#### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

### SERVICE DELIVERY STRATEGY

ELBERT PAGE 1 COUNTY FOR

#### I. GENERAL INSTRUCTIONS

- 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. 2.
- List all services provided or primarily funded by each general purpose local government and authority within the county in 3. Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements 4. form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

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

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

### II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

ELBERT COUNTY, CITY OF BOWMAN AND CITY OF ELBERTON

Verified

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

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

Administrative Police Protection Superior and State Courts Probate Court

Magistrate Court Juvenile Court Municipal Court District Attorney Public Defender

Probation Services

Jail

Fire Protection

Fire Safety & Building Inspection Emergency Communication E-911 Emergency Management Aging Rescue Emergency Medical Service

Hospital

Public Health Mental Health Aging Center

Public Transportation

Animal Control

Rights-of Way and Parks Maintenance

Cemeteries, Parks, and Rights-of-Way Maintenance

Public Housing Economic Development

Tax Appraisal

Tax Equalization Board Planning and Zoning

Library

Voter Registration

Recreation

Infrastructure Construction & Maintenance

Solid Waste Collection Solid Waste Disposal

Recycling

Natural Gas Utility Electric Utility Water Utility Sewer Utility

Fiber Optic Network Telecommunications Mapping (GIS)

Election

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Co	ounty: Elbert	Service:	Administrative				
Ι.	Check the box that best descr	ibes the agreed upon deliver	y arrangement for this service:				
	Service will be provided e checked, identify the gove	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 of identify the government, a	Service will be provided only on 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 pro- unincorporated areas. (If	ovide this service only within this box is checked, identify	n their incorporated boundaries, and the the government(s), authority or organiz	e service will not be provided in ation providing the service.)			
	unincorporated areas. (If Elbert County, City of Bo	this box is checked, identify wman and City of Elberton		zation providing the service.)			
			elineating the service area of each ser rovide service within each service area.				
2.	In developing the strategy, we Yes No	ere overlapping service areas	s, unnecessary competition and/or duplic	cation of this service identified?			
c٢			explanation for continuing the arrang ts of the duplication, or reasons that over				
[f (		ed under the strategy, <b>attach</b> ty and the agreed upon dead	an implementation schedule listing ea	ach step or action that will be taken to			
3.	List each government or auth- funds, user fees, general fund	ority that will help to pay for	this service and indicate how the service enues, hotel/motel taxes, franchise taxes				
٠	etc.).	Francisco Markondo					
	bert County	Funding Method: General					
	ity of Bowman	General					
Cit	ity of Elberton	General					
_							
1. No	How will the strategy change o changes	the previous arrangements f	or providing and/or funding this service	within the county?			
5.	List any formal service delive	rv agreements or intergover	nmental contracts that will be used to in	onlement the strategy for this service:			
		Contacting		Effective and Ending Dates:			
1	greement name:	Contacting	raines.	Effective and Ending Dates.			
_							
5.	General Assembly, rate or fee		t the strategy for this service (e.g., ordinal they take effect?	nances, resolutions, local acts of the			
Re	esolution						
7.							
	Phone Number: 706-213-3	100 Da	te Completed: 4-10-99	- Mi			
8.	Is this the person who should consistent with the service delivery strat		es when evaluating whether proposed lo	ocal government projects are			
_	If not, provide the designated co Charles W. Kinney, Co. Admin Manager, 706/283-3100		umber(s) below: nan, Mayor, City of Bowman 7-6/245-5	432, D. Scott Wilson, City			
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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Co	unty:	Elbert	Service:	Police Protection			
1.	Ch	eck the box that best describes th	ne agreed upon delivery	arrangement for this service:			
		Service will be provided county checked, identify the government			single service provider. (If this box is		
		A single service provider will pr government, authority or organi			nty. (If this box is checked, identify the		
		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.)					
	<ul> <li>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 governments(s), authority or organization providing the service.)</li> <li>Elbert County and City of Elberton Service Providers</li> <li>Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.)</li> </ul>						
2.		developing the strategy, were ov		unnecessary competition and/or dupl			
lev	these of	conditions will continue under th		xplanation for continuing the arran is of the duplication, or reasons that or	gement (i.e., overlapping but higher verlapping service areas or competition		
		conditions will be eliminated unce them, the responsible party and			each step or action that will be taken to		
3.		nds, user fees, general funds, spec		this service and indicate how the service nues, hotel/motel taxes, franchise taxes			
Lo	cal G	overnment or Authority:	Funding Method:				
	bert C		General				
		Bowman	General				
CI	ly of t	Elberton	General				
		7.2					
4. No	Ho chan		revious arrangements fo	or providing and/or funding this service	ee within the county?		
5.	Lis	st any formal service delivery ag	reements or intergoverr	mental contracts that will be used to	implement the strategy for this service:		
A٤	rceme	ent name:	Contacting	Parties:	Effective and Ending Dates:		
6. Re	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?  Resolution						
7.	Pe	rson Completing Form: Niles	Poole City of Elberton				
	Ph	one Number: 706-213-3100	Da	te Completed: 4-10-99			
8.	coi Wi	this the person who should be consistent ith the service delivery ategy?	ontacted by state agencie  Yes No	es when evaluating whether proposed	local government projects are		
	Char	t, provide the designated contact les W. Kinney, Co. Admin. 706/ ager. 706/283-3100		umber(s) below: an, Mayor, City of Bowman 7-6/245-	5432, D. Scott Wilson, City		

### *MEMORANDUM*

DATE:

27 January 1999

TO:

Mr. Niles Poole

FROM:

Chief Welsh

SUBJECT:

**Agency Statistics** 

We currently have allocations for 24 sworn personnel We have a total of 7 operational marked patrol vehicles.

Here are a breakdown of the statistics you requested.

Uniformed officer on duty breakdown with 4 to a shift:

- Each officer would be responsible for .88 square miles of area.
- Population breakdown would be 1446 citizens per officer.
- Breakdown for businesses would be 45 per officer.
- Residential breakdown would be 650 residences per officer.

Uniformed officer breakdown for the full complement of 24 troops:

- Each officer would be responsible for .15 square miles of area.
- Population breakdown would be 241 citizens per officer.
- Breakdown for businesses would be 7.5 per officer.
- Residential breakdown would be 108 per officer.

Average response time for general calls is estimated at 2.65 minutes, emergency calls shows an average response time of 2.19 minutes. These statistics were accumulated over a one month time period.

These are the basic breakdowns based on the information provided to Tabatha last month if further or more detailed accounting is required please let me know and we will comply.

MCW MCW STATE OF GEORGIA COUNTY OF ELBERT

CONTRACT BETWEEN CITY OF BOWMAN, GEORGIA AND THE SHERIFF OF ELBERT COUNTY, GEORGIA - ESTABLISHMENT OF LAW ENFORCEMENT AGREEMENT.

#### RECITALS

- A. The City of Bowman desires to establish adequate law anforcement within its city limits.
- B. The Sheriff of Elbert County already provides enforcement of State law within the city limits of Bowman.
- C. The establishment of a Law Enforcement Agreement appears to be the most desirable and economic plan for the establishment of adequate law enforcement in the city limits of the City of Bowman.
- D. The establishment of such a law enforcement agreement is authorized by the Official Code of Georgia 15-15-13.

In consideration of the mutual covenants contained herein and for other good and valuable considerations, the parties agree as follows:

SECTION ONE
The City of Bowman covenants as follows to wir:

(a) To make available to the Sheriff's Department its existing radio facilities.

### SECTION TWO

The Sheriff of Elbert County, Georgia covenants and agrees as follows, to-wit:

- \* (a) The Sheriff of Elbert County, Georgia will furnish complete enforcement of all the laws. State, local and municipal within the City limits of the City of Bowman, Georgia.
- (b) When making arrests the Sheriff shall at his sole discretion, make them returnable to the proper Court having jurisdiction of the offense charged.
- 🖔 (c) When an arrest is made involving the violation of State law and also the violation of one or more City ordinances; the Sheriff may at his sole discretion return the state cases to the proper State Court having jurisdiction and the violations of City ordinances to the Recorders Court of the City of Bowman, GA.
  - (d) The Sheriff of Elbert County, Georgia shall furnish the City of Bowman ten (10) hours of night patrol during each twenty-four (24) hour day, and shall spot patrol during the remaining hours of each twenty-four (24) hour period. The

AVENDER&LAVENDER TEL No.404-283-2994

Nov.12,90 10:27 P.03

#### SECTION THREE

### MUTUAL COVENANTS

The City of Bowman, Georgia and the Sheriff of Elhert County mutually covenant and agree to enter into this Contract and agree to execute and administer the same in strict compliance with the terms of the Official Code of Georgia 15-16-13.

### SECTION FOUR

### EFFECTIVE DATE AND TERM. TION

- (a) The effective date of this Contract shall be January 1. 1988.
- (b) This Contract-shall terminate at mid-night December 31, 1988.
- (c) This Con ract may be renewed from year to year by written consent of the parties and the written consent of the

January, 1983.

CITY OF BOWMAN, GEORGIA

ATTEST:

Betty The Maxwell Cork

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

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Agreement name:  Contacting Parties:  Effective and Ending Dates:  Contacting Parties:  Con					or promaing alleron			
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?  Resolution  7. Person Completing Form: Niles Poole City of Elberton  Phone Number: 706-213-3100 Date Completed: 4-10-99  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 Yes No  strategy? No  If not, provide the designated contact person(s) and phone number(s) below:	5.	List any formal ser	vice delivery agreements	or intergover	nmental contracts tha	will be used to implement	nt the strategy for this service:	
General Assembly, rate or fee changes, etc.), and when will they take effect?  Resolution  7. Person Completing Form: Niles Poole City of Elberton Phone Number: 706-213-3100 Date Completed: 4-10-99  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 Yes No strategy? No  If not, provide the designated contact person(s) and phone number(s) below:	Agre	eement name;		Contacting	g Parties:	Effec	tive and Ending Dates:	
General Assembly, rate or fee changes, etc.), and when will they take effect?  Resolution  7. Person Completing Form: Niles Poole City of Elberton Phone Number: 706-213-3100 Date Completed: 4-10-99  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 Yes No strategy? No  If not, provide the designated contact person(s) and phone number(s) below:								
General Assembly, rate or fee changes, etc.), and when will they take effect?  Resolution  7. Person Completing Form: Niles Poole City of Elberton Phone Number: 706-213-3100 Date Completed: 4-10-99  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 Yes No strategy? No  If not, provide the designated contact person(s) and phone number(s) below:								
Phone Number: 706-213-3100 Date Completed: 4-10-99  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?  If not, provide the designated contact person(s) and phone number(s) below:		General Assembly, rate or fee changes, etc.), and when will they take effect?						
Phone Number: 706-213-3100 Date Completed: 4-10-99  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? No  If not, provide the designated contact person(s) and phone number(s) below:								
Phone Number: 706-213-3100 Date Completed: 4-10-99  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?  If not, provide the designated contact person(s) and phone number(s) below:	7	Pareza Completina	Form: Nilse Pools Ci	ty of Elberton				
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?  If not, provide the designated contact person(s) and phone number(s) below:	/.			-				
consistent With the service delivery strategy?  If not, provide the designated contact person(s) and phone number(s) below:		Phone Number: _	/06-213-3100	Da	ate Completed:	4-10-99		
	8.	consistent With the service de	_		ies when evaluating w	hether proposed local go	vernment projects are	
		•		•	umber(s) below:			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County	: Elbert	Service:	Probate Court			
1. C	heck the box that best describes the	ne agreed upon delivery	arrangement for this service:			
<b>V</b>			cities and unincorporated areas) by a si ation providing the service. Elbert Cou			
	A single service provider will p government, authority or organi		the unincorporated portion of the count rvice.)	y. (If this box is checked, identify the		
			their incorporated boundaries, and the government(s), authority or organization			
			their incorporated boundaries, and the governments(s), authority or organization			
			elineating the service area of each ser rovide service within each service area.			
	developing the strategy, were over	erlapping service areas	, unnecessary competition and/or duplic	eation of this service identified?		
levels o			xplanation for continuing the arrangets of the duplication, or reasons that over			
	conditions will be eliminated und te them, the responsible party and		an implementation schedule listing eating for completing it	ach step or action that will be taken to		
3. L	ist each government or authority t	that will help to pay for	this service and indicate how the service enues, hotel/motel taxes, franchise taxes			
	Government or Authority:	Funding Method:				
Elbert (	County	General				
4. H No cha		evious mrangements is	or providing and/or funding this service	The sound of the s		
5. L	ist any formal service delivery ag	reements or intergover	nmental contracts that will be used to in	aplement the strategy for this service:		
Agreen	nent name:	Contacting	Parties:	Effective and Ending Dates:		
	<u> </u>	+				
C	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?  Resolution					
7. P	erson Completing Form: Niles	Poole City of Elberton				
	hone Number: 706-213-3100		ite Completed: 4-10-99			
V	s this the person who should be econsistent Vith the service delivery trategy?	ontacted by state agenci	es when evaluating whether proposed le	ocal government projects are		
	ot, provide the designated contact	•	umber(s) below:			
		_				

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Count	y: Elbert	Service: Magistrate Con	ırt		
	-				
l.	Check the box that best describes the agreed upon delivery arrangement for this service:				
		wide (i.e., including all cities and unine nt, authority or organization providing			
	A single service provider will p government, authority or organ	rovide Service only on the unincorpora zation providing the service.)	ted portion of the county	y. (If this box is checked, identify the	
		this service only within their incorpora ox is checked, identify the government(			
		this service only within their incorpora ox is checked, identify the governments			
		attach a legible map delineating the se organization that will provide service w			
	In developing the strategy, were over the No	erlapping service areas, unnecessary co	mpetition and/or duplic	ation of this service identified?	
evels		e strategy, attach an explanation for e(1)), overriding benefits of the duplication			
		ler the strategy, <b>attach an implementa</b> the agreed upon deadline for completi		ch step or action that will be taken to	
		hat will help to pay for this service and cial service district revenues, hotel/mot			
	Government or Authority:	Funding Method:			
	County	General			
			, , , , , , , , , , , , , , , , , , , ,		
	How will the strategy change the panges	revious arrangements for providing and	or funding this service	within the county?	
		reements or intergovernmental contract	s that will be used to im	•	
Agree	ement name:	Contacting Parties:		Effective and Ending Dates:	
	·				
	General Assembly, rate or fee char	ll be used to implement the strategy for ges, etc.), and when will they take effect		ances, resolutions, local acts of the	
Resol	ution				
7.	Person Completing Form: Niles	Poole City of Elberton			
	Phone Number: <u>706-213-3100</u>	Date Completed:	4-10-99		
,	Is this the person who should be co consistent With the service delivery strategy?	ntacted by state agencies when evaluate  Yes No	ng whether proposed lo	cal government projects are	
	not, provide the designated contact harles W. Kinney, Co. Administrat	person(s) and phone number(s) below: or 706/283-2000			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Coun	ty: Elbert	Service:	Juvenile Court					
1.	Check the box that best describes t	he agreed upon delivery	y 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. Elbert County							
	A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)							
			n their incorporated boundaries, and the service will not be provided in the government(s), authority or organization providing the service.)					
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)  Elbert County and City of Elberton Service Providers  Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.)							
		,	s, unnecessary competition and/or duplication of this service identified?					
levels			explanation for continuing the arrangement (i.e., overlapping but higher its of the duplication, or reasons that overlapping service areas or competition					
If the	se conditions will be eliminated un- nate them, the responsible party and	der the strategy, <b>attach</b> d the agreed upon deadl	an implementation schedule listing each step or action that will be taken to line for completing it.					
			r this service and indicate how the service will be funded (e.g., enterprise renues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,					
Local	Government or Authority:	Funding Method:						
	rt County	General						
	How will the strategy change the panges	revious arrangements fo	for providing and/or funding this service within the county?					
	List any formal service delivery ag	reements or intergoverr Contacting	rnmental contracts that will be used to implement the strategy for this service:  g Parties:  Effective and Ending Dates:					
	What other mechanisms (if any) w General Assembly, rate or fee char lution		nt the strategy for this service (e.g., ordinances, resolutions, local acts of the fill they take effect?					
	Person Completing Form: Niles							
	Phone Number: 706-213-3100	Da	ate Completed: 4-10-99					
	Is this the person who should be co- consistent With the service delivery strategy?	Yes No	ies when evaluating whether proposed local government projects are					
	not, provide the designated contact harles W. Kinney, Co. Admin. 706		number(s) below:					

