

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY



FOR _

LINCOLN

COUNTY

PAGE 1

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

CITY OF LINCOLNTON
LINCOLN COUNTY
DEVELOPMENT AUTHORITY

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Building Inspection/Code Enforcement

Cooperative Extension Service

County Coroner

Department of Family & Children Services

Development Authority

Emergency Management/Emergency Medical Services

Fire Protection

Indigent Defense

Jail Services

Judicial/Courts

Law Enforcement

Library Services

Municipal Court

Planning/Zoning

Public Health Services

Public Housing

Public Sanitary Sewage (City only)

Recreation

Road/Bridge/Street Maintenance

Storm Water Management

Solid Waste Management

Senior Citizens Center

Tax Appraisal/Assessment
Tax Collection
Election Services
Probate Services

Transfer Station Water Supply/Distribution

Public Works Emergency 911

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
should be reported to the Department of Community Affairs.

County: _	LINCOLN	Service: CODE ENFORCEMENT/BLDG. INSPECTION
1. Check th	e box that best desi	cribes the agreed upon delivery arrangement for this service:
		countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this bogovernment, authority or organization providing the service.)
		only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
		provide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
unince LI		provide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
		cked, attach a legible map delineating the service area of each service provider, and identify the rother organization that will provide service within each service area.)
2. In develo		were overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher level		the under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas nated).
		ninated under the strategy, attach an implementation schedule listing each step or action that will be sponsible party and the agreed upon deadline for completing it.
		thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,
ocal Governm	nent or Authority:	Funding Method:
CITY OF	LINCOLNTON	GENERAL FUND/USER FEES
LINCOLN	COUNTY	GENERAL FUND/USER FEES
4. How will	the strategy chang	e the previous arrangements for providing and/or funding this service within the county?
NO C	HANGE	
5 List any f	ormal service deliv	very agreements or intergovernmental contracts that will be used to implement the strategy for this servi
Agreement Na		Contracting Parties: Effective and Ending Dates:
N/A		
21/11		
		any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the changes, etc.), and when will they take effect?
NONE		
7. Person co	ompleting form: _	DWAINE BIGGERSTAFF
Phone numb	er: 706~359~	-3239 Date completed: 03/02/99
are consister	nt with the service d	d be contacted by state agencies when evaluating whether proposed local government projects delivery strategy? **xyes \sum no
lf not, provid	de designated conta	act person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County		LINCOLN	Service: COOPERATIVE EXTENSION SERVICE
	_		oervice.
			st describes the agreed upon delivery arrangement for this service:
			vided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box the government, authority or organization providing the service.)
			vided only in the unincorporated portion of the county by a single service provider. (If this box is checked, ment, authority or organization providing the service.)
			will provide this service only within their incorporated boundaries, and the service will not be provided in as. (If this box is checked, identify the government(s), authority or organization providing the service.)
			will provide this service only within their incorporated boundaries, and the county will provide the service in as. (If this box is checked, identify the government(s), authority or organization providing the service.)
			is checked, attach a legible map delineating the service area of each service provider, and identify the rity, or other organization that will provide service within each service area.)
		loping the stra	tegy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher	leve		ontinue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas eliminated).
If these	e co	nditions will be	e eliminated under the strategy, attach an implementation schedule listing each step or action that will be the responsible party and the agreed upon deadline for completing it.
2 Lint		.b. anuammant	or authority that will hale to say for this carries and indicate how the carries will be founded to a contemple.
			or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, e
Local Go	overn	nment or Authorit	
LIN	COL	N COUNTY	COUNTY GENERAL FUNDS AND SCHOOL GENERAL FUNDS
	_		
	-		
1	NO	CHANGE	change the previous arrangements for providing and/or funding this service within the county?
			e delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Contracting Parties: Effective and Ending Dates:
Agreem			Conducting Fattles: Effective and Ending Dates.
N	I/A		
			ms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the or fee changes, etc.), and when will they take effect?
	N	ONE	
			rm: Tommy Drew
			/359-4444 Date completed: 3/1/99
are co	nsis	tent with the se	o should be contacted by state agencies when evaluating whether proposed local government projects ervice delivery strategy? \(\) yes \(\) no d contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) In developing the strategy, were overlapping service area, unnecessary competition and/or duplication of this service identified? Service One of the service One of the strategy of the service One of the service	County: LINCO	DLN		Service:	COUNTY	CORONER	
is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Jeyes	I. Check the box t	hat best describ	es the agreed upon	delivery arrangement f	or this service:		
identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes \(\subsection \) or these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but gigher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas re competition cannot be climinated. These conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be aken 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, suer fees, should supply a service decivery agreements service decivery agreements for providing and/or funding this service within the county? NONE LINCOLN COUNTY GENERAL FUND LINCOLN LINCOLN COUNTY GENERAL FUND LINCOLN Government or because the previous arrangement for providing and/or funding this service (e.g., ordinances, resolutions, local acts of leneral Assembly, rat						s) by a single se	rvice provider. (If this box
unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (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 □ no (these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but gipler 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 aken 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 ceal Government or Authority. Funding Method: LINCOLN COUNTY GENERAL FUND I. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NONE S. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of interprise the provious proposed local government projects are consistent with the s						service provider	(If this box is checked,
unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □ yes □ no It does conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but igher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas recompetition cannot be eliminated. If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be aken to eliminate them, the responsible party and the agreed upon deadline for completing it. A 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, hote/motel taxes, franchise taxes, impact fees, bonded indebtedness local Government or Authority: LINCOLN COUNTY GENERAL FUND LINCOLN COUNTY GENERAL FUND LINCOLN Contracting Panies: Effective and Ending Dates: N/A Contracting Panies: Effective and Ending Dates: Figurement Name: Contracting Panies: Effective and Ending Dates: Formy Drew Phone number: 706/359-4444 Date completed: 3/1/99 Russ In this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Myse I and evaluating whether proposed local government projects are consistent with the service delivery strategy? Myse I and evaluating whether proposed local government projects							
