method	1
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 prev	ious arrangements for providing and/or funding this	service within the county?
No Change		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
this service:	ŭ	sed to implement the strategy for
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
	_	
	_	
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	_	
	_	
	_	
6. What other mechanisms (if any) will be	_	Effective and Ending Dates
6. What other mechanisms (if any) will be	Contracting Parties e used to implement the strategy for this service (e	Effective and Ending Dates

7. Person completing form: **R. Spencer Mueller, County Administrator**Phone number: **229.723.4304**Date completed: May 2017

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority		Method
Early County	General Funds	
How will the strategy change the pr	evious arrangements for providing and/or fund	ing this service within the county?
Town the charactery origings the pr	erious analigemente lei providing and or land	g une corvice warm une county.
ha Carviaa Dravidar waa not listad	on the provious SDS	
he Service Provider was not listed	on the previous SDS.	
	eements or intergovernmental contracts that wi	ill be used to implement the strategy
	eements or intergovernmental contracts that wi	ill be used to implement the strategy
	eements or intergovernmental contracts that wi Contracting Parties	ill be used to implement the strategy Effective and Ending Date
his service:		
his service: Agreement Name What other mechanisms (if any) wil	Contracting Parties If be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) wil	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) wil	Contracting Parties If be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) wil	Contracting Parties If be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate	Contracting Parties If be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate	Contracting Parties If be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate	Contracting Parties If be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly acts of	Contracting Parties If be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly acts of	Contracting Parties Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take eer Mueller, County Administrator Date completed: May 2017	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly, rate of the Phone number: 229.723.4304	Contracting Parties Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take eer Mueller, County Administrator Date completed: May 2017 Intracted by state agencies when evaluating evalu	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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	
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. (I 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 provide 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 t service.):		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
☐ Yes (if "Yes," you must attach additional documentation as described, below)		
⊠No		
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the 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.		
	Page 1 of 2	

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

Local Government or Author	itv Fu	nding Method
City of Arlington	General Funds	
City of Blakely	General Funds	
City of Damasucs	General Funds	
City of Jakin	General Funds	
-		
4. How will the strategy change the	e previous arrangements for providing and/	or funding this service within the county?
No Change		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts	s that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for ite or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, local y take effect?
N/A		
7. Person completing form: R. Spe Phone number: 229.723.4304	ncer Mueller, County Administrator Date completed: May 2017	
	e contacted by state agencies when evalua service delivery strategy? ⊠Yes ⊡No	ating whether proposed local government
If not, provide designated contact	If not, provide designated contact person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY: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 unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the Blakely, Damascus, Jakin	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
	Page 1 of 2	

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

Local Government or Authority	Funding 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 prev	ious arrangements for providing and/or funding this	service within the county?			
No Charge	No Charge				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name	Contracting Parties	Effective and Ending Dates			
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?					

7. Person completing form: **R. Spencer Mueller, County Administrator**Phone number: **229.723.4304**Date completed: May 2017

N/A

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta				
Local Government or Author	rity	Funding Method				
City of Arlington		General Funds				
City of Blakely		General Funds				
4. How will the strategy change the	e prev	ious arrangements for providing and/or funding this	service within the county?			
Senior Center are the same.	5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for					
Agreement Name		Contracting Parties	Effective and Ending Dates			
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: R. Spe Phone number: 229.723.4304		Mueller, County Administrator ate completed: May 2017				
		acted by state agencies when evaluating whether predelivery strategy? $oxtimes$ Yes $oxtimes$ No	oposed local government			
If not, provide designated contact person(s) and phone number(s) below:						







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	isary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:Early	Service: Sewage Collection / Disposal
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authori	ty Funding Meth	od		
City of Arlington	Enterprise Funds			
City of Blakely	Enterprise Funds			
4. How will the strategy change the	previous arrangements for providing and/or funding the	nis service within the county?		
No Change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
N/A				
7. Person completing form: R. Sper Phone number: 229.723.4304	ncer Mueller, County Administrator Date completed: May 2017			
	contacted by state agencies when evaluating whether ervice delivery strategy? ⊠Yes □No	proposed local government		
If not, provide designated contact	person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority		Funding l	Method	
Early County		General Funds		
. How will the strategy change th	e previo	ous arrangements for providing and/or fund	ing this service within the county?	
The Service Provider was not lis entity of the State of Georgia.	ted on th	he previous SDS. Please note the Georgia	a Department of Human Services is a	
. List any formal service delivery this service:	agreem	ents or intergovernmental contracts that wi	ill be used to implement the strategy	
Agreement Name		Contracting Parties	Effective and Ending Date	
Agreement Name		Contracting Parties	Effective and Ending Date	
Agreement Name		Contracting Parties	Effective and Ending Date	
Agreement Name		Contracting Parties	Effective and Ending Date	
Agreement Name		Contracting Parties	Effective and Ending Date	
Agreement Name		Contracting Parties	Effective and Ending Date	
. What other mechanisms (if any		used to implement the strategy for this sere changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo	
. What other mechanisms (if any		used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo	
. What other mechanisms (if any acts of the General Assembly, r	ate or fe	used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo	
. What other mechanisms (if any acts of the General Assembly, r	encer M Dat	used to implement the strategy for this sere changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authority	Funding Method
Early County	General Funds
City of Arlington	General Funds & User Fees
City of Blakely	General Funds & Enterprise Funds
City of Damascus	General Funds & User Fees
City of Jakin	General Funds & User Fees