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: District Attorney					
-	he 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. Elbert County					
A single service provider will p	provide Service only on the unincorporated portion of the county. (If this box is checked, identify the ization providing the service.)					
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)					
	this service only within their incorporated boundaries, and the county will provide the service in ex is checked, identify the governments(s), authority or organization providing the service.)					
	attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)					
2. In developing the strategy, were of Yes No 🗸	verlapping service areas, unnecessary competition and/or duplication of this service identified?					
	the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher 4(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition					
	der the strategy, attach an implementation schedule listing each step or action that will be taken to d the agreed upon deadline for completing it.					
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise scial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,					
Local Government or Authority:	Funding Method:					
Elbert County	General					
-1						
<ol> <li>How will the strategy change the p No changes</li> </ol>	previous arrangements for providing and/or funding this service within the county?					
5. List any formal service delivery ag Agreement name:	greements or intergovernmental contracts that will be used to implement the strategy for this service:  Contacting Parties: Effective and Ending Dates:					
General Assembly, rate or fee cha	vill be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the nges, etc.), and when will they take effect?					
Resolution						
7. Person Completing Form: Niles	s Poole City of Elberton					
Phone Number: <u>706-213-3100</u>	Date Completed: 4-10-99					
8. Is this the person who should be c consistent With the service delivery strategy?	ontacted by state agencies when evaluating whether proposed local government projects are  Yes  No					
If not, provide the designated contact	et person(s) and phone number(s) below:					
Charles W. Kinney, Co. Administra						

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Cor	ınty:	Elbert	Service:	Public Defender			
1.	Ch	eck the box that best describes the	he agreed upon delivery	y 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. Elbert County						
		A single service provider will provide Service only on the unincorporated portion of the county. (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.)						
				n their incorporated boundaries, and the county will provide t the governments(s), authority or organization providing the s			
				lelineating the service area of each service provider, and ideorovide service within each service area.)	entify the		
2.		developing the strategy, were over No	rerlapping service areas	s, unnecessary competition and/or duplication of this service i	dentified?		
levo	els of			explanation for continuing the arrangement (i.e., overlapping its of the duplication, or reasons that overlapping service area			
		conditions will be eliminated und them, the responsible party and		an implementation schedule listing each step or action that lline for completing it.	will be taken to		
3.		nds, user fees, general funds, spe		r this service and indicate how the service will be funded (e.g. renues, hotel/motel taxes, franchise taxes, impact fees, bonded			
Loc	al G	overnment or Authority:	Funding Method:				
Elb	ert C	ounty	General				
4. No	Ho chan		revious arrangements fo	for providing and/or funding this service within the county?			
5.	Lis	st any formal service delivery ag	reements or intergoverr	rimental contracts that will be used to implement the strategy	for this service:		
Agı		ent name:	Contacting				
···			<del></del>				
6.	Ge	meral Assembly, rate or fee chan		nt the strategy for this service (e.g., ordinances, resolutions, lovill they take effect?	eal acts of the		
Kes	soluti	on					
7.	Pei	rson Completing Form: Niles	Poole City of Elberton	1			
	Ph	one Number: 706-213-3100	Da	ate Completed: 4-10-99			
8.	coi Wi	this the person who should be consistent ith the service delivery ategy?	ontacted by state agencie Yes No	ies when evaluating whether proposed local government proje	ects are		
_		t, provide the designated contact rles W. Kinney, Co. Administrat	•	number(s) below:			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Count	y: Elbert	Service:	Probation Services	-		
	Theck the box that best describes t		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.					
	A single service provider will p government, authority or organ		the unincorporated portion of the count rvice.)	y. (If this box is checked, identify the		
			their incorporated boundaries, and the the government(s), authority or organiz			
	unincorporated areas. (If this be Service Providers Elbert Count	ox is checked, identify to and City of Elberton	their incorporated boundaries, and the governments(s), authority or organisms.	zation providing the service.)		
L			elineating the service area of each ser rovide service within each service area.			
	In developing the strategy, were or Yes No	verlapping service areas	, unnecessary competition and/or duplic	eation of this service identified?		
evels	e conditions will continue under to of service (See O.C.G.A. 36-70-2) to be eliminated.	he strategy, <b>attach an e</b> 4(1)), overriding benefit	xplanation for continuing the arrang is of the duplication, or reasons that over	ement (i.e., overlapping but higher erlapping service areas or competition		
	e conditions will be eliminated un ate them, the responsible party an		an implementation schedule listing eating for completing it.	ach step or action that will be taken to		
1			this service and indicate how the service enues, hotel/motel taxes, franchise taxes			
	Government or Authority:	Funding Method:				
	County	General				
	f Elberton	General				
		<u> </u>				
4. I	How will the strategy change the p	previous arrangements for	or providing and/or funding this service	within the county?		
No ch	anges					
5. 1	List any formal service delivery ag	greements or intergovers	amental contracts that will be used to in	plement the strategy for this service:		
Agree	ment name:	Contacting	Parties:	Effective and Ending Dates:		
			1000			
			<del>-</del>	100		
5. <b>N</b>	What other mechanisms (if any) w	ill be used to implement	t the strategy for this service (e.g., ordin	nances, resolutions, local acts of the		
	General Assembly, rate or fee char	nges, etc.), and when wi	Il they take effect?			
Resolu	JUON					
7. <b>F</b>	Person Completing Form: Niles	Poole City of Elberton				
	Phone Number: 706-213-3100		te Completed: 4-10-99			
3. 1	is this the person who should be co		es when evaluating whether proposed lo	ocal government projects are		
C	consistent		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, J		
	With the service delivery strategy?	Yes No				
	not, provide the designated contac	_	umber(s) below: out Wilson, City Manager 706/283-310	n		
	taries w. Khiney, Co. Auministra	(), /00/403-2000, D. 30	on winding city wanager 700/203-510	· · · · · · · · · · · · · · · · · · ·		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service:	Jail					
Check the box that best describes	the agreed upon delive	ry arrangement for th	is service:				
Service will be provided count checked, identify the government				ingle service provider. (If this box is			
A single service provider will government, authority or organ	provide Service only o sization providing the	n the unincorporated pervice.)	portion of the count	y. (If this box is checked, identify the			
	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.)						
unincorporated areas. (If this begin to the City of I	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 governments(s), authority or organization providing the service.)  Elbert County and the City of Elberton  Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the						
government, authority or other	organization that will	provide service within	n each service area.				
<ol> <li>In developing the strategy, were o Yes  No ✓</li> </ol>	verlapping service area	as, unnecessary compe	etition and/or duplic	cation of this service identified?			
If these conditions will continue overlapping but higher levels of s		_					
reasons that overlapping service a If these conditions will be eliminated un eliminate them, the responsible party and 3. List each government or authority	areas or competition ider the strategy, attack the agreed upon dear that will help to pay for	n cannot be eliming the an implementation dline for completing in or this service and ind	nated.  schedule listing ead.  c.  icate how the service	ach step or action that will be taken to			
Local Government or Authority:  Elbert County	Funding Method: General						
City of Elberton	General						
4. How will the strategy change the p No changes	orevious arrangements	for providing and/or t	unding this service	within the county?			
5. List any formal service delivery a	greements or intergove	rnmental contracts tha	at will be used to im	plement the strategy for this service:			
Agreement name:	Contactin	g Parties:		Effective and Ending Dates:			
THE STATE OF THE S							
5. 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?  Resolution							
7 Danier Consolida - France Niles	Pools City of Elborto	_					
7. Person Completing Form: Niles							
Phone Number: <u>706-213-3100</u>		• -	4-10-99				
8. Is this the person who should be c consistent With the service delivery strategy?	ontacted by state agend  Yes No	cies when evaluating v	whether proposed lo	ocal government projects are			
If not, provide the designated contact	t person(s) and phone	number(s) below:					
Charles W. Kinney, County Admin	strator 706/283-2000,	D. Scott Wilson, City	Manager 706283-3	3100			

### **MEMORANDUM**

DATE:

20 May 1999

TO:

Mr. Niles Poole

FROM:

Mr. Mark C. Welsh

Chief of Police

SUBJECT:

Care of Jail inmates.

Please be advised that we currently have a verbal agreement with Sheriff Anderson that we can house his overflow of prisoners until we reach a capacity of twelve inmates. We do not charge him a per diem for this. In exchange he has agreed to feed all inmates three times a day and to provide all sundries/toiletries, i.e. soap, toothpaste shampoo, towels and etc. This arrangement has been beneficial in that it serves both our needs and has shown a saving of funds on our part. If you need further information let me know.

**MCW** 

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Coun	ıty:	Elbert		Service:	Fire Protection		
	•			_			
۱.	Ch	eck the box that best describes the	ne agreed u	pon deliver	y arrangement for this	s service:	
		Service will be provided county checked, identify the governme					ingle service provider. (If this box is
	A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)						
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)						
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.) Elbert County and the City of Elberton						
L		Other. (If this box is checked, a government, authority or other of					
2.		developing the strategy, were over No	ertapping s	service areas	, unnecessary compe	tition and/or duplic	eation of this service identified?
level: canno	s of of b		(1)), overr covides fire	iding benefi protection	ts of the duplication, for all areas of Elbe	or reasons that ove ert County except	
		n provides this service as a me					i Elberton. Also the City of
elimi	nat Lis	e them, the responsible party and a cach government or authority	l the agreed that will he	f upon dead lp to pay for	line for completing it this service and indi	cate how the service	ce will be funded (e.g., enterprise s, impact fees, bonded indebtedness,
	ete					,	,,
		overnment or Authority:	Funding N	Method:			
		ounty	General				
City	110	Elberton	General				
`_							
4.	Н	w will the strategy change the p	revious arr	angements f	or providing and/or f	unding this service	within the county?
No c	han	ges					
5.	Lis	st any formal service delivery ag	reements o	r intergover	nmental contracts tha	t will be used to in	plement the strategy for this service:
Agre	eme	ent name:		Contacting	Parties:		Effective and Ending Dates:
		Aid Agreement			perton 706283-3100		6-3-96 until terminated
	_	· · · · · · · · · · · · · · · · · · ·					
6.	W	hat other mechanisms (if any) w	ill be used	io implemen	at the strategy for this	service (e.g., ordi	nances, resolutions, local acts of the
	Ge	eneral Assembly, rate or fee char	iges, etc.), a	and when w	ill they take effect?		
Reso	luti	on					
7.	Person Completing Form: Niles Poole City of Elberton						
	Ph	one Number: 706-213-3100		Da	te Completed:	4-10-99	
8.	Is	this the person who should be co	ntacted by	state agenci	es when evaluating w	whether proposed lo	ocal government projects are
	co	nsistent th the service delivery strategy?	Yes	✓ No	· • • · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		t, provide the designated contact	•	•	• -		
<u>C</u>	har	les W. Kinney, Co. Administrato	or 706/283-	2000 D. Sec	ott Wilson, City Man	ager 706/283-3100	

GEORGIA )
ELBERT COUNTY )

Mutual Aid Aggreenent

### WITNESSETH:

whereas, County has a volunteer fire department consisting of eight (8) different stations in the unincorporated areas of the County; and

WHEREAS, City has a fire department which serves the City of Elberton; and

WHEREAS, from time to time, certain fires may require joint efforts on the part of the County and City; and County and City thereby desire to render mutual aid and assistance in those instances; and

WHEREAS, the parties desire to enter into an intergovernmental contract pursuant to the provisions of Art. IX, §III, Par. I, which will provide for the joint provisioning of services;

NOW, THEREFORE, in consideration of the premises stated, the mutual promises hereinafter expressed, and other good and valuable consideration, receipt whereof is hereby acknowledged, it is hereby agreed as follows:

1.

#### MUTUAL AID AND ASSISTANCE

County and City agree that they will render assistance to each other in the event of a major fire or other disaster beyond each fire department's ability to control. It is understood by both County and City, that neither County nor City will be required to render aid and assistance to the other which would jeopardize the ability of the furnishing political subdivision to render services within its own jurisdiction. Such aid may be in the form of equipment, manpower or both.

2.

#### REQUEST FOR MUTUAL AID AND ASSISTANCE

The County Manager, or in his absence, the County Clerk, or in any event, the Chairman of the Commissioners and such other person as the Commissioners may designate, may make a request for assistance on behalf of the County. The City Manager, the Mayor, or any other person or persons designated by the City Council shall have the authority to make the request on behalf of the City. Each political subdivision will notify the other of the persons so designated to exercise this authority.

#### COMPENSATION

The parties hereto anticipate that the mutual aid services rendered hereunder will be substantially equal, but in any event, each political subdivision rendering service to the other shall maintain a record of the scope of its commitment and expenses, and at the end of the year, if one political subdivision believes that it has rendered services substantially in excess of that which it received, the parties will meet and resolve the question of compensation. If they are unable to agree on the compensation, the matter shall be resolved by arbitration by submitting same to the Judge of the Superior Court, and if he declines to serve, then the parties will agree on an impartial arbitrator to make the decision.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed by their duly authorized officials and their official seals to be attached hereto on the date and year first above written.

· ·	ELBERT COUNTY	
Signed, sealed and delivered in the presence of:	BY: Chairman, County Commiss	ioners
	ATTEST:	
	Clerk	
Notary Public, Elbert County,	Deathulson	
Georgia	D. Scott Wilson, City Manager	
My Commission Expires:	·	,

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service:	Fire Safety and Buil	ding Inspections	
Check the box that best describes the agreed upon delivery arrangement for this service:				
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service. City of Elberton				
A single service provider will progovernment, authority or organiz			rtion of the county	y. (If this box is checked, identify the
One or more cities will provide the unincorporated areas. (If this box				
One or more cities will provide the unincorporated areas. (If this box				county will provide the service in tation providing the service.)
Other. (If this box is checked, at government, authority or other or				
2. In developing the strategy, were ove Yes No V	rlapping service area	s, unnecessary competi-	tion and/or duplic	eation of this service identified?
If these conditions will continue un overlapping but higher levels of ser	rvice (See O.C.G.	A. 36-70-24(1)), ov	erriding benef	
easons that overlapping service are	eas or competition	n cannot be elimina	tea.	
If these conditions will be eliminated under eliminate them, the responsible party and 3. List each government or authority the funds, user fees, general funds, speci- etc.).	the agreed upon dead at will help to pay fo	lline for completing it. or this service and indica	ate how the servic	e will be funded (e.g., enterprise
Local Government or Authority:	Funding Method:			
	General			
	General			
City of Bowman (	General			
	· ·			
<ol> <li>How will the strategy change the pre No changes</li> </ol>	evious arrangements	for providing and/or fur	nding this service	within the county?
<ol> <li>List any formal service delivery agree</li> </ol>	_		will be used to im	
Agreement name: Fire and Building Inspection Services	Contactin	g Parties: Vilson, City Manager		Effective and Ending Dates: 1/12/94 until Elbert County and
The and Building Inspection Services	D. Scott	viison, City Manager		Bowman have their own program.
	Charles W	/. Kinney, County Adm	inistrator	
17 M 7 M 2				
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?  Resolution				
7. Person Completing Form: Niles Poole City of Elberton				
Phone Number: 706-213-3100	D	ate Completed: 4	10-99	
8. Is this the person who should be conconsistent With the service delivery strategy?	tacted by state agence	ies when evaluating wh	ether proposed lo	ocal government projects are
If not, provide the designated contact p D. Scott Wilson, City Manager 706/28	•	number(s) below:		<u> </u>

# ELBERT COUNTY INTER-GOVERNMENTAL CONTRACT 001-96

#### BUILDING INSPECTOR AND FIRE SAFETY SERVICES

This Intergovernmental Contract (the 'COMTRACT') is made and entered into this 8th day July, 1996, by and between BLBERT COUNTY, a political subdivision of the State of Georgis, and the CITY OF BLBERTON, a Georgia Municipal Corporation ("CITY").