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 no f these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but ighter 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 aken to eliminate them, the responsible party and the agreed upon deadline for completing it. I. 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 of a constant of the service of the service within the county? LINCOLN COUNTY GENERAL FUND LINCOLN COUNTY GENERAL FUND							
these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but igher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas recompetition cannot be eliminated. If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be aken 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 ocal Government or Authority: Funding Method: LINCOLN LINCOLN COUNTY GENERAL FUND 1. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NONE 3. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service within the county? NONE 3. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of identical Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 7.06/359-4444 Date completed: 3/1/99 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? Note □ and Ending Dates: 1. Tommy Drew Phone number: 7. Porson own should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 1. Tommy Drew 1. Tommy Drew 1. Tommy Drew 1. Tommy Drew 2. Tommy Drew 3. Tommy Drew 3. Tommy Drew 4. Tommy Drew 4. Tommy Drew 5. Tommy Drew 5. T							vider, and identify the
ighter levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas re 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 aken 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 ocal Government or Authority: Funding Method: LINCOLN LINCOLN COUNTY GENERAL FUND 1. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NONE 3. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service greenent Name: Effective and Ending Dates: N/A 5. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of inches and service delivery agreements and when will they take effect? NONE 7. Person completing form: Torrany Drew Phone number: 706/359—4444 Date completed: 3/1/99 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? States are consistent with the service delivery strategy?		he strategy, we	re overlapping serv	ice areas, unnecessary	competition and	l/or duplication of	of this service identified?
f these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be aken 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 ocal Government or Authority: Funding Method: LINCOLN LINCOLN COUNTY GENERAL FUND LINCOLN COUNTY GENERAL FUND 1. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NONE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service greenent Nume: Contracting Parties: Effective and Ending Dates: N/A 5. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359—4444 Date completed: 3/1/99 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? 1. Tompy Drew Date completed: 3/1/99 1. Tompy Drew Date consistent with the service delivery strategy? 1. Tompy Drew Date consistent with the service delivery strategy? 1. Tompy Drew Date completed: 3/1/99	nigher levels of se	rvice (See O.C	.G.A. 36-70-24(1)),				
funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness ocal Government or Authority: Funding Method: LINCOLN LINCOLN COUNTY GENERAL FUND How will the strategy change the previous arrangements for providing and/or funding this service within the county? NCNE List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service greement Name: Contracting Parties: Effective and Ending Dates: N/A Semenal Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 Date completed: 3/1/99 B. 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? Eyes no	If these conditions	will be elimin	ated under the strate				tep or action that will be
LINCOLN COUNTY GENERAL FUND 1. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NONE 1. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service made and a service and Ending Dates: N/A 1. S. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Towny Drew Phone number: 7.06/359-4444 Date completed: 3/1/99 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?							
NONE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service made Ending Dates: N/A 5. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 Date completed: 3/1/99 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?	ocal Government or	Authority: Fu	nding Method:				
NONE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form:	LINCOLN		LINCOLN COUN	TY GENERAL FUND			
NONE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form:							
NONE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form:							
NONE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form:							
NONE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form:	Mow will the s	trategy change	the previous arrang	ements for providing a	nd/or funding th	is service within	the county?
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of a General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 Date completed: 3/1/99 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?	4. How will tile s	u alegy change	the previous arrange	ements for providing a	idoi fuliding u	ils service within	the county:
Agreement Name: Contracting Parties: Effective and Ending Dates: N/A 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes \(\) no	NONE						
Agreement Name: Contracting Parties: Effective and Ending Dates: N/A 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes \(\) no							
Agreement Name: Contracting Parties: Effective and Ending Dates: N/A 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes \(\) no							
Agreement Name: Contracting Parties: Effective and Ending Dates: N/A 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes \(\) no	5 List any formal	service deliver	ry agreements or int	ergovernmental contra	ets that will be	used to implemen	at the strategy for this service
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form:	Agreement Name:	Sei vice deli voi					
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect? NONE 7. Person completing form:	N/A						-
NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 B. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no	.137.13						
NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 B. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no							
NONE 7. Person completing form: Tommy Drew Phone number: 706/359-4444 B. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no							
7. Person completing form:						e.g., ordinances,	resolutions, local acts of the
7. Person completing form:	General Assembly	, rate of fee ch	anges, etc.), and with	en win diej mae enee			
Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes no	NONE						
Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes no							
Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes no							
Phone number: 706/359-4444 Date completed: 3/1/99 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? X yes no							
B. 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?					/1 /00		_
are consistent with the service delivery strategy? X yes no							
					ating whether p	roposed local go	vernment projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service liste	ed on page 1, Section III. Use exactly the same service names listed on page
	If the contact person for this service (listed at the bottom of the page) changes, this
should be reported to the Department of Community Affairs	