City of Damascus	General Funds & User Fees	General Funds & User Fees General Funds & User Fees		
City of Jakin	General Funds & User Fees			
I. How will the strategy change	the previous arrangements for providing and/or funding this	service within the county?		
No Change				
5. List any formal service deliver this service:	ry agreements or intergovernmental contracts that will be us	ed to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Solid Waste Disposal Agmt	Early County & Waste Management of Leon Co,Inc, FI	August 2016 - Open Ended		
Solid Waste Disposal Agmt	City of Blakely & Waste Management of Leon Co,Inc, FI	Auugust 2016 - Open Ended		
Contract Services	City of Blakely, Jakin, Arlington , Damascus & Early Co.	August 2016 - Open Ended		
_				
	ny) will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca		
7. Person completing form: R. S Phone number: 229.723.4304	pencer Mueller, County Administrator Date completed: May 2017			
	be contacted by state agencies when evaluating whether preservice delivery strategy? \square Yes \square No	roposed local government		
If not, provide designated conf	tact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:Early	Service: Storm Water Management	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	ty that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m			
Local Government or Author	itv Fundina Me	Funding Method		
City of Blakely	General Funds			
Only of Dianoly	Contrain and			
4. How will the strategy change the	previous arrangements for providing and/or fundin	g this service within the county?		
No Change				
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will			
Agreement Name	Contracting Parties	Effective and Ending Dates		
	will be used to implement the strategy for this servi te or fee changes, etc.), and when will they take eff			
N/A				
7. Person completing form: R. Spe Phone number: 229.723.4304	ncer Mueller, County Administrator Date completed: May 2017			
	e contacted by state agencies when evaluating whet ervice delivery strategy? ⊠Yes □No	ther proposed local government		
If not, provide designated contact	t person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	eral fu	t will help to pay for this service and indicate how the inds, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
Early County	, rey	General Funds	
Larry County		Contrain and	
4. How will the strategy change the	e prev	rious arrangements for providing and/or funding this	service within the county?
No Change			
this service:	agree	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: R. Spe Phone number: 229.723.4304		Mueller, County Administrator ate completed: May 2017	
		acted by state agencies when evaluating whether predefined by strategy? \boxtimes Yes \square No	oposed local government
If not, provide designated contact	ct pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