#### FITTESBETE:

WHELEAS: The City has a qualified building and Fire Safety Inspector for the purpose of inspecting for violations and/or conformity of state and local building and safety code; and

MESSES: The County desires to contract with the City for the purpose of inspections within Ilbert County on an individual basis at a pre-agreed contract price, and

WWEERAS: Personal liability to the City Building and Fire Safety Inspector exists during County authorized inspection wisits, and

WEBLEAS: The County and the City desire to enter into this contract with each other all in the best interest of the residents of the County.

NOW, THENHOUR, in consideration of the premises stated and the mutual promises hereivafter expressed, it is beceby agreed as follows:

- [1] Upon request by the County Administrator to the City Manager, the latter will make available to the County, the City's Building and Fire Safety Inspector or Inspectors, for the purpose of inspecting for violations of state and local building codes in those areas of the County outside the incorporated areas of the City of Riberton and the City of Buwan. The City Manager will make such Emilding and Fire Safety Inspector or Inspectors available for use by the County, but at such time as will not interfere with the performance of such inspector's or inspectors' duties on hebalf of the City.
- (2) The County shall be sptitled to charge a fee for such inspection services in such reasonable amounts as it may deem appropriate and the county will pay to the City not more than \$50.00 for each inspection conducted by the City Building and Fire Safety Inspector or Inspectors. The City shall bill the County sometime after the first of each month itemizing the particular inspections conducted and the County shall remit the cost for such inspections so submitted within fourtees days thereafter.
- (3) During the time the City Building and Fire Safety Inspector is conducting inspections on behalf of the County, the County shall assume liability for damage to person and property arising out of the activities of the Building and Fire Safety Inspector while performing work for the County. The City agrees that the Building and Fire Safety Inspector or Inspectors are covered by policies of errors and omissions or other liability insurance insuring against liability for damage to person and property artising out of the acts and conduct of the Building and Fire Safety Inspector or Inspectors, and the City agrees that it will obtain an endorsement on said policy extending coverage to instances where the inspector of inspectors are performing building and fire safety inspections for the County. If said endorsement results in any extra premium, the County will pay same.
- (4) The execution of this document by the undersigned officials of the city of Elberton and Elbert County constitutes representations and varranties by each that this contract has been duly authorized by the Mayor and Council of Elberton and the Board of Commissioners of Elbert County

IN NITHESS NUMBERS the parties hereto, acting through their duly authorized officers, have caused this contract to be executed and their Corporate Scale to be affixed and attested all as of the date and year first above written.

CITY OF REMERTON

SUBBLET COUNTY

17 Sela & Lone Kayor

Y: <u>Afric Menton</u> Chairean

ATTEST:

-411E41:

City Clerk

County Clerk

Read and approved:

Read and approved:

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Emergency Communi	cations (E-911)		
1. Check the box that best describes the ag	reed upon delivery arrangement for this s	ervice:		
	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. Elbert County			
	A single service provider will provide Service only on the unincorporated portion of the county. (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.)			
		ndaries, and the county will provide the service in hority or organization providing the service.)		
	th a legible map delineating the service and initiation that will provide service within ea	area of each service provider, and identify the ach service area.)		
<ol> <li>In developing the strategy, were overlaged Yes No ✓</li> </ol>	pping service areas, unnecessary competiti	ion and/or duplication of this service identified?		
		on for continuing the arrangement (i.e.,		
overlapping but higher levels of service areasons that overlapping service areas	•	erriding benefits of the duplication, or ed.		
If these conditions will be eliminated under t	he strategy, attach an implementation sc	hedule listing each step or action that will be taken to		
eliminate them, the responsible party and the 3. List each government or authority that		te how the service will be funded (e.g., enterprise		
funds, user fees, general funds, special		s, franchise taxes, impact fees, bonded indebtedness,		
etc.). Local Government or Authority: Fur	nding Method:			
	neral			
	ous arrangements for providing and/or fun	ding this service within the county?		
No changes				
<ol><li>List any formal service delivery agreen</li></ol>	nents or intergovernmental contracts that v	vill be used to implement the strategy for this service:		
Agreement name:	Contacting Parties:	Effective and Ending Dates:		
14.				
<ol> <li>What other mechanisms (if any) will be General Assembly, rate or fee changes,</li> </ol>		ervice (e.g., ordinances, resolutions, local acts of the		
Resolution	,,			
7. Person Completing Form: Niles Poo	le City of Elberton			
Phone Number: 706-213-3100	Date Completed: 4-	10-99		
consistent		ether proposed local government projects are		
With the service delivery strategy?	Yes No			
If not, provide the designated contact per	son(s) and phone number(s) below:			
Charles W. Kinney, County Administrate	or 706/283-2000			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert		Service: Emergency Management Agency/Res	cue	
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. Elbert County				
A single service provider will p government, authority or organi		ce only on the unincorporated portion of the county ding the service.)	y. (If this box is checked, identify the	
		only within their incorporated boundaries, and the did it is identify the government(s), authority or organization.		
		only within their incorporated boundaries, and the d, identify the governments(s), authority or organize		
		ble map delineating the service area of each ser that will provide service within each service area.)		
2. In developing the strategy, were over Yes No	erlapping ser	rvice areas, unnecessary competition and/or duplic	eation of this service identified?	
		rategy, attach an explanation for contin		
		O.C.G.A. 36-70-24(1)), overriding benef	its of the duplication, or	
reasons that overlapping service a		npetition cannot be eliminated. gy, <b>attach an implementation schedule</b> listing ea	ich sten or action that will be taken to	
of these conditions will be eliminated underliminate them, the responsible party and			ion step or action that will be taken to	
3. List each government or authority	that will help	to pay for this service and indicate how the service		
funds, user fees, general funds, spe etc.).	cial service d	listrict revenues, hotel/motel taxes, franchise taxes	, impact lees, bonded indebtedness,	
Local Government or Authority:	Funding Mo	ethod:		
Elbert County	General			
City of Elberton	General			
4. How will the strategy change the p	revious arran	gements for providing and/or funding this service	within the county?	
No changes			•	
5. List any formal service delivery ag	reements or i	intergovernmental contracts that will be used to in	plement the strategy for this service:	
Agreement name:		Contacting Parties:	Effective and Ending Dates:	
			<u> </u>	
			******	
V. HVV.		·-		
6. What other mechanisms (if any) w General Assembly, rate or fee char		implement the strategy for this service (e.g., ording when will they take effect?	nances, resolutions, local acts of the	
Resolution				
7. Person Completing Form: Niles	Poole City o	f Elberton	,,	
Phone Number: 706-213-3100		Date Completed: 4-10-99		
consistent	consistent			
With the service delivery strategy?	Yes	✓ No		
If not, provide the designated contact	If not, provide the designated contact person(s) and phone number(s) below:			
	poracritica, un	a priorie riamour (o) coro m		
Charles W. Kinney, County Admini	•	83-2000, D. Scott Wilson, City Manager		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Emergency Medical Services		
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. Elbert County			
A single service provider will provide Service government, authority or organization provider	vice only on the unincorporated portion of the count viding the service.)	y. (If this box is checked, identify the	
	e only within their incorporated boundaries, and the ed, identify the government(s), authority or organization.		
	e only within their incorporated boundaries, and the ed, identify the governments(s), authority or organized.		
	gible map delineating the service area of each ser in that will provide service within each service area.		
<ol> <li>In developing the strategy, were overlapping s</li> <li>Yes  No ✓</li> </ol>	service areas, unnecessary competition and/or duplic	eation of this service identified?	
	strategy, attach an explanation for contin	_	
	ee O.C.G.A. 36-70-24(1)), overriding benef	its of the duplication, or	
reasons that overlapping service areas or co	ompetition cannot be eliminated. tegy, <b>attach an implementation schedule</b> listing ea	ich step or action that will be taken to	
eliminate them, the responsible party and the agreed	d upon deadline for completing it.	·	
	Ip to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise taxes		
Local Government or Authority: Funding N			
Elbert County User Fee:	s and General Fund		
1 How will the state of the sta		within the courts 9	
<ol> <li>How will the strategy change the previous arrange that have been strategy changes.</li> </ol>	angements for providing and/or funding this service	within the county?	
to changes			
	r intergovernmental contracts that will be used to in		
Agreement name:	Contacting Parties:	Effective and Ending Dates:	
1			
6. What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.),	to implement the strategy for this service (e.g., ordinand when will they take effect?	nances, resolutions, local acts of the	
Resolution	•		
7. Person Completing Form: Niles Poole City	of Elberton		
Phone Number:706-213-3100	Date Completed: 4-10-99		
consistent	state agencies when evaluating whether proposed lo	ocal government projects are	
With the service delivery strategy? Yes	✓ No		
If not, provide the designated contact person(s)	and phone number(s) below:		
Charles W. Kinney, County Administrator 706/	283-2000,		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

C FILE	Sarvica: Hospital			
County: Elbert	Service: Hospital			
. 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. Elbert County Hospital Authority			
A single service provider will prov government, authority or organizat		of the county. (If this box is checked, identify the		
	s service only within their incorporated boundaries checked, identify the government(s), authority			
	s service only within their incorporated boundaries checked, identify the governments(s), authori			
	ach a legible map delineating the service area anization that will provide service within each s			
<ol> <li>In developing the strategy, were overlayer</li> <li>No ✓</li> </ol>	apping service areas, unnecessary competition a	and/or duplication of this service identified?		
	er the strategy, attach an explanation			
11 0 0	rice (See O.C.G.A. 36-70-24(1)), overrious or competition cannot be eliminated.	ung benefits of the duplication, or		
If these conditions will be eliminated under	the strategy, attach an implementation sched	ule listing each step or action that will be taken to		
eliminate them, the responsible party and the 3. List each government or authority that	e agreed upon deadline for completing it.  I will help to pay for this service and indicate he	ow the service will be funded (e.g., enterprise		
funds, user fees, general funds, special		anchise taxes, impact fees, bonded indebtedness,		
etc.). Local Government or Authority: Fu	unding Method:			
	Ser Fees			
4. How will the strategy change the previous	ious arrangements for providing and/or funding	this service within the county?		
No changes				
<ol> <li>List any formal service delivery agree</li> </ol>	ments or intergovernmental contracts that will be	be used to implement the strategy for this service:		
Agreement name:	Contacting Parties:	Effective and Ending Dates:		
	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the		
Resolution				
	als Charles CER			
7. Person Completing Form: Niles Po				
Phone Number: 706-213-3100	Date Completed: 4-10-9	9		
8. Is this the person who should be contaconsistent With the service delivery strategy?	acted by state agencies when evaluating whether  Yes  No	r proposed local government projects are		
If not, provide the designated contact pe	•			
Charles W. Kinney, County Administra	ator 706/283-2000,			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instruction

County:	Elbert		Service: Public	Health	
i. Ch	neck the box that best describes t	he agreed u	pon delivery arrange	ment for this service:	
$\checkmark$	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. Elbert County				
	A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)				
	One or more cities will provide unincorporated areas. (If this b				
	One or more cities will provide unincorporated areas. (If this b				county will provide the service in zation providing the service.)
	Other. (If this box is checked, a government, authority or other				
	developing the strategy, were over No 🗸	erlapping s	ervice areas, unneces	ssary competition and/or duplic	eation of this service identified?
overla	pping but higher levels of s	ervice (Se	e O.C.G.A. 36-70	0-24(1)), overriding benef	uing the arrangement (i.e., its of the duplication, or
	s that overlapping service a				
					ich step or action that will be taken to
	e them, the responsible party and				and the forested to an enterprise
					re will be funded (e.g., enterprise , impact fees, bonded indebtedness,
	:.).	oldi ber vice	district to voltaes, no	non motor taxes, manerine taxes	, impact rees, conded macreaness,
	overnment or Authority:	Funding N	1ethod:		
Elbert C	County	User Fee	and General Fund		
		_			
4. Ho	ow will the strategy change the p	revious arr.	ingements for provid	ing and/or funding this service	within the county?
No char					·
140 Chai	iges				
5. Li	et any formal carvina dalivary an	raamante a	intercovernmental c	contracts that will be used to im	plement the strategy for this service:
		reements o	_	contracts that win be used to in	
Agreem	ent name:		Contacting Parties:		Effective and Ending Dates:
6. W	hat other mechanisms (if any) w	ill be used	o implement the stra	tegy for this service (e.g. ordin	ances, resolutions, local acts of the
	eneral Assembly, rate or fee char				lances, resolutions, local acts of the
	•	igos, etc.),	and when will they to	inc offect.	
Resolut	ion				
7. Po	erson Completing Form: Niles	Poole City	of Elberton		
		Toole City			
Ph	ione Number: 706-213-3100		Date Compl	Ieted: 4-10-99	
8. Is	this the person who should be co	ontacted by	state agencies when	evaluating whether proposed lo	ocal government projects are
co	nsistent ith the service delivery strategy?	_	✓ No		
			_		
If no	t, provide the designated contact	person(s)	and phone number(s)	below:	
_Cha	rles W. Kinney, County Admini	strator 706/	283-2000,		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Cour	unty: Elbert	Service: Mental Health		
١.	Check the box that best describes the agreed u	ipon 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. Elbert County			
	A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)			
[		e only within their incorporated boundaries, and the ted, identify the government(s), authority or organization		
[		e only within their incorporated boundaries, and the ted, identify the governments(s), authority or organ		
[		gible map delineating the service area of each se on that will provide service within each service area		
2.	In developing the strategy, were overlapping a Yes No	service areas, unnecessary competition and/or dupli	cation of this service identified?	
		strategy, attach an explanation for conting		
	isons that overlapping service areas or co	ee O.C.G.A. 36-70-24(1)), overriding bene ompetition cannot be eliminated.	and of the duphcation, of	
	nese conditions will be eliminated under the stra ninate them, the responsible party and the agree	ttegy, attach an implementation schedule listing e	each step or action that will be taken to	
3,	List each government or authority that will he	elp to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise taxes		
	eal Government or Authority: Funding I			
Elbe	ert County User Fee	s and General Fund		
4.	How will the strategy change the previous arr	rangements for providing and/or funding this service	e within the county?	
no c	changes		,	
5	List and formula coming deligent appropriate	ar integravaremental contracts that will be used to i	mplament the strategy for this services	
		or intergovernmental contracts that will be used to i		
5. Agre	List any formal service delivery agreements or reement name:	or intergovernmental contracts that will be used to i  Contacting Parties:	mplement the strategy for this service:  Effective and Ending Dates:	
Agro	reement name:	Contacting Parties:  to implement the strategy for this service (e.g., ord	Effective and Ending Dates:	
Agro	What other mechanisms (if any) will be used	Contacting Parties:  to implement the strategy for this service (e.g., ord	Effective and Ending Dates:	
Agro	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.),	Contacting Parties:  to implement the strategy for this service (e.g., ord	Effective and Ending Dates:	
Agro	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.),	Contacting Parties:  to implement the strategy for this service (e.g., ord	Effective and Ending Dates:	
Agro 66.	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), solution	Contacting Parties:  to implement the strategy for this service (e.g., ord and when will they take effect?	Effective and Ending Dates:	
Agro	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), solution  Person Completing Form: Niles Poole City	Contacting Parties:  to implement the strategy for this service (e.g., ord and when will they take effect?	Effective and Ending Dates:	
Agreen Agree	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), solution  Person Completing Form: Niles Poole City Phone Number: 706-213-3100	to implement the strategy for this service (e.g., ord and when will they take effect?  / of Elberton  Date Completed: 4-10-99	Effective and Ending Dates:	
Agreen Agree	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), solution  Person Completing Form: Niles Poole City Phone Number: 706-213-3100	Contacting Parties:  to implement the strategy for this service (e.g., ord and when will they take effect?	Effective and Ending Dates:	
Agro	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), solution  Person Completing Form: Niles Poole City Phone Number: 706-213-3100  Is this the person who should be contacted by consistent With the service delivery strategy? Yes	to implement the strategy for this service (e.g., ord and when will they take effect?  Of Elberton  Date Completed: 4-10-99  state agencies when evaluating whether proposed	Effective and Ending Dates:	
6. Resc	What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), solution  Person Completing Form: Niles Poole City Phone Number: 706-213-3100  Is this the person who should be contacted by consistent	to implement the strategy for this service (e.g., ord and when will they take effect?  of Elberton  Date Completed: 4-10-99  state agencies when evaluating whether proposed  No and phone number(s) below:	Effective and Ending Dates:	