County:	LINCOLN		Service:	DEPARTMENT OF F	
		cribes the agreed upon de	_	AND CHILDREN'S	SERVICES
Service	e will be provided	countywide (i.e., includi	ng all cities and u	nincorporated areas) by	a single service provider. (If this box
is che	cked, identify the	government, authority or	organization prov	iding the service.)	
		only in the unincorporate authority or organization			e provider. (If this box is checked,
					the service will not be provided in sization providing the service.)
					the county will provide the service in nization providing the service.)
Other	(If this box is che	cked, attach a legible more other organization that	ap delineating the will provide servi	e service area of each s ce within each service a	service provider, and identify the rea.)
2. In develo		were overlapping service	areas, unnecessa	ry competition and/or du	uplication of this service identified?
higher level		D.C.G.A. 36-70-24(1)), ov			arrangement (i.e., overlapping but asons that overlapping service areas
		ninated under the strategy esponsible party and the a			ting each step or action that will be
					ervice will be funded (e.g., enterprise es, impact fees, bonded indebtedness, etc
Local Governr	nent or Authority:	Funding Method:			
	LN COUNTY		Y GENERAL F	UND AND ALSO STAT	TE FUNDS
4. How wil	I the strategy char	ge the previous arrangem	ents for providin	g and/or funding this ser	vice within the county?
	NO CHANGE				
5 List any	formal service del	very agreements or inter	overnmental con	tracts that will be used to	o implement the strategy for this service:
Agreement N			acting Parties:		Effective and Ending Dates:
N/A					
		f any) will be used to imp changes, etc.), and when			ordinances, resolutions, local acts of the
NON	1E				
					61
7 D		Tommy Drew			
Phone num	completing form: 706/359-		Date completed:	3/1/99	
	DC1.				ed local government projects
are consiste	ent with the service	e delivery strategy? X ntact person(s) and phone	yes no		ed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	LINCOLN		Service:	Development Authorit	У
1. Check th	he box that best de	scribes the agreed upon delive	ery arrangement	for this service:	
		d countywide (i.e., including a government, authority or orga		ncorporated areas) by a single ing the service.)	service provider. (If this box
		d only in the unincorporated p		unty by a single service provid ice.)	er. (If this box is checked,
				rated boundaries, and the servi t(s), authority or organization p	The state of the s
				rated boundaries, and the count(s), authority or organization	
		ecked, attach a legible map of or other organization that will		service area of each service p within each service area.)	rovider, and identify the
2. In deve		, were overlapping service are	eas, unnecessary	competition and/or duplication	n of this service identified?
If these con	nditions will conti	O.C.G.A. 36-70-24(1)), overt		n for continuing the arranger the duplication, or reasons tha	
		iminated under the strategy, at responsible party and the agre		nentation schedule listing each	n step or action that will be
				nd indicate how the service wi el taxes, franchise taxes, impac	Il be funded (e.g., enterprise et fees, bonded indebtedness, et
Local Govern	nment or Authority:	Funding Method:			
LINCO	DLN	1 Mil Ad Valorem	Taxes		
No C	hange formal service de	livery agreements or intergove	ernmental contra	and/or funding this service with	nent the strategy for this service
Agreement N/A	Name:	Contractin	ng Parties:		Effective and Ending Dates:
N/A					
	ssembly, rate or fe	if any) will be used to implement to implement to implement the changes, etc.), and when will			es, resolutions, local acts of the
					μ.
	completing form: nber: 706/359-		e completed:	3/1/99	
8. Is this tare consist	the person who sho tent with the service		no	uating whether proposed local	government projects