ees, bonded indebtedness,		
Local Government or Au		d .
arly County	General Funds	
low will the strategy change	the previous arrangements for providing and/or funding this	service within the county?
o Change		
ist any formal service deliv	ary agreements or intergovernmental contracts that will be us	end to implement the strategy
	ery agreements or intergovernmental contracts that will be us	sed to implement the strategy
	ery agreements or intergovernmental contracts that will be us	sed to implement the strategy
is service: Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name		
is service: Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name Ontract Services What other mechanisms (if a	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if a	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if a	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if a	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if a cts of the General Assemble	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name ontract Services What other mechanisms (if a	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if a	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if a	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if acts of the General Assemble)	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e. y, rate or fee changes, etc.), and when will they take effect?	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if acts of the General Assemble)	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e. y, rate or fee changes, etc.), and when will they take effect? Spencer Mueller, County Administrator	Effective and Ending Date January 2017 - Dec. 2017
Agreement Name Ontract Services What other mechanisms (if acts of the General Assemble Acts of completing form: R. hone number: 229.723.430	Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e.g., rate or fee changes, etc.), and when will they take effect? Spencer Mueller, County Administrator Date completed: May 2017	Effective and Ending Date January 2017 - Dec. 2017 .g., ordinances, resolutions, lo
Agreement Name ontract Services What other mechanisms (if acts of the General Assemble Acts of the Gen	Contracting Parties Ann Harrell, Early Co. Tax Commissioner & Early Co. any) will be used to implement the strategy for this service (e. y, rate or fee changes, etc.), and when will they take effect? Spencer Mueller, County Administrator	Effective and Ending Date January 2017 - Dec. 2017 .g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	neral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	rity	Funding Method	
Early County	nity	General Funds	
City of Blakely		General Funds & Hotel/Motel Taxes	
only or Diamery			
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
The service provider was not list provide this service.	ted on ti	he previous SDS. Blakely Early County Chamber of	Commerce continues to
this service:	agreen	nents or intergovernmental contracts that will be use	
Agreement Name			
	01	Contracting Parties	Effective and Ending Dates
Contract for Services		ber & Early County	July 1- June 30, annually
Contract for Services		ber & Early County	July 1- June 30, annually
Contract for Services		ber & Early County	July 1- June 30, annually
Contract for Services		ber & Early County	July 1- June 30, annually
Contract for Services Contract for Services 6. What other mechanisms (if any	Cham	ber & Early County	July 1- June 30, annually Jan1 - Dec 31, annually
Contract for Services Contract for Services 6. What other mechanisms (if any	Cham	ber & Early County ber & City of Blakely e used to implement the strategy for this service (e.g.	July 1- June 30, annually Jan1 - Dec 31, annually
Contract for Services Contract for Services 6. What other mechanisms (if any acts of the General Assembly, I N/A 7. Person completing form: R. Sp Phone number: 229.723.4304 8. Is this the person who should be projects are consistent with the	cham y) will be rate or formate	ber & Early County ber & City of Blakely e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	July 1- June 30, annually Jan1 - Dec 31, annually g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	eral fu	t will help to pay for this service and indicate how the inds, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
Early County	, rey	General Funds	
Larry County		Contrain and	
4. How will the strategy change the	e prev	rious arrangements for providing and/or funding this	service within the county?
No Change			
this service:	agree	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: R. Spe Phone number: 229.723.4304		Mueller, County Administrator ate completed: May 2017	
		acted by state agencies when evaluating whether predefined by strategy? \boxtimes Yes \square No	oposed local government
If not, provide designated contact	ct pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authority		od		
City of Arlington	Enterprise Funds			
City of Blakely	Enterprise Funds			
City of Damascus	Enterprise Funds			
City of Jakin	Enterprise Funds			
4. How will the strategy change the p	revious arrangements for providing and/or funding t	his service within the county?		
No Change				
this service:	eements or intergovernmental contracts that will be			
Agreement Name	Contracting Parties	Effective and Ending Dates		
	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effec			
acts of the General Assembly, rate				
acts of the General Assembly, rate	or fee changes, etc.), and when will they take effec			
n/A 7. Person completing form: R. Spenc Phone number: 229.723.4304	or fee changes, etc.), and when will they take effective fee Mueller, County Administrator Date completed: May 2017 Contacted by state agencies when evaluating whether	·?		







FORM 3: Summary of Land Use Agreements

Instructions:

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

Continuity Atlans.	
COUNTY:EARLY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE
☐ Amendments to existing comprehensive plans	NOTE:
	If the necessary plan amendments, regulations, ordinances, etc. have not yet
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments
If "other measures" was checked, describe these measures: N/A	will adopt them.
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? The SDS will dictate the established process and procedures of local extraterritorial water and sewer services are consistent with all applicable land use plans	with all applicable land use plans governments to ensure that new
will be required when there are changes or additions of services to the service delivery a	rea.
4. Person completing form: Kimberly Brooks, Planner	
Phone number: 229.522.3552 Date completed: May 2017	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ☐Yes ☒No	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
R. SPENCER MUELLER, COUNTY ADMINISTRATOR 229.723.4304	







FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
LIST EACH JURISDICTION HERE, ALPHABETICALLY	List the Title of the Authorized Representative of Each Jurisdiction Here, Respectively	List the Names of the Representatives Here, Respectively		
CITY OF ARLINGTON	Mayor	Marvin King	Man Kj	5/03/17
CITY OF BLAKELY	Mayor	Anthony Howard	ASI	5-571
CITY OF DAMASCUS	Mayor	Debbie Butler	Debtust Buch	73/1
EARLY COUNTY	County Administrator	Spencer Muller	Jana Muella	5/3/17
City of Jakin	Mayor	Melanie Rogers	Melon Roger	3/3/17







Service Delivery Strategy FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: 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 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
EARLY COUNTY	County Commission Chair	June Merritt	Jerre Merritt	05.03·F