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service:	Aging Center	
. Check the box that best describes t	he agreed upon delive	ry arrangement for this service:	
		Il cities and unincorporated areas) by a sization providing the service. Elbert Coun	
A single service provider will p government, authority or organi		n the unincorporated portion of the county ervice.)	/. (If this box is checked, identify the
		in their incorporated boundaries, and the the government(s), authority or organization	
		in their incorporated boundaries, and the of the governments(s), authority or organize	
		delineating the service area of each service provide service within each service area.)	
<ol> <li>In developing the strategy, were over Yes No</li> </ol>	verlapping service area	s, unnecessary competition and/or duplic	ation of this service identified?
overlapping but higher levels of s	ervice (See O.C.G	attach an explanation for continue. A. 36-70-24(1)), overriding benef	**
eliminate them, the responsible party and 3. List each government or authority	der the strategy, attac d the agreed upon dead that will help to pay fo	h an implementation schedule listing ea	e will be funded (e.g., enterprise
etc.). Local Government or Authority:	Funding Method:		
Elbert County	User Fees and Gene	ral Fund	
City of Elberton	General Fund		
<ol> <li>How will the strategy change the p No changes</li> </ol>	orevious arrangements	for providing and/or funding this service	within the county?
5. List any formal service delivery ag		rnmental contracts that will be used to im	plement the strategy for this service:  Effective and Ending Dates:
The second manie.	Contacti		
4*-			
5. 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?  Resolution			
Person Completing Form: Niles Poole City of Elberton			
Phone Number: 706-213-3100	D	ate Completed: 4-10-99	
8. Is this the person who should be ed consistent With the service delivery strategy?	ontacted by state agend	cies when evaluating whether proposed lo	cal government projects are
If not, provide the designated contact		number(s) below:	
Charles W. Kinney, County Admini	strator 706/283-2000,		

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Public Transportation for Agi	ing		
. Check the box that best describes the agreed	upon delivery arrangement for this service:			
	., including all cities and unincorporated areas rity or organization providing the service. Elbe			
	A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)			
	ice only within their incorporated boundaries, eked, identify the government(s), authority or			
	ice only within their incorporated boundaries, cked, identify the governments(s), authority of			
	legible map delineating the service area of e ion that will provide service within each servi			
Yes No	g service areas, unnecessary competition and/o			
If these conditions will continue under the overlapping but higher levels of service (	See O.C.G.A. 36-70-24(1)), overriding			
reasons that overlapping service areas or If these conditions will be eliminated under the st		listing each step or action that will be taken to		
climinate them, the responsible party and the agree	eed upon deadline for completing it.			
	help to pay for this service and indicate how the district revenues, hotel/motel taxes, franch			
etc.).		-, p, - one-o meansquitoni,		
	g Method: ees and General Fund			
Usel P				
	urrangements for providing and/or funding this	s service within the county?		
No changes				
5. List any formal service delivery agreements	or intergovernmental contracts that will be us	sed to implement the strategy for this service:		
Agreement name:	Contacting Parties:	Effective and Ending Dates:		
6. What other mechanisms (if any) will be use General Assembly, rate or fee changes, etc.	d to implement the strategy for this service (e), and when will they take effect?	e.g., ordinances, resolutions, local acts of the		
Resolution				
7. Person Completing Form: Niles Poole C	ity of Elberton			
Phone Number: 706-213-3100	Date Completed: 4-10-99			
	by state agencies when evaluating whether pro	oposed local government projects are		
consistent With the service delivery strategy? Ye	s 🗸 No			
If not, provide the designated contact person(				
Charles W. Kinney, County Administrator 70				
Country of Francis Country Parameter 1				

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County	: Elbert	Service:	Animal Control
1. C	heck the box that best describes the	agreed upon delivery	arrangement for this service:
✓			cities and unincorporated areas) by a single service provider. (If this box is ation providing the service, City of Elberton
	A single service provider will provider government, authority or organization		the unincorporated portion of the county. (If this box is checked, identify the rvice.)
			their incorporated boundaries, and the service will not be provided in the government(s), authority or organization providing the service.)
			their incorporated boundaries, and the county will provide the service in the governments(s), authority or organization providing the service.)
			elineating the service area of each service provider, and identify the rovide service within each service area.)
	developing the strategy, were overlies No	lapping service areas	, unnecessary competition and/or duplication of this service identified?
overla	apping but higher levels of serv	vice (See O.C.G.A	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or
	is that overlapping service are		
	e conditions will be eliminated under ate them, the responsible party and the		an implementation schedule listing each step or action that will be taken to ine for completing it.
3. L	ist each government or authority tha	it will help to pay for	this service and indicate how the service will be funded (e.g., enterprise
fı	unds, user fees, general funds, specia	al service district revo	enues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,
	lc.),	unding Marks 4.	
		unding Method: General Fund	
		General Fund	
I STEVE !!	Control		
4. F No cha			or providing and/or funding this service within the county?
	ist any formal service delivery agreement name:	ements or intergoverr	nmental contracts that will be used to implement the strategy for this service:  Parties: Effective and Ending Dates:
	<u></u>		
C	General Assembly, rate or fee change	be used to implementes, etc.), and when wi	t the strategy for this service (e.g., ordinances, resolutions, local acts of the ill they take effect?
Resolu	ition		
7. F	Person Completing Form: Niles Po	oole City of Elberton	
F	Phone Number: 706-213-3100	Da	tte Completed: 4-10-99
c	s this the person who should be cont consistent With the service delivery strategy?	acted by state agenci	es when evaluating whether proposed local government projects are
If n	not, provide the designated contact pe	erson(s) and phone n	umber(s) below:
	Scott Wilson, City Manager 706/28.		
	The state of the s		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Airport				
Check the box that best describes the agree	d 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. Elbert County					
	A single service provider will provide Service only on the unincorporated portion of the county. (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.)				
	vice only within their incorporated boundaries, and the ecked, identify the governments(s), authority or organi				
	legible map delineating the service area of each sertion that will provide service within each service area.				
2. In developing the strategy, were overlapping Yes No	g service areas, unnecessary competition and/or dupli	cation of this service identified?			
	ne strategy, attach an explanation for contin	-			
overlapping but higher levels of service ( reasons that overlapping service areas or	(See O.C.G.A. 36-70-24(1)), overriding bene competition cannot be eliminated.	fits of the duplication, or			
If these conditions will be eliminated under the s	trategy, attach an implementation schedule listing e	ach step or action that will be taken to			
	eed upon deadline for completing it.  help to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise taxe				
Local Government or Authority: Fundin	g Method:				
Elbert County General	al Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1 11	arrangements for providing and/or funding this service	within the country?			
No changes	arrangements for providing and/or funding this service	e within the county:			
NO Changes					
	s or intergovernmental contracts that will be used to in				
Agreement name:	Contacting Parties:	Effective and Ending Dates:			
6. What other mechanisms (if any) will be use General Assembly, rate or fee changes, etc	ed to implement the strategy for this service (e.g., ordi	nances, resolutions, local acts of the			
Resolution					
Person Completing Form: Niles Poole C	city of Elberton				
Phone Number: <u>706-213-3100</u>	Date Completed: 4-10-99				
<ol> <li>Is this the person who should be contacted consistent</li> <li>With the service delivery strategy?</li> </ol>	by state agencies when evaluating whether proposed les  No	ocal government projects are			
If not, provide the designated contact person(					
Charles W. Kinney, County Administrator 70	701 402 7 1 1 1 0				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert		Service: Cemetery Maintenance	
	the agreed u	pon 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. Elbert County			
A single service provider will provider will provide and a government, authority or organization.		vice only on the unincorporated portion of the countries the service.)	y. (If this box is checked, identify the
	oox is check	e only within their incorporated boundaries, and the ed, identify the government(s), authority or organization	
One or more cities will provide	this service	e only within their incorporated boundaries, and the ed, identify the governments(s), authority or organized.	
		gible map delineating the service area of each ser in that will provide service within each service area.)	
2. In developing the strategy, were o	verlapping s	service areas, unnecessary competition and/or duplic	ation of this service identified?
overlapping but higher levels of s	service (Se	strategy, attach an explanation for continue O.C.G.A. 36-70-24(1)), overriding benef	
reasons that overlapping service areas or competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,			
etc.). Local Government or Authority:	Funding N	Method:	
City of Elbeton	General F	und	
City of Bowman	General F	und	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No changes			
5. List any formal service delivery a Agreement name:	-	r intergovernmental contracts that will be used to im Contacting Parties:	plement the strategy for this service: Effective and Ending Dates:
7			
General Assembly, rate or fee cha		to implement the strategy for this service (e.g., ordinand when will they take effect?	ances, resolutions, local acts of the
Resolution			
7. Person Completing Form: Niles Poole City of Elberton			
Phone Number:		Date Completed: 4-10-99	
8. Is this the person who should be e consistent With the service delivery strategy?		state agencies when evaluating whether proposed lo	ocal government projects are
If not, provide the designated contact	t person(s)	and phone number(s) below:	
	•	B. Berryman, Mayor, 706/245-5432	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Cou	inty: Elbert	Service: Rights	of Way and Parks Maintenan	ce				
1.	Check the box that best describes the	ne agreed upon delivery arrang	ement 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. Elbert County							
	A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)							
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)							
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)  Elbert County, City of Bowman and City of Elberton							
	Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.)							
2.	In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes No V							
ove	hese conditions will continue userlapping but higher levels of se	ervice (See O.C.G.A. 36-7	0-24(1)), overriding bene					
II th	sons that overlapping service a nese conditions will be eliminated und tinate them, the responsible party and	ler the strategy, attach an imp	lementation schedule listing	each step or action that will be taken to				
3.								
	al Government or Authority:	Funding Method:						
	ert County	General Fund						
	of Élbaton of Bowman	General Fund General Fund						
City	of Bowitan	General Fund						
4. No 6	How will the strategy change the prechanges	evious arrangements for provid	ling and/or funding this servic	e within the county?				
5.	List any formal service delivery agr	reements or intergovernmental	contracts that will be used to i	mplement the strategy for this service:				
Agreement name:		Contacting Parties:		Effective and Ending Dates:				
6.	What other mechanisms (if any) wi General Assembly, rate or fee chan	Il be used to implement the strages, etc.), and when will they to	ategy for this service (e.g., ord	inances, resolutions, local acts of the				
Rese	olution							
7.	. Person Completing Form: Niles Poole City of Elberton							
	Phone Number: 706-213-3100	Date Comp	eleted: 4-10-99					
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 V No							
(	If not, provide the designated contact person(s) and phone number(s) below:  Charles W. Kinney, County Administrator 706/283-2000, D. Scott Wilson, City Manager 706/283-3100, L. B. Berryman, Mayor, 706/245-5432							

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Cou	nty:	Elbert		Service: Public Housing					
١.	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. Federal Government								
	A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)								
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)								
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)								
	Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.)								
2.	In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes No								
	If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or								
	•	that overlapping service a	•			its of the duplication, or			
lť th	iese c	onditions will be eliminated un	der the strat	egy, attach an implementati	ion schedule listing ea	ich step or action that will be taken to			
Eliminate them, the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).									
		overnment or Authority: Government	Funding N	Method: und and User Fees					
rec	ierai	Government	General F	und and Oser Fees					
4.	Ho	w will the strategy change the p	revious arr	angements for providing and/o	or funding this service	within the county?			
	chang			ingomonic for providing and	or randing time service	The country of the co			
5.	1.5.	t any formal comica dalitany as	raamante o	intergovernmental contracts	that will be used to in	plement the strategy for this service:			
		nt name:	reements of	Contacting Parties:	that will be used to in	Effective and Ending Dates:			
ngi		in name.		Contacting Farties.	<u> </u>	Effective and Bridging Duces.			
				, "					
6.	5. 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?								
Res	Resolution								
7.	Person Completing Form: Niles Poole City of Elberton								
<i>,</i> .			- Cole City		4.10.00				
		one Number: 706-213-3100		Date Completed:	4-10-99				
8.	ls 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								
		,							
		, provide the designated contact	•	•	5001				
_!	Mary Ann Smith, Executive Director of Elberton Housing Authority 706/283-5801								

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

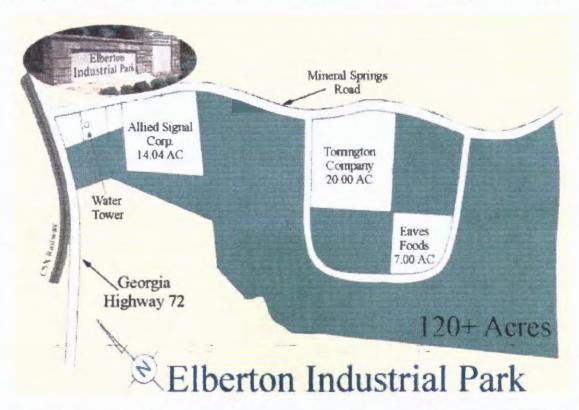


Instructions

County: Elbert	Service:	Economic Development						
Check the box that best describ	-	y arrangement for this service:						
Service will be provided co	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.							
A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)								
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)								
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)								
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.) Elbert County, City of Bowman and City of Elberton								
. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes No V								
		attach an explanation for cont						
	•	A. 36-70-24(1)), overriding ben	efits of the duplication, or					
reasons that overlapping service								
If these conditions will be eliminated eliminate them, the responsible party			each step or action that will be taken to					
		r this service and indicate how the serv	vice will be funded (e.g., enterprise					
		enues, hotel/motel taxes, franchise tax						
etc.).	•		•					
Local Government or Authority:	Funding Method:							
Elbert County	General Fund	··· · · · · · · · · · · · · · · · · ·						
City of Elberton City of Bowman	General Fund	Fund and Hotel Motel Tax Fund						
City of Bowinan	General Fund							
Mr.								
4 How will the strategy change t	he previous arrangements:	for providing and/or funding this servi	ce within the county?					
••	ne previous arrangements	for providing and/or randing this service	to within the county.					
No changes								
5. List any formal service deliver	y agreements or intergover	rnmental contracts that will be used to	implement the strategy for this service:					
Agreement name:	Contactin	g Parties:	Effective and Ending Dates:					
- Inva								
-11-		THE STATE OF THE S						
		nt the strategy for this service (e.g., or	dinances, resolutions, local acts of the					
General Assembly, rate or fee	changes, etc.), and when w	ill they take effect?						
Resolution								
7. Person Completing Form: Niles Poole City of Elberton								
		ate Completed: 4-10-99						
Phone Number: 706-213-31  8. Is this the person who should be			local government projects are					
<ol> <li>Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent</li> <li>With the service delivery strategy?</li> </ol> Yes No								
						with the service delivery strategy	_	tes when evaluating whether proposed
,	? Yes V No		noted government projects are					
If not, provide the designated con	? Yes No	number(s) below:						
If not, provide the designated con	? Yes No							

# Economic Development

The Development Authority of Elberton, Elbert County and Bowman support economic development efforts through public finance activities. In partnership with the Elbert County Chamber of Commerce and the city and county governments, the development authority helps new and expanding businesses purchase sites in the Elberton Industrial Park. The authority also assists prospective clients in arranging financing for building construction.