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
hould be reported to the Department of Community Affairs

Coun	ty: LINCOLN	Service:	ELECTION SER	VICES	
1. Ch	eck the box that best describes the agr	ed upon delivery arrangeme	nt for this service:		
	Service will be provided countywide is checked, identify the government,			by a single service provide	der. (If this box
	Service will be provided only in the uidentify the government, authority or			rvice provider. (If this box	s is checked,
	One or more cities will provide this s unincorporated areas. (If this box is c				
	One or more cities will provide this s unincorporated areas. (If this box is c				
	Other. (If this box is checked, attach government, authority, or other organ				identify the
	developing the strategy, were overlap	ping service areas, unnecessa	ary competition and/o	or duplication of this servi	ce identified?
highe	se conditions will continue under the er levels of service (See O.C.G.A. 36- mpetition cannot be eliminated).				
	se conditions will be eliminated unde to eliminate them, the responsible pa				on that will be
	st each government or authority that vs., user fees, general funds, special ser				
	Government or Authority: Funding Meth		NID FOR RECUI A	BI ECHTONS - COMB	A CMC
L		LN COUNTY GENERAL FURNESSES SIGNED WITH OTHER			
	ELECT		GOVERNMENT E	WIIIIBD FOR BEBEIF	
			7.7		
N . 5. Li	ow will the strategy change the previous of CHANGE	ents or intergovernmental cor		ed to implement the strate	gy for this service:
	ment Name:	Contracting Parties:		Effective and	Ending Dates:
(ontract for Election Servi See Attachment)	ces City and Cou	nty .		
Gene	That other mechanisms (if any) will be ral Assembly, rate or fee changes, etc.			g., ordinances, resolutions	s, local acts of the
	gow.	M DODIA			
	erson completing form: † TOMM ne number:706/359-4444	Y DREW Date completed:	3/1/99	1,000	
	s this the person who should be contact			proced local government of	projects
are o	s this the person who should be contact consistent with the service delivery str ot, provide designated contact person(ategy? 🛛 yes 🗌 no		oposed total government p	nojects