A revolving loan fund (RLF) is available for industries that want to locate in Elbert County. This loan is available at a lower interest rate with the loan amount tied to the number of jobs created in a low to moderate income bracket.

Elbert County grants ad valorem abatements for new and expanding businesses. The City of Elberton does not levy ad valorem taxes on businesses operating within the city limits.

The City of Elberton will provide assistance with utility connections at the Elberton Industrial Park.

The Elbert County Chamber of Commerce 148 College Avenue P.O. Box 537 Elberton, GA 30635 (706) 283-5651 (706) 283-5722 FAX

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert Service: Tax Appraisal							
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. Elbert County, the City of Elberton, and Bowman						
Service will be provided only on the unincorporated portion of the county by a single service provider. (If this identify the government, authority or organization providing the service.)	s box is checked,						
One or more cities will provide this service only within their incorporated boundaries, and the service will no unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing							
One or more cities will provide this service only within their incorporated boundaries, and the county will prounincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing							
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, a government, authority or other organization that will provide service within each service area.)	and identify the						
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this ser Yes No V	rvice identified?						
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., ove levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service cannot be eliminated. See attachment for justification providing a higher level of service. See map of service area	e areas or competition						
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or actio eliminate them, the responsible party and the agreed upon deadline for completing it.	on that will be taken to						
<ol> <li>List each government or authority that will help to pay for this service and indicate how the service will be funde funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, b etc.).</li> </ol>							
Local Government or Authority: Funding Method:  Elbert County General Fund							
Elbert County General Fund City of Elberton General Fund							
City of Bowman General Fund							
4. How will the strategy change the previous arrangements for providing and/or funding this service within the cour	nty?						
No changes							
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the str							
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, resolution	ons, local acts of the						
General Assembly, rate or fee changes, etc.), and when will they take effect?							
Resolution.							
7. Person Completing Form: Niles Poole City of Elberton							
Phone Number: 706-213-3100 Date Completed: 4-10-99							
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 Vo							
If not, provide the designated contact person(s) and phone number(s) below:							
D. Scott Wilson, City Manager City of Elberton 706/213-3100, Charles W. Kinney, County Administrator 706-283-2000  L. B. Berryman, Mayor of Bowman 706/245-5432							

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Cour	ıty:	Elbert		Service:	Tax Equalizatio	n Board	
1.	Che	eck the box that best describe	s the agreed t	- ipon deliver	y 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. Elbert County, the City of Elberton, and Bowman						
		Service will be provided only identify the government, auth	on the uninc	orporated p nization pro	ortion of the count viding the service.	y by a single service p )	provider. (If this box is checked,
		One or more cities will provi unincorporated areas. (If this					e service will not be provided in ation providing the service.)
							county will provide the service in zation providing the service.)
		Other. (If this box is checked government, authority or other					vice provider, and identify the
2.	In d Yes		overlapping s	service areas	s, unnecessary con	petition and/or duplic	cation of this service identified?
level	s of	service (See O.C.G.A. 36-70	-24(1)), overr	iding benefi	its of the duplication	on, or reasons that ove	ement (i.e., overlapping but higher erlapping service areas or competition of service area only 3.5 sq. miles
If the	ese c	-	under the stra	tegy, attach	an implementati	on schedule listing ea	ach step or action that will be taken to
3.		ds, user fees, general funds, s					ce will be funded (e.g., enterprise s, impact fees, bonded indebtedness,
		vernment or Authority:	Funding N				
		bunty	General F				
		lberton owman	General F				
City	()I D	Ownan	General I	unu			
					-		
4. No c		w will the strategy change the	previous arr	angements I	for providing and/o	or funding this service	within the county?
5.			agreements o	-		that will be used to in	applement the strategy for this service:
Agre	eme	nt name:		Contractin	ig rarties:		Effective and Ending Dates:
			- UI				
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?							
Reso	Resolution.						
7.	Per	son Completing Form: Nil	es Poole City	of Elberton	1		
	Pho	one Number: 706-213-310	)	Da	ate Completed:	4-10-99	
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 V No						
11	not.	provide the designated conta	ct person(s)	and phone n	number(s) below:		
D	. Sc	ott Wilson, City Manager Cit Berryman, Mayor of Bowma	y of Elberton	706/213-31		nney, County Admini	istrator 706-283-2000

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service:	Planning and Zo	oning	
1. Check the box that best describes t	he agreed upon delivery	arrangement for	this service:	
Service will be provided county checked, identify the government			orporated areas) by a single service provider. (If service.	this box is
A single service provider will p			ed portion of the county. (If this box is checked,	identify the
unincorporated areas. (If this b	ox is checked, identify t	the government(s)	ed boundaries, and the service will not be provide ), authority or organization providing the service	.)
			ed boundaries, and the county will provide the sers), authority or organization providing the service	
Other. (If this box is checked, government, authority or other			rvice area of each service provider, and identify thin each service area.)	y the
2. In developing the strategy, were of Yes No	verlapping service areas.	, unnecessary con	npetition and/or duplication of this service identi	fied?
		•	nation for continuing the arrangement), overriding benefits of the duplication,	
reasons that overlapping service a	reas or competition	cannot be elin	ninated.	
If these conditions will be eliminated un eliminate them, the responsible party an			ion schedule listing each step or action that will git.	be taken to
<ol> <li>List each government or authority funds, user fees, general funds, spe etc.).</li> </ol>	that will help to pay for	this service and i	ndicate how the service will be funded (e.g., ento I taxes, franchise taxes, impact fees, bonded inde	
Local Government or Authority:	Funding Method:			
City of Elberton	General Fund			
4. How will the strategy change the p	revious arrangements for	or providing and/o	or funding this service within the county?	
No changes				
5. List any formal service delivery ag	reements or intergovern	mental contracts	that will be used to implement the strategy for th	is service:
Agreement name:	Contacting	Parties:	Effective and Ending Date	tes:
5. What other mechanisms (if any) w General Assembly, rate or fee char			this service (e.g., ordinances, resolutions, local ac	cts of the
Resolution		•		
7 Daggar Campleting Farms Niller	Pools City of Elbarra			
7. Person Completing Form: Niles			4.10.00	
Phone Number: <u>706-213-3100</u>	Dan Dan	c Completed:	4-10-99	
8. Is this the person who should be ed- consistent With the service delivery strategy?	ontacted by state agencie  Yes  No	es when evaluatin	g whether proposed local government projects as	re
If not, provide the designated contact	•	ımber(s) below:		
D. Scott Wilson, City Manager 706/2	700-2100			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County:	Elbert		Service: Library			
1. Che	eck the box that best describes t	he agreed u	pon delivery arrangement fo	r this service:		
	Service will be provided county checked, identify the governme				ingle service provider. (If this box is nty and City of Elberton	
	A single service provider will p			ted portion of the count	y. (If this box is checked, identify the	
	One or more cities will provide unincorporated areas. (If this b					
	One or more cities will provide unincorporated areas. (If this b				county will provide the service in zation providing the service.)	
	Other. (If this box is checked, a government, authority or other					
2. In d Yes		erlapping s	service areas, unnecessary co	mpetition and/or duplic	eation of this service identified?	
	conditions will continue uping but higher levels of se				uing the arrangement (i.e.,	
reasons	that overlapping service a	reas or co	ompetition cannot be eli	minated.	•	
	onditions will be eliminated un them, the responsible party and				ach step or action that will be taken to	
<ol><li>List</li></ol>	each government or authority	that will he	lp to pay for this service and	indicate how the service	ce will be funded (e.g., enterprise	
func etc.		cial service	e district revenues, hotel/mot	el taxes, franchise taxes	s, impact fees, bonded indebtedness,	
Local Go	vernment or Authority:	Funding N				
Elbert Co		General F				
City of E	lberton	General F	und			
<u> </u>						
				<u> </u>		
4. Hov	w will the strategy change the p	revious arra	angements for providing and	or funding this service	within the county?	
No chang	tes					
5. List	any formal service delivery ag	reements of	r intergovernmental contract	s that will be used to in	plement the strategy for this service:	
Agreeme	nt name:		Contacting Parties:		Effective and Ending Dates:	
				<del></del>		
	at other mechanisms (if any) whereal Assembly, rate or fee char				nances, resolutions, local acts of the	
Resolutio	n					
7. Pers	son Completing Form: Niles	Poole City	of Elberton			
Pho	one Number: 706-213-3100		Date Completed:	4-10-99		
8. Is th	nis the person who should be ea	ontacted by	state agencies when evaluati	ng whether proposed le	ocal government projects are	
con	consistent					
Witt	h the service delivery strategy?	Yes	✓ No			
If not	provide the designated contact	person(s):	and phone number(s) below:			
	ott Wilson, City Manager 706/2	•	- · ·	Administrator 706/283-	2000	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Voter Registration				
-					
. Check the box that best describes the agreed upon delivery arrangement for this service:					
	de (i.e., including all cities and unincorporated areas) by a sauthority or organization providing the service. Elbert Court				
A single service provider will prov government, authority or organizat	ide Service only on the unincorporated portion of the count ion providing the service.)	ty. (If this box is checked, identify the			
	s service only within their incorporated boundaries, and the is checked, identify the government(s), authority or organize				
	s service only within their incorporated boundaries, and the is checked, identify the governments(s), authority or organi				
	ach a legible map delineating the service area of each ser anization that will provide service within each service area,				
<ol> <li>In developing the strategy, were overlayers No</li> </ol>	apping service areas, unnecessary competition and/or dupli-	cation of this service identified?			
	er the strategy, attach an explanation for continuities (See O.C.G.A. 36-70-24(1)), overriding bene	-			
	as or competition cannot be eliminated.	his of the dupheation, of			
If these conditions will be eliminated under	the strategy, attach an implementation schedule listing e	ach step or action that will be taken to			
eliminate them, the responsible party and the		and the first of the second			
	t will help to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise taxe				
ete.).	the state of the s	o, impact icos, condea macricanos,			
	inding Method:				
Elbert County Go	eneral Fund				
4. How will the strategy change the prev	ious arrangements for providing and/or funding this service	within the county?			
No changes	to a artificing the providing allower randing this service	within the county.			
NO Changes					
<ol><li>List any formal service delivery agree</li></ol>	ments or intergovernmental contracts that will be used to ir	implement the strategy for this service:			
Agreement name:	Contacting 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?					
Resolution					
7. Person Completing Form: Niles Po	ole City of Elberton				
Phone Number: 706-213-3100	Date Completed: 4-10-99				
I be this the person who should be corre	cted by state agencies when evaluating whether proposed l	ocal government projects are			
consistent With the service delivery strategy?	Yes No	ocal government projects are			
If not, provide the designated contact pe	•				
Charles W. Kinney, County Administra	tor 706/283-2000				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Check the box that best describes the agreed upon delivery arrangement for this service:	Check the box that best describes the agreed upon delivery arrangement for this service:    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. Elbert County   A single service provider will provide this service only within their incorporated portion of the county. (If this box is checked, identify the government(is), 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 governments), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the governments), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the governments), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the governments), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the governments), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the governments), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the governments), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the governments, and the county or other organization provide the service in unincorporated areas. (If this box is checked, identify the governments, and the county or other organization provide in the service areas or conditions with the service area of each service provider, and identified? (If the service in the service in the service in the county of				<u> </u>
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unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)  Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.)  In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes \scale= \text{No} \scale= If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated. 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 compeling it.  1. List cade government or almost yet the label to pay for this service an indicate how the service will be funded (e.g., enterprise under the service).  Local Government or Authority:  Funding Method:  Eibert County  General Fund  General Fund  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No changes  Agreement name:  Contacting Paries:  Effective and Ending Dates:  latergovernmental Agreement  Recreation  City of Eiberton  Phone Number:  Nies Poole City of Eiberton  Phone Pounder Proposed local government projects are consistent  With the servi	unincorporated areas. (If this box is checked, attach a legible map delineating the service area of cach service provider, and identify the government, authority or other organization that will provide service within each service area.)  2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes \( \sim \text{No} \) \( \sim \text{  oreas   No   } \) If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated. If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them. the responsible party and the agreed upon deadline for completing it.  3. List each government or almotivity 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 indebtodness, etc.).  Local Government or Authority: Funding Method:  Elbert County  General Fund and User Fees  City of Elberton  Phone Number: 706-213-3100  Date Completed: 4-10-99  8. Is this the persoft 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, proylet the designated contact person(s) and phone number(s) below:				
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overlapping but higher levels of service (See O.C. G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them. the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).  Local Government or Authority:  Funding Method:  Elbert County  General Fund  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No changes  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Agreement name:  Contacting Parties:  Effective and Ending Dates:  Intergovernmental Agreement  Recreation  Recreation  Recreation  11-14-97  City of Elberton  11-14-02  City of Bowman  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?  Resolution  Phone Number:  7. Person Completing Form:  Niles Poole City of Elberton  Phone Number:  7. Poerson Completing Form:  Niles Poole City of Elberton  Phone Number:  7. Poerson Completing Form:  Niles Poole City of Elberton  Phone Number:  7. Poerson Completing Form:  Niles Poole City of Elberton  Phone Number:  7. Poerson Completing Form:  Niles Poole City of Elberton  Phone Number:  7. Poerson Completing Form:  Niles Poole City of Elberton  Phone Number:  7. Poerson Completing Form:  Niles Poole City of Elberton  Phone Number:  Niles Poole City of Elberton  Phone Number	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 climinated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them. the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that ill 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:  Elbert County  General Fund  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No changes  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Agreement name:  Contacting Parties:  Effective and Ending Dates:  Intergovernmental Agreement  Recreation  Recreation  Recreation  11-14-97  City of Elberton  11-14-02  City of Bowman  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 chinges, etc.), and when will they take effect?  Resolution  7. Person Completing Form: Niles Poole City of Elberton  Phone Number:  706-213-3100  Date Completed:  4-10-99  If not, provide the designated contacted by state agencies when evaluating whether proposed local government projects are consistent  With the service delivery strategy?  Yes  No  If not, provide the designated contact person(s) and phone number(s) below:		verlapping service area	is, unnecessary competition and/or du	plication of this service identified?
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STATE OF GEORGIA )
COUNTY OF ELBERT )

#### INTERGOVERNMENTAL AGREEMENT - RECREATION

#### RECITALS

WHEREAS, the parties to this Agreement acknowledge and confirm their mutual and joint interest in supplying all citizens of Elbert County, Georgia, including those residing in the corporate limits of Elberton and Bowman, a quality recreation program, for all ages and gender; and

WHEREAS, given the existing recreation facilities of Elberton and Bowman, combined with the largess spirit of the late Kathleen Hall McWilliams as contained in her Last Will and Testament, for

the benefit of Elbert County, an opportunity is provided to the governing bodies of Elbert County, Elberton and Bowman to provide such a program of recreation; and

whereas, the parties, through their respective governing bodies, have met with one another and reached an agreement on the issue of a county-wide recreation program; and

WHEREAS, the parties desire to reduce that agreement to writing, as hereinafter set forth;

NOW THEREFORE, in consideration of the Recitals made, the terms, conditions and provisions hereinafter set forth and contained, and in further consideration of the best interests of all citizens of Elbert County, Georgia, including its corporate municipalities, it is agreed as follows:

- 1. AUTHORITY FOR AND NATURE OF AGREEMENT. This Agreement is entered into pursuant to the provisions of the Constitution of the State of Georgia, Article 9, Section 2, Paragraph 3, as codified in Volume 2 of the Official Code of Georgia Annotated (OCGA), and pursuant to the authority granted in OCGA § 36-34-3.
- PURPOSE. The purpose of this Agreement is to provide a unified recreation program, comprehensive in its nature and

application, which will serve all citizens of Elbert County, Georgia, including those residing in Elberton and Bowman, and to further include citizens of all ages and gender, and as a part of same, to incorporate existing recreation facilities with recreation facilities presently under construction and those to be constructed, developed or purchased in the future toward such stated purpose.

- 3. NAME. The name of the department being created by this Agreement shall be: ELBERT PARKS AND RECREATION DEPARTMENT ("Department"). The Department shall be a Department of Elbert County, and shall operate under the direction of that governing body.
- 4. DIRECTOR AND ADVISORY BOARD; DUTIES; TERMS. The Department shall be operated under the supervision and control of a Director. It shall be the responsibility of Elbert County to select the Director, which shall include the right to hire and fire, and the Director shall be responsive and accountable to the Board of Commissioners of Elbert County, Georgia.

There will further be a Recreation Board ("Board"), consisting of nine (9) members, and which shall sit in an advisory capacity

consistent with the rights, duties, and authority hereinafter set forth. The composition of the Board shall be comprised as follows: Five (5) members appointed by Elbert County; three (3) members appointed by Elberton; and one (1) member appointed by Bowman, for a total of nine (9). There shall be no stated requirements or qualifications for being a member of the Board, other than to be a resident of Elbert County, Georgia, and at least eighteen (18) years of age. Board members will serve terms of three (3) years, or until a member's successor is appointed and qualified, and Board members shall be eligible for reappointment. There shall be no requirement that an elected official or officials be appointed to the Board, but such shall not be prohibited. Terms of Board members may be staggered so as to insure a rotation of participation and experience on the Board. Additionally, the Administrator for Elbert County, the City Manager for Elberton, and the City Clerk of Bowman shall be ex officio members of the Board. For purposes of initial terms of members, the following shall apply: Elbert County - two (2) one year appointments, one (1) two year appointment, and two (2) three year appointments; Elberton - one (1) one year appointment, one (1) two year appointment, and one (1) three year appointment; Bowman - one (1) two year appointment.

It shall be the responsibility of the Board to provide public input and recommendations for recreation programs and activities to the Director. It shall further be the responsibility of the Board, in consultation and conference with the Director, to recommend a proposed budget for the Department and to present same to Elbert County, Elberton and Bowman by March 1 of each calendar year, with the recommendation to include that the proposed budget be approved by the three (3) governmental entities as a lump sum, subject to funding obligations as hereinafter contained in Paragraph 7 hereof. Additionally, the Board, in consultation with the Director, shall submit a five (5) year capital improvements plan, together with a proposed budgetary schedule for same within six (6) months of the signing of this Agreement.

The Board will meet as a collective body on a monthly basis at a minimum. The Board shall collectively designate a set time when the monthly meeting will occur. The Board shall further have the right to meet at such other times and places as the Board may collectively designate. The Board shall approve its own internal rules of procedure and operation, including selection of a presiding officer, and such shall be reduced to writing with a copy of same provided to Elbert County, Elberton and Bowman. Minutes of

all Board meetings shall be maintained, and on file in the county offices of Elbert County.

The Director shall provide the governing bodies of Elbert County, Elberton and Bowman for their respective information, consideration, review and comments the following information: a monthly financial report, seasonal program reports, and an annual report, the latter to be presented at the regular January meeting of each body. The Director shall further be responsible for maintaining a master calendar of facility use and recreational activities.

Notice of all Board meetings shall be provided, in writing, to all members and ex officio members of the Board, to all elected officials of Elbert County, Elberton and Bowman, and to the local press, including radio. All Board meetings shall be open to the public.

5. PROPERTIES. All public parks and recreation facilities lying within Elbert County, Georgia, and its corporate municipalities, Elberton and Bowman, and to further include any facilities under construction or which may be acquired or constructed in the future during a time when this Agreement remains in effect, shall be leased to the Department for the sum of One

Dollar (\$1.00) per year by the governmental entity which claims ownership of same. Said properties are leased, and accepted, by the Department "as is".

If any property leased should cease to be regularly and actively utilized by the Department for the purposes hereinabove set forth, that is, to provide recreation, then ownership of said property shall revert by the terms hereof to the rightful owner of same.

For purposes of this Agreement, the properties to be leased by Elberton and Bowman are as follows:

#### Elberton -

Heard Street Recreation Park, including building, field, swimming pool and tennis courts;

Burke Street Recreation Park, including gym and field;

Senior League Field, with Elberton to retain upper parking lot, but parking to be permitted for recreation activities;

Hickory Drive Recreation Park, including fields and tennis courts.

#### Bowman -

Bowman Recreation Park, including fields, activity grounds and shelter.

Both Elberton and Bowman, for themselves and their agents, reserve the right of ingress and egress for the purpose of servicing their respective utilities, including electrical and sewer.

Excluded from the terms hereof are all mowers, vans, vehicles and equipment owned and utilized by Elberton and Bowman, which shall remain the property of Elberton and Bowman, respectively.

Further excluded is that property owned by Elberton and commonly known and referred to as the Taylor-McMullan property.

It is further understood, acknowledged and agreed that all equipment, bats, uniforms and other property utilized in connection with youth sports is the property of the Youth Sports Board, and that such properties are not included as a part of this Agreement.

6. MAINTENANCE OF FACILITIES. The maintenance, repair, upkeep and improvements to any facilities leased to the Department shall be the responsibility of Elbert County, except as to funding participation by Elberton and Bowman as hereinafter provided in Paragraph 7 hereof. Services provided by Elberton and Bowman in connection with maintenance, repair, upkeep and improvements of any facilities shall be by contract, and for consideration and not in-kind.

7. FUNDING OF PROGRAM. Funding for the recreation program by Elbert County, Elberton and Bowman shall be as follows:

YEAR ONE - Elbert County - 70%; Elberton - 25%, but in no event to exceed \$80,000.00; Bowman - 5% (If Bowman should elect not to participate financially, its share shall be borne by Elbert County.)

YEAR TWO - Elbert County - 76%; Elberton - 20%, but in no event to exceed \$64,000.00; Bowman - 4%, with non-participation financially as above.

YEAR THREE - Elbert County - 82%; Elberton - 15%, but in no event to exceed \$48,000.00; Bowman - 3%, with non-participation financially as above.

YEAR FOUR - Elbert County - 88%; Elberton - 10%, but in no event to exceed \$32.000.00; Bowman - 2%, with non-participation financially as above.

YEAR FIVE - Elbert County - 94%; Elberton - 5%, but in no event to exceed \$16,000.00; Bowman - 1%, with non- participation financially as above.

Funding shall include all costs associated with the operation of the program, including, but not limited to, staff and capital improvements and expenditures.

- 8. ACCOUNTING, PAYROLL, BENEFITS. Elbert County will be responsible for all accounting, payroll and providing of employee benefits.
- 9. EXISTING STAFF. Each employee of the Elberton and Bowman recreation departments shall be guaranteed a lateral move of twelve (12) months employment, unless terminated sooner for just cause. As hereinafter provided, should this Agreement be terminated at any time within the initial three (3) years, each employee of the Department shall revert to his/her employment with his/her original employer.
- 10. INVENTORY ASSESSMENT. A complete inventory of all parks and recreation facilities available for use shall be submitted to the Department by Elbert County, Elberton and Bowman within thirty (30) days of the signing of this Agreement.

shall have an effective date of November 15, 1997, and shall remain in effect for a period of five (5) years, ending at 12:01 A.M. on November 15, 2002. Any party may terminate this Agreement, however, with six (6) months prior written notice to the other parties, in which event all terms, conditions and provisions hereof shall terminate, including reversion to the rightful owner of all property.

12. AUTHORITY TO ENTER. Elbert County, Elberton and Bowman have caused their governing bodies to approve this Agreement, and have authorized its execution by the official signing on behalf of that respective party.

IN WITNESS WHEREOF, this Agreement is executed on this the day of Nachan, 1997, in triplicate, each to be considered an original.

ELBERT COUNTY, GEORGIA

BY:

ΔΤΤΕΟΤ.

Its Clerk

### CITY OF ELBERTON

BY: Sela Stone, Mayor

Its Clerk

CITY OF BOWMAN

ATTEST: Betty Go Marvell
Its Clerk

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

<ol> <li>Check the box that best describes the agreed upon delivery arrangement for this service:</li> </ol>					
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If t checked, identify the government, authority or organization providing the service.	his box is				
A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, is government, authority or organization providing the service.)	dentify the				
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.					
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the ser unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service Elbert County, City of Bowman and City of Elberton					
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify government, authority or other organization that will provide service within each service area.)	the				
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identifyes No V</li> </ol>	ied?				
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or an explanation of the duplication of th					
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 eliminate them, the responsible party and the agreed upon deadline for completing it.  List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enter funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebete.).	rprise				
Local Government or Authority: Funding Method:  Elbert County: County Funding Method:					
Elbert County General Fund City of Elberton General Fund					
City of Bowman General Fund  General Fund					
City of Downland					
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No changes					
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for the Agreement name:  Contacting Parties:  Effective and Ending Date					
Agreement name: Contacting Parties: Effective and Ending Date	v3.				
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local ac General Assembly, rate or fee changes, etc.), and when will they take effect? Resolution	ts of the				
7. Person Completing Form: Niles Poole City of Elberton					
Phone Number: 706-213-3100 Date Completed: 4-10-99					
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 V No					
If not, provide the designated contact person(s) and phone number(s) below:					
Charles W. Kinney, County Administrator 706/283-2000, D. Scott Wilson, City Manager, 706/283-3100					

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Solid Waste	Collection				
1. Check the box that best describes t	Check the box that best describes the agreed upon delivery arrangement for this service:					
	wide (i.e., including all cities and uninent, authority or organization providing	corporated areas) by a single service provider. (If this box is the service.				
A single service provider will p government, authority or organ		ted portion of the county. (If this box is checked, identify the				
		ted boundaries, and the service will not be provided in (s), authority or organization providing the service.)				
unincorporated areas. (If this be Elbert County, City of Bowman Other. (If this box is checked, a	ox is checked, identify the government and City of Elberton attach a legible map delineating the	ated boundaries, and the county will provide the service in s(s), authority or organization providing the service.)  ervice area of each service provider, and identify the				
	organization that will provide service verlapping service areas, unnecessary c	ompetition and/or duplication of this service identified?				
	ander the strategy, attach an exp	lanation for continuing the arrangement (i.e.,				
overlapping but higher levels of s	ervice (See O.C.G.A. 36-70-24(	)), overriding benefits of the duplication, or				
reasons that overlapping service a		minated.  Ition schedule listing each step or action that will be taken to				
eliminate them, the responsible party and	d the agreed upon deadline for complet	ng it.				
		I indicate how the service will be funded (e.g., enterprise tel taxes, franchise taxes, impact fees, bonded indebtedness,				
etc.).		, ,				
Local Government or Authority: Elbert County	Funding Method: General Fund					
City of Elberton	General Fund and User Fees					
City of Bowman	General Fund					
<ol> <li>How will the strategy change the p</li> </ol>	revious arrangements for providing and	Nor funding this service within the county?				
No changes						
5 List any formal service delivery as	meements or intergovernmental contrac	ts that will be used to implement the strategy for this service:				
Agreement name:	Contacting Parties:	Effective and Ending Dates:				
Agreement name.	Contacting Farties.	Effective and Ending Dates.				
V						
		r this service (e.g., ordinances, resolutions, local acts of the				
•	nges, etc.), and when will they take effe	ct:				
Resolution						
7. Person Completing Form: Niles	Poole City of Elberton					
Phone Number: <u>706-213-3100</u>	Date Completed:	4-10-99				
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?	consistent					
· -	t person(s) and phone number(s) below					
O1 1 337 ***	strator 706/283-2000, D. Scott Wilson,	C'4 M 704/002 2100				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Solid Waste Disposal					
	50.7700.					
1. Check the box that best describes t	Check the box that best describes the agreed upon delivery arrangement for this service:					
	wide (i.e., including all cities and unincorporated areas) by a sint, authority or organization providing the service. Elbert Coun					
A single service provider will p government, authority or organ	rovide Service only on the unincorporated portion of the count ization providing the service.)	y. (If this box is checked, identify the				
	this service only within their incorporated boundaries, and the ox is checked, identify the government(s), authority or organization.					
	this service only within their incorporated boundaries, and the ox is checked, identify the governments(s), authority or organize					
	attach a legible map delineating the service area of each ser organization that will provide service within each service area.					
2. In developing the strategy, were of Yes No ✓	verlapping service areas, unnecessary competition and/or duplic	eation of this service identified?				
	ander the strategy, attach an explanation for continuous (See O.C.G.A. 36-70-24(1)), overriding benef					
	reas or competition cannot be eliminated.					
	der the strategy, attach an implementation schedule listing ea	ich step or action that will be taken to				
	the agreed upon deadline for completing it.	2011 - 6 - 1-14				
	that will help to pay for this service and indicate how the service icial service district revenues, hotel/motel taxes, franchise taxes					
etc.).	cial service district revenues, notel/moter taxes, tranchise taxes	s, impact lees, bonded indebtedness,				
Local Government or Authority:	Funding Method:					
Elbert County	Enterprise Fund and User Fees					
City of Elberton	General Fund					
City of Bowman	General Fund					
City (7) Downlan	General Fund					
4. How will the strategy change the r	revious arrangements for providing and/or funding this service	within the county?				
	to the data and an analysis of the state of					
No changes						
<ol><li>List any formal service delivery ag</li></ol>	reements or intergovernmental contracts that will be used to im	plement the strategy for this service:				
Agreement name:	Contacting Parties:	Effective and Ending Dates:				
Agreement hame.	Contacting 1 arties.	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?						
·	igos, o.c., and when will they take effect:					
Resolution						
7. Person Completing Form: Niles Poole City of Elberton						
7. Person Completing Form: Niles						
Phone Number: 706-213-3100 Date Completed: 4-10-99						
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	• •				
-						
,	person(s) and phone number(s) below:					
Charles W. Kinney, County Admini	strator 706/283-2000, D. Scott Wilson, City Manager, 706/283-	-3100				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