CONTRACT FOR ELECTION SERVICES WITH CITY OF LINCOLNTON

STATE OF GEORGIA
COUNTY OF LINCOLNTON

THIS AGREEMENT, made and entered into this 13th day of _______, 1999, between the Board of Elections and Registration of Lincoln County, Georgia, hereinafter referred to as "the Board", Lincoln County, Georgia, hereinafter referred to as "the County", and the City of Lincolnton, hereinafter referred to as "the City",

WITNESSETH:

WHEREAS, the City has, pursuant to Section 21-3-10, Official Code of Georgia Annotated, requested that the County, acting by and through the Board, provide certain services in regard to conducting City elections and maintaining voter registration records for the City; and

WHEREAS, the Board is authorized to provide such services pursuant to Laws of the General Assembly of Georgia, approved by the Governor in 1996,

NOW THEREFORE, for and in consideration of the mutual covenants and agreements between the parties herein contained, IT IS AGREED AS FOLLOWS:

- 1. The Board shall provide the following services to the City in connection with each election to be held by the City during the term of this Agreement:
 - (a) Order all ballots
 - (b) Print ballot labels
 - © Provide all equipment and supplies needed to conduct elections, including votomatics.
 - (d) Provide voters list of registered voters residing within the City and entitled to vote at the election.
 - (e) Issue absentee ballots at the office of the Board.
 - (f) Tabulate absentee ballots.
 - (g) Tabulate regular ballots.
 - (h) Certify election results to Secretary of State's Office.
 - (I) Appoint and train poll officers and have them present to conduct the election.

- (j) Supervise the conducting of the election.
- (k) Ethics filing with State of Georgia, County of Lincoln, and City of Lincolnton.
- Approval by Justice Department for the election, if not pre-approved, under Title 5, Voting Rights Legislation.
- 2. The City will perform all other duties related to calling and holding the election including, without limitation, adopting the necessary resolutions to call the election, placing notices of the call of the election in the newspaper and qualifying the candidates for the election. The City shall notify the Board of any upcoming election in ample time to permit the Board to carry out its obligations hereunder.
- 3. The City shall pay to the County all costs incurred by the County in having the Board perform the functions called for by this Agreement, which expenses shall include, but not limited to, costs of preparing and printing the ballots, the salaries of the poll officers, the salaries (including any overtime) of Board employees for work related to performing the services required of the Board hereunder, the cost of all supplies provided and the reasonable rental value of all equipment used in conducting an election for the City. Such amounts shall be paid by the City to the County within ten (10) days after receipt by the City of a statement therefore. The Board and the County shall work together to submit the statement reasonably promptly after the services are rendered.
- 4. The City shall indemnify and hold the County and the Board harmless against any claim or contest to which the Board or County may be made a party arising directly or indirectly out of the services rendered by the Board pursuant to this Agreement. Such indemnification shall cover not only the amount of any judgment or award rendered against the Board or the County, but also all costs of investigation, defense, reasonable attorney's fees and court costs. If there is no conflict of interest between the interests of the City and the interests of the Board and the County, the City's attorney may represent all three parties in providing any required defense. If there is a conflict of interest, the City shall employ separate counsel satisfactory to the County and the Board to represent their interests in such contest or litigation.
- 5. Any party may terminate this Agreement at any time, with or without cause, by the giving of not less than sixty (60) days prior written notice to the other two parties of such termination. This Agreement shall continue in effect until it is terminated by one of the parties hereto.

IN WITNESS WHEREOF, the undersigned have caused these presents to be executed by their proper officers and seals affixed, this istanday of _

CITY OF LINCOLNTON

ATTEST:

LINCOLN COUNTY BOARD OF

ELECTIONS AND REGISTRATION

ATTEST:

LINCOLN COUNTY, BOARD OF COMMISSIONERS

Ref: City of Lincolnton-Lincoln County Contract for Election Services.

The Lincoln County Board of Elections is funded entirely by the Lincoln County General Fund for voter registration, general primaries, regular elections, and everyday operations. Every taxpayer countywide funds this operation.

Normal, regularly scheduled City elections adds no additional cost whatsoever to the operation of the Elections Board because the same activities will have to be performed during any election.

The Contract states that the City will bear the full cost of a special or non-scheduled election that pertains solely to city elections since these cost will be above and beyond what is "normal" countywide election services.

Tommy Drew,

Chairman

Lincoln County Board of Commissioners

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Coun	ty:	LIN	COL	N										Se	erv	ice:	_	E	CME	ER	GE	NC:	Y	9:	1										
1. Ch	ieck th	he box	tha	t be	st des	crib	es th	e agi	reed	upo	n d	eliv	very	y ar	rar	ger	ner	it f	for	thi	s s	erv	ice	:											
XX		ice wil ecked,																							s) by	a si	ngl	e se	rvi	ce p	rovi	ider.	(If	this b	ох
		ice wil																			y a	sin	gl	e s	ervic	e pr	ovi	ider	. (I	f thi	s bo	x is	che	cked,	
		or mor																																	
		or mor																																	in
		r. (If th																										pro	ovio	der,	and	d ide	ntify	y the	
		loping		str	ategy,	wei	e ov	erlar	pping	g ser	vic	e ai	геа	s, u	inn	eces	ssaı	у	cor	mp	eti	tion	a	nd	or du	plic	cati	on	of t	his :	serv	ice i	dent	ified	?
highe	r leve	ndition els of s	erv	ice	(See (D.C.	G.A.																												
		nditior iminat																								ting	, ea	ch s	step	ог	acti	on th	nat w	vill be	e
		h gove r fees,																																	
		ment o	r Au	thor	ty:		ding			CATIV.	шту		YE KI	כויבוו	XI	-			7.1.	750		177	27.7	- CV		2 77	200			T 00	N F				
L.	INCO	LN				-			N C			_	EIN	EK	AL	F.	UNI	D —	AN	ND	T	HRO	<u></u>	GF	CH	ARC	SES	5 1	0	LOC	AL	_			
	•					+	PEL	EPH	IONE	US	SER	S	_					_	_	_	_	_					_		_	_					
_						+				_			-			_	_							_					-						-
						-										-		_								-				-					
		ill the	stra	tegy	char	ige t	ne pr	revio	us a	rran	gen	nen	nts i	for	pro	vid	ing	aı	nd/	or	fur	ndir	ng	thi	s ser	vice	wi	thir	n th	e co	unt	y?			
	st any	forma	al se	rvio	e del	iver	agr	eem	ents		nter						ont	rac	cts	tha	at v	vill	be	u	sed to	im	ple	me						nis se	rvice:
	/A																															~			
																			_	_															
								_		_										_	_		_						_						
Gene		ther m																		thi	S S	ervi	ice	(e	.g., o	rdir	nan	ces	, res	solu	tion	s, lo	cal a	icts o	f the
																																R1			
		compl		-				mmy	Dr.	ew										_	_								_						
		nber:			359-				_							eted			3/1		_								_						
are c	onsist	the per tent wi vide de	th t	he s	ervice	e del	ivery	y stra	ategy	1?	X	yes	s [no			lu	atir	ng	wh	eth	er	pr	opose	ed lo	oca	l go	ver	nme	ent p	oroje	ects		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County	LINCOLN	Service:	EMERGENCY EMERGENCY	MANAGEMENT/ EMERGENCY MEDICAL SERVICES
1. Chec	ck the box that best desc	cribes the agreed upon delivery arrangement	nt for this service	e:
		countywide (i.e., including all cities and u overnment, authority or organization prov		reas) by a single service provider. (If this box
		only in the unincorporated portion of the cauthority or organization providing the se		e service provider. (If this box is checked,
		rovide this service only within their incorp this box is checked, identify the government		
		rovide this service only within their incorp this box is checked, identify the governme		es, and the county will provide the service in or organization providing the service.)
		cked, attach a legible map delineating the rother organization that will provide servi		
	eveloping the strategy,	were overlapping service areas, unnecessa	ry competition a	nd/or duplication of this service identified?
If these	conditions will continu	C.C.G.A. 36-70-24(1)), overriding benefits		ng the arrangement (i.e., overlapping but on, or reasons that overlapping service areas
If these	conditions will be elim			edule listing each step or action that will be ng it.
				w the service will be funded (e.g., enterprise hise taxes, impact fees, bonded indebtedness, et
Local Go	overnment or Authority:	Funding Method:		
LING	COLN	LINCOLN COUNTY GENERAL FUN	IDS	
	w will the strategy chan	ge the previous arrangements for providing	g and/or funding	this service within the county?
5. List	any formal service deli	very agreements or intergovernmental con	tracts that will be	e used to implement the strategy for this service
Agreem	ent Name:	Contracting Parties:		Effective and Ending Dates:
N/	'A			
6. Wh	nat other mechanisms (if al Assembly, rate or fee	any) will be used to implement the strate, changes, etc.), and when will they take eff	gy for this service fect?	e (e.g., ordinances, resolutions, local acts of the
NOM	NE			
7. Per	rson completing form:	Tommy Drew		
	number: 706/359-4		3/1/99	
8. Is t	this the person who shounsistent with the service	ald be contacted by state agencies when ever delivery strategy? X yes no no atact person(s) and phone number(s) below	aluating whether	proposed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
should be reported to the Department of Community Affairs.