			Sarvices Recycling			
County:	Elbert		Service: Recycling			
l. Ch	1. Check the box that best describes the agreed upon delivery arrangement for this service:					
$\checkmark$			ncluding all cities and unincorporated areas) by a s or organization providing the service. Elbert Cour			
	A single service provider will pegovernment, authority or organi		ice only on the unincorporated portion of the count iding the service.)	y. (If this box is checked, identify the		
			only within their incorporated boundaries, and the ed, identify the government(s), authority or organization			
			only within their incorporated boundaries, and the ed, identify the governments(s), authority or organization			
			tible map delineating the service area of each ser that will provide service within each service area.			
Ye	es No 🗸		ervice areas, unnecessary competition and/or duplic			
			strategy, attach an explanation for contin			
			e O.C.G.A. 36-70-24(1)), overriding benef	its of the duplication, or		
			empetition cannot be eliminated.	ash stan or aution that will by taken to		
			egy, attach an implementation schedule listing ea upon deadline for completing it.	ich step of action that will be taken to		
			p to pay for this service and indicate how the service	ce will be funded (e.g., enterprise		
			district revenues, hotel/motel taxes, franchise taxes			
etc	*					
	overnment or Authority:	Funding M				
Elbert C		General F				
City of I		Enterprise				
City of i	Bowman	General F	una			
4 11.	and the stantage shows the		angements for providing and/or funding this service	within the county?		
	c; c ,	revious arra	ingenients for providing and/or funding this service	within the county:		
No chan	iges					
5. Li	et any format carvica dalivary ag	raamente A	r intergovernmental contracts that will be used to in	indement the strategy for this service:		
	, ,	recinents of	-			
Agreem	ent name:		Contacting Parties:	Effective and Ending Dates:		
6. W	hat other mechanisms (if any) w	ill be used t	o implement the strategy for this service (e.g., ordi	nances, resolutions, local acts of the		
General Assembly, rate or fee changes, etc.), and when will they take effect?						
Resolution						
7 Paraga Completing Forms - Niles Books City of Ethanton						
7. Person Completing Form: Niles Poole City of Elberton						
Ph	none Number: 706-213-3100		Date Completed: 4-10-99			
0 -	at the second second second			and comment as into as		
	this the person who should be econsistent	ontacted by	state agencies when evaluating whether proposed I	ocai government projects are		
	ith the service delivery strategy?	Yes	✓ No			
**	int int inter desirer; entineg;	L 103	<b>□</b> '``			
If no	ot, provide the designated contact	person(s)	and phone number(s) below:			
Cha	arles W. Kinney, County Admini	strator 706/	283-2000, D. Scott Wilson, City Manager, 706/283	-3100		
	Charles W. Kinney, County Administrator, 700/200-2000; B. Goote Window, City Indiangos, 700/200-200					

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert		Service: Natural Gas Utility				
	he agreed und	*****				
Service will be provided county	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.					
A single service provider will p government, authority or organ		ce only on the unincorporated portion of the county ding the service.)	y. (If this box is checked, identify the			
		only within their incorporated boundaries, and the d, identify the government(s), authority or organization				
		only within their incorporated boundaries, and the d, identify the governments(s), authority or organization				
government, authority or other See attached maps for service delivery	organization areas	ble map delineating the service area of each ser that will provide service within each service area.) rvice areas, unnecessary competition and/or duplic	City of Elberton, City of Bowman			
		trategy, attach an explanation for contine O.C.G.A. 36-70-24(1)), overriding benef				
eliminate them, the responsible party an 3. List each government or authority	der the strate d the agreed t that will help	egy, attach an implementation schedule listing caupon deadline for completing it.  to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise taxes	ee will be funded (e.g., enterprise			
Even dovernment of Authority.	I unding IVI	Curou.				
City of Elberton	General Fu					
City of Bowman	General Fur	nd				
4. How will the strategy change the p	orevious arrar	ngements for providing and/or funding this service	within the county?			
•		intergovernmental contracts that will be used to in				
Agreement name:		Contacting 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?  Resolution						
7. Person Completing Form: Niles Poole City of Elberton						
Phone Number: 706-213-3100 Date Completed: 4-10-99						
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 V No						
If not, provide the designated contac	t person(s) ar	nd phone number(s) below:				
•		etty Jo Maxwell, City Clerk 706/245-5432				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

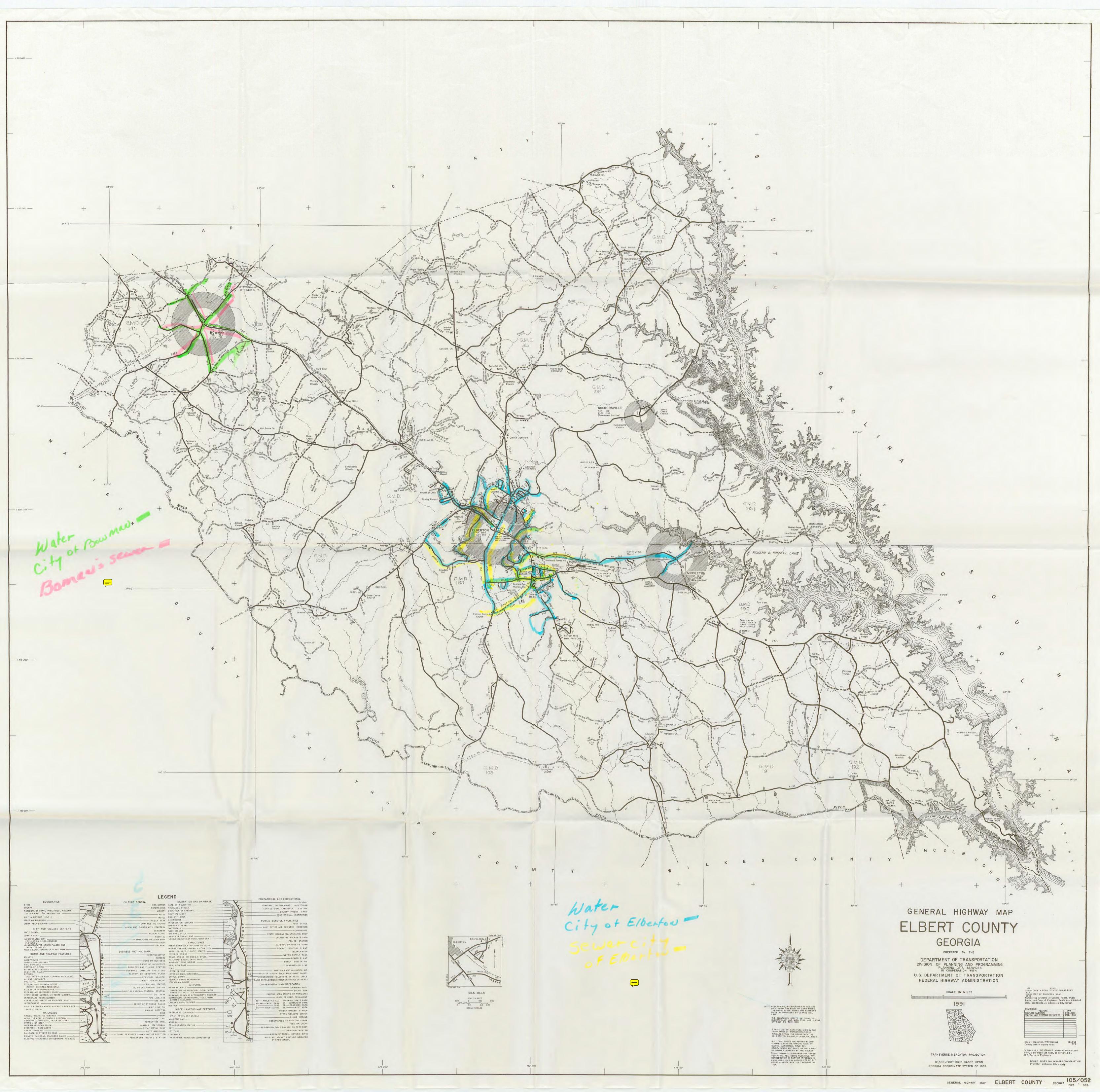
County	: Elbert	Service:	Electric Utility					
1. C	heck the box that best describes t	he agreed upon delivery	arrangement for this service:					
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.							
	A single service provider will p government, authority or organ	provide Service only on ization providing the ser	the unincorporated portion of the count rvice.)	y. (If this box is checked, identify the				
			their incorporated boundaries, and the the government(s), authority or organiz					
			their incorporated boundaries, and the the governments(s), authority or organic					
See att		organization that will pr	elineating the service area of each servoide service within each service area.					
	n developing the strategy, were or es \( \sum \) No \( \subseteq \)	erlapping service areas,	, unnecessary competition and/or duplic	cation of this service identified?				
overla	apping but higher levels of s	ervice (See O.C.G.A	ttach an explanation for contin A. 36-70-24(1)), overriding benef					
	ns that overlapping service a conditions will be eliminated un		an implementation schedule listing ea	ach step or action that will be taken to				
elimina 3. L	ite them, the responsible party and ist each government or authority	d the agreed upon deadl that will help to pay for	ine for completing it. this service and indicate how the service	ce will be funded (e.g., enterprise				
et	ands, user fees, general funds, spe te.). Government or Authority:	Funding Method:	enues, hotel/motel taxes, franchise taxes	s, impact iees, bonded indebtedness,				
	Elberton	Enterprise Fund						
Jacy (7)	Littoron	omerprise Fund						
4. H	low will the stratogy change the r	revious arrangements fo	or providing and/or funding this service	within the county?				
No cha	• • • • •	io violo arrangemento re	or provious and or randing and service	The sound is				
	•							
5. L	ist any formal service delivery ag	reements or intergovern	nmental contracts that will be used to in	nplement the strategy for this service:				
Agreen	nent name:	Contacting	Parties:	Effective and Ending Dates:				
			11-11					
	What other mechanisms (if any) we describe the control of the cont		t the strategy for this service (e.g., ording they take effect?	nances, resolutions, local acts of the				
Resolu	•		•					
7. P	erson Completing Form: Niles	Poole City of Elberton						
	hone Number: 706-213-3100		te Completed: 4-10-99					
C	s this the person who should be consistent /ith the service delivery strategy?	ontacted by state agencie Yes No	es when evaluating whether proposed le	ocal government projects are				
	ot, provide the designated contac		umber(s) below:					
D. S	Scott Wilson, City Manager 706/2	283-3100						

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	S	ervice:	Water and Sewer Utility		
Check the box that best describes to	he 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.					
A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)					
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)					
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)					
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.) City of Elberton City of Bowman See attached maps for service delivery areas					
In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes No					
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or					
reasons that overlapping service areas or competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).					
Local Government or Authority: City of Bowman	Funding Meth General	nod:			
City of Elberton	Enterprise Fund				
Elbert County	General				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No changes					
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement name:	Co	ontacting	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?  Resolution					
7. Person Completing Form: Niles Poole City of Elberton					
Phone Number: 706-213-3100 Date Completed: 4-10-99					
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 the designated contact person(s) and phone number(s) below:					
D. Scott Wilson, City Manager 706/283-3100, Betty Jo Maxwell, City Clerk Bowman 706/245-5432					



# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

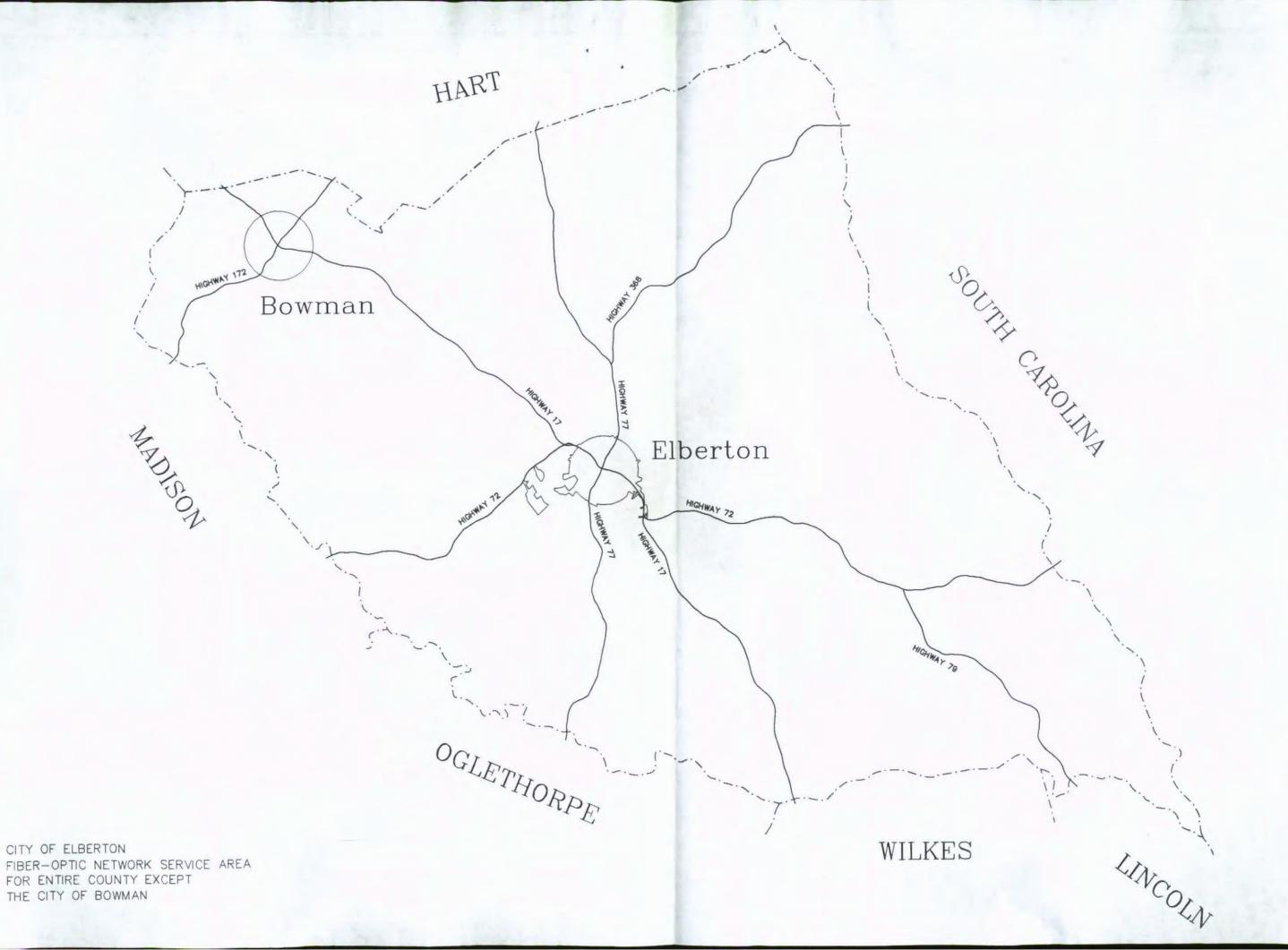
County: Elbert	Service: Dark Fiber (	Optic Network			
I. Check the box that best describes	he agreed upon delivery arrangement	for this service:			
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service. City of Elberton					
A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)					
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)					
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)					
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.)  See attached maps for service delivery areas					
•		competition and/or duplication of this service identified?			
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or					
reasons that overlapping service areas or competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).					
Local Government or Authority:	Funding Method:				
City of Elberton	Enterprise Fund and General				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No changes					
<ol> <li>List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> </ol>					
Agreement name:	Contacting Parties:	Effective and Ending Dates:			
Fiber Optics	City of Elberton Elbert County Board of	Education 1998-2003			
	Elbert County Board of	Education 1998-2003			
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?  Resolution					
7. Person Completing Form: Niles	s Poole City of Elberton				
Phone Number: 706-213-3100	Date Completed	4-10-99			
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					
With the service delivery strategy?					
	Yes No				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County: Elbert	Service: Telecommunications				
	agreed upon delivery arrangement for this service:				
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service. City of Elberton					
A single service provider will provide Service only on the unincorporated portion of the county. (If this box is checked, identify the government, authority or organization providing the service.)					
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)					
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments(s), authority or organization providing the service.)					
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority or other organization that will provide service within each service area.)  See attached maps for service delivery areas  2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?					
Yes No					
reasons that overlapping service areas or competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).					
	rnment or Authority: Funding Method:				
City of Elberton E	nterprise Fund				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No changes					
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Agreement name: Contacting 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?					
Resolution					
7. Person Completing Form: Niles Poole City of Elberton					
Phone Number: 706-213-3100 Date Completed: 4-10-99					
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 the designated contact person(s) and phone number(s) below:  D. Scott Wilson, City Manager 706/283-3100					



STATE OF GEORGIA )
COUNTY OF BLBERT )

#### FIBER OPTICS LEASE AGREEMENT

THIS FIBER OPTICS LEASE AGREEMENT ("Agreement") is made and entered into as of the 9th day of April, 1998, by and between the CITY OF ELBERTON, a Municipal Corporation created and existing under the laws of the State of Georgia ("Lessor"); and the ELBERT COUNTY SCHOOL DISTRICT, a political subdivision of the State of Georgia, existing pursuant to Article VIII, Section 5, Paragraph II, of the Constitution of the State of Georgia ("Lessee").

#### WITNESSETH:

WHEREAS, Lessor owns and maintains certain fiber optics lines in the City of Elberton, Georgia;

WHEREAS, Lessee owns and operates certain schools within the City of Elberton and in Elbert County, Georgia, and desires to lease the use of certain fiber optic lines at various schools sites in and around Elberton, Georgia, and at Lessee's Central Office Complex on Laurel Drive in Elberton, Georgia;

WHEREAS, Lessor and Lessee desire to enter into this Agreement to memorialize their agreements concerning Lessor's provision of such lines, and Lessee's use of such lines;

WHEREAS, the parties desire to enter into this Agreement, and structure it as a multi-year lease contract pursuant to Section 20-2-506 of the Official Code of Georgia Annotated;

NOW, THEREFORE, for and in consideration of TEN DOLLARS (\$10.00) in hand paid, the mutual promises herein after expressed, and other good and valuable consideration, the receipt and sufficiency of which is hereby expressly acknowledged by the parties, the parties hereby agree as follows:

- 1. Recitals Made Part of Agreement. The above recital of facts is hereby incorporated into and made a part of this Agreement, as if fully set forth herein.
- 2. Lease of Fiber Optic Lines. Lessor hereby agrees to lease to Lessee, and Lessee hereby accepts such lease and agrees to lease from Lessor, on the terms and conditions provided in this Agreement, fiber optic lines to serve each of the following schools and sites:
  - (a) Elbert County Comprehensive High School, 600 Jones Street, Elberton, Georgia;
  - (b) Blackwell Elementary School, 373 Campbell Street, Elberton, Georgia;
  - (c) Beaverdam Elementary School, 739 New Ruckersville Road, Elberton, Georgia;
  - (d) Elbert County Middle School, 45 Forest Avenue, Elberton, Georgia;
  - (e) Falling Creek Elementary School, 1019 Falling Creek Circle, Elberton, Georgia; and
  - (f) Central Office Complex, 50 Laurel Drive, Elberton, Georgia.

Such fiber optic lines are being leased for a wide area network application.

- This Agreement shall become effective upon the 3. execution of this Agreement by the last party to sign, and the term of this lease shall commence on August 1, 1998, and shall continue until 5:00 p.m. on December 31, 1998, at which time this lease shall terminate absolutely and without further obligation on the part of either party; provided, however, that on December 31, 1998, and each succeeding year on December 31, this Agreement shall be automatically renewed for an additional one-year term, which additional term shall begin immediately upon termination and shall continue until the immediately following December 31, lease shall be so renewed, unless terminated as provided in Paragraph 7 of this Agreement, until December 31, 2003, when this Agreement, and the parties' respective obligations pursuant to this Agreement, shall cease and terminate absolutely, unless terminated sooner pursuant to this Agreement.
- 4. Rental. In exchange for the lease of fiber optic lines provided in this Agreement, and Lessor's other obligations set forth in this Agreement, Lessee shall pay to Lessor the sum of \$35.55 per month per site, for a total of \$213.30 per month, beginning on August 1, 1998, and continuing monthly thereafter until this Lease is terminated. All such payments shall be due and payable on the first of the month in advance, but a payment shall not be deemed late, and shall not constitute a default under this

Agreement, if such payment is received by Lessor on or before the fifteenth (15th) of the month.

5. Annual Obligation. The total rent obligation of Lessee for the calendar year of execution of this Agreement, and every succeeding year, shall be as follows, assuming that this Agreement is not terminated before December 31, 2003:

Year	Total Rent Obligation
1998	\$1,066.50
1999	\$2,559.60
2000	\$2,559.60
2001	\$2,559.60
2002	\$2,559.60
2003	\$2,559.60

This paragraph is intended to comply with O.C.G.A. § 20-2-506(a)(3).

6. Maintenance. The parties acknowledge and agree that the fiber optic lines shall terminate at a junction box to be located on the interior of the building at each of the sites where service will be provided by Lessor, listed in Paragraph 2 of this Agreement. In exchange for Lessee's payment of rentals provided in this Agreement, Lessor shall also maintain the fiber optic lines on Lessor's side of the junction box at each of the sites. Lessee shall be responsible for connecting its system within each site into the junction box at each site, but the parties shall cooperate

in selecting a location for the junction box at each site and in connecting lines and each party's system into each junction box. Lessee shall permit Lessor and Lessor's agents and representatives to enter Lessee's property during reasonable business hours for the purpose of inspecting, maintaining and repairing Lessor's fiber optic lines, but Lessor covenants that it shall give Lessee and its agents reasonable notice of any entry which is not requested by Lessee. Such notice may be given verbally to the Superintendent of Elbert County Schools or, if Lessor needs to obtain access only to one school site, such notice may be given verbally to the principal of such school. After being notified by Lessee of any interruption in service, Lessor shall restore service within forty-eight (48) hours.

#### 7. Termination.

- (a) <u>Without Cause</u>. Either party may terminate this Agreement at the conclusion of a term (December 31, at 5:00 p.m.) by giving shall give the other party written notice at least thirty (30) days before the conclusion of the then-current term, in accordance with this Agreement, that such party does not wish to renew this Agreement for a succeeding term. If either party gives the other party such notice in a timely manner, then this Agreement shall terminate at the conclusion of the term.
- (b) For Cause. In addition to the termination provided in Paragraph 7(a) of this Agreement, either party may terminate this Agreement in the event that the other party fails to comply with

any provision of this Agreement; provided, however, that no party may terminate this Agreement unless such party has first given the other party written notice, in accordance with Paragraph 13 of this Agreement, of the other party's default and allowed such other party ten (10) calendar days from the date of such notice to cure such default. Notwithstanding this right to cure, Lessor shall not be obligated to give Lessee such notice and right to cure more than twice in a twelve-month period for failure to pay rent in a timely manner.

- 8. <u>Title</u>. Title to every fiber optic line provided by Lessor pursuant to this Agreement, up to the point at which such line connects into the junction box inside each site, shall remain the property of Lessor at all times. All lines on the other side of each junction box shall be installed by, and shall remain the property of, Lessee.
- 9. <u>Compliance With Applicable Laws</u>. Both parties covenant and agree that, in the performance of their obligations under this Agreement, they shall comply with all applicable laws, rules, regulations and ordinances.
- 10. **No Assignment.** Neither party shall have any right to assign its respective rights or obligations under this Agreement.
- 11. **Modification.** This Agreement may not be amended or modified unless such an amendment or modification is placed in writing and signed by all parties to this Agreement.

- Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions of this Agreement, and the remaining provisions of this Agreement shall be fully valid and enforceable, as if such unenforceable or prohibited provision were not contained herein.
- 13. **Notices.** Any and all notices, elections or demands permitted or required to be made under this Agreement shall be in writing (unless provided otherwise herein), signed by the parties giving such notice, and shall be delivered personally or sent by registered or certified United States mail, postage pre-paid, as set forth below:

If to Lessor: The City of Elberton

203 Elbert Street

Elberton, Georgia 30635

ATTN: City Manager

If to Lessee: Elbert County School District

50 Laurel Drive

Elberton, Georgia 30635

ATTN: Superintendent

The date of personal delivery or the date of mailing, as the case may be, shall be the date of such notice, election, demand or statement.

14. <u>Time of the Essence</u>. Time is of the essence in interpreting and performing all the obligations, covenants and agreements contained in this Agreement.

15. <u>Entire Agreement</u>. This Agreement contains the entire terms of the agreement between the parties regarding subject matter hereof, and in representation or promise not included or contained in this Agreement shall be of no force or effect.

16. <u>Headings</u>. This headings of the sections, paragraphs and other portions of this Agreement are for convenience of reference only, are not to be considered a part hereof and shall not limit or otherwise effect any of the terms hereof.

17. <u>Governing Law</u>. This Agreement shall be interpreted, construed and enforced in accordance with the laws of the State of Georgia.

IN WITNESS WHEREOF, the parties have caused their authorized agents to set their hands and affix their seals on behalf of their respective entities on the date first above written.

Lessor:

CITY OF ELBERTON

By: You Holone Mayor

Attest: 💃

D. Scott Wilson City Manager

[SEAL]

(Signatures Continued On Next Page)

### Lessee:

ELBERT COUNTY SCHOOL DISTRICT

By:

Steve Howe, Chairman of Elbert County Board of

Education

Attest;

Frank Griffith,
Superintendent of
Schools and Ex-Officio
Secretary of the
Elbert County Board of
Education

[SEAL]

## PAGE 2

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

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

C						
County	: Elbert	Servi	ce: Elections	(VOTUR	KCIKSTRON ON)	
1. C	Theck the box that best describes the	he agreed upon del	livery arrangement	for this service:	,	
	Service will be provided county checked, identify the governme				as) by a single service prov	vider. (If this box is
	A single service provider will p government, authority or organi			rated portion of t	the county. (If this box is	checked, identify the
	One or more cities will provide unincorporated areas. (If this b					
_	One or more cities will provide unincorporated areas. (If this b Elbert County, City of Bowma Other. (If this box is checked, a	ox is checked, ider in and City of Elber attach a legible m	ntify the government rton ap delineating the	service area of	or organization providing t each service provider, ar	the service.)
2. 1	government, authority or other tached maps for service delivery in developing the strategy, were over the No	y areas				rice identified?
overla reason federa If these elimina 3. L	se conditions will continue us apping but higher levels of some that overlapping service and al, state and county elections acconditions will be eliminated unate them, the responsible party and aist each government or authority ands, user fees, general funds, spe	service (See O.C. areas or competies ader the strategy, at the agreed upon a that will help to pa	C.G.A. 36-70-246 ition cannot be e ttach an implement deadline for complet by for this service as	(1)), overridin liminated. Elb tation schedule ting it. nd indicate how t	ng benefits of the dupli bert Co. will provide e listing each step or action the service will be funded	ication, or elections for all that will be taken to (e.g., enterprise
	te.). Government or Authority:	Funding Method:				
Elbert	County	General Fund				
	Elberton	General Fund				
CHV OF		L SOUGHALL HILL				
	Bowman	General Fund				
City of	Bowman  How will the strategy change the p	General Fund	ents for providing a	nd/or funding thi	is service within the count	y?
4. F No cha	Bowman  How will the strategy change the p	General Fund previous arrangement				tegy for this service:
4. F No cha	Bowman  How will the strategy change the panges  List any formal service delivery ag	General Fund previous arrangement	overnmental contra		used to implement the strat	tegy for this service:
4. F No cha	Bowman  How will the strategy change the panges  List any formal service delivery ag	General Fund previous arrangement	overnmental contra		used to implement the strat	tegy for this service:
4. F No cha	How will the strategy change the panges  List any formal service delivery agment name:  What other mechanisms (if any) w General Assembly, rate or fee changes	General Fund  previous arrangements or intergentation Contains  will be used to imple	covernmental contracting Parties:	octs that will be u	used to implement the strat Effective and E	tegy for this service: Ending Dates:
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# SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

	T4
•	Instructions

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

County:_	Elbert		
	•	cal governments were identified in t	ne process of developing
	Gira of Barren door not Fibert County	and Bowman both show Zon	nng Maps in the
	What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing e service delivery strategy?  The City of Elberton does have a Land Use/Zoning Ordinance and Elbert County and the City of Bowman does not. Elbert County and Bowman both show Zoning Maps in the Comprehensive Plan but do not have ordinances nor enforcement; therefore we have not		
2 Check	the hoves indicating how these incompatibilities or conflicts	were addressed.	
☐ an ※ ad ☐ oti	nendments to existing comprehensive plans loption of a joint comprehensive plan her measures (amend zoning ordinances,	Note: If the necessary plan amendmetc. have not yet been formally adop	ted, indicate when each of the
		affected tocal governments will adop	n inem.
ų	4°		
areas to b	be annexed into a city. If the conflict resolution process will	vary for different cities in the county	, summarize each process.
Se	ee attached Joint Municipality Land Use C	lassification Dispute Re	solution Process.
4. What	policies, procedures and/or processes have been established	by local governments (and water and	sewer authorities) to
ensure the	nat new extraterritorial water and sewer service will be consist master service delivery agreement specifi	tent with all applicable land use planes that new extension of the city limits and any e	s and ordinances? water, sewerage, xtension of service by
the land	natural gas service by cities outside the City of Elberton and the City of Bowman we use plans and ordinances. If consistent he host government, the dispute will be reliving land use disputes arising from anneals	y with land use plans or esolved using the same p	ordinances is disputed
	on completing form: Niles Poole umber: 706/283-3100 Date completing	April 10, 1999	<del>-   -</del>
Phone no 6. Is this	is the person who should be contacted by state agencies when	evaluating whether proposed local g	government projects are
If not, p	nt with land use plans of applicable jurisdictions?   yes [ rovide designated contact person(s) and phone number(s) bel	ow: D. Scott Wil	lson, City Manager
Ch	narles W. Kinney, County Administrator 7	06/283-2000 706-213-3	3100

### PAGE 4

# SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR	ELBERT	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 (2));
- 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)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Dalli M. Hor	SALLIE M. HOOD	CHAIRPERSON ELBERT COUNTY BOARD OF COMMISSIONERS	ELBERT COUNTY	
ldad Store	IOLA S. STONE	MAYOR CITY OF ELBERTON	CITY OF ELBERTON	
Dan	L. B. BERRYMAN	MAYOR CITY OF BOWMAN	CITY OF BOWMAN	