County:	LINCOLN			Service:	FIRE	PROTECTION	
1. Check the	box that best desc	cribes the ag	reed upon delive	ery arrangeme	nt for this s	ervice:	
	will be provided ked, identify the g						service provider. (If this box
	will be provided the government,					single service provid	der. (If this box is checked,
							ice will not be provided in providing the service.)
							ity will provide the service in providing the service.)
		UNTY cked, attach	a legible map d			rea of each service pach service pach	provider, and identify the
2. In develop ☐ yes {		were overlaj	oping service are	as, unnecessa	ry competi	ion and/or duplicatio	n of this service identified?
If these condi	tions will continu	.C.G.A. 36-					ment (i.e., overlapping but at overlapping service areas
If these condi		inated unde				_	h step or action that will be
							ll be funded (e.g., enterprise et fees, bonded indebtedness, etc.
Local Governme	nt or Authority:	Funding Meth	od:				
	LINCOLNTO		NERAL FUNI	O/HOTEL~	MOTEL	TAX	
LINCOLN (COUNTY	GEI	NERAL FUND				
NO CH	ANGE					ding this service with	
5. List any for Agreement Nam		ery agreeme	ents or intergover		racts that w	ill be used to implem	ent the strategy for this service: Effective and Ending Dates:
N/A							
6. What othe General Asse NONE	r mechanisms (if a mbly, rate or fee o	any) will be changes, etc.	used to impleme), and when will	nt the strategy they take effe	for this se ect?	rvice (e.g., ordinance	s, resolutions, local acts of the
		DUATNE	DICCEDCE	V E E			
Person con Phone numbe	npleting form: _ r. 706~359	~3239		completed: _	03/02/	99	_
						ther proposed local g	overnment projects
are consistent	with the service of designated conta	delivery stra	tegy? Xyes	no	dating with	mer proposed rocal g	overmient projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	LINCOLN		Service:	INDIGENT DEFENS	E
	box that best de	scribes the agreed upon o	lelivery arrangement	for this service:	
		d countywide (i.e., inclue government, authority o			ngle service provider. (If this box
		d only in the unincorpora t, authority or organization			ovider. (If this box is checked,
					service will not be provided in ion providing the service.)
			•		county will provide the service in ion providing the service.)
	*			service area of each serv within each service area.	ice provider, and identify the
2. In develo		, were overlapping servi	ce areas, unnecessary	competition and/or duplic	cation of this service identified?
If these cond higher levels	ditions will contin	O.C.G.A. 36-70-24(1)),			ngement (i.e., overlapping but as that overlapping service areas
If these cond	ditions will be eli	minated under the strate			each step or action that will be
taken to elin	ninate them, the r	esponsible party and the	agreed upon deadlin	e for completing it.	
					e will be funded (e.g., enterprise mpact fees, bonded indebtedness, e
	ent or Authority:	Funding Method:	SOUTH NAME AND	I A DUDETO DEPENDI	ED MO ACCTOM MUCCO
LINCOLN	I				ER TO ASSIST THOSE
		FROM LINCOLN C			IS FUNDING COMES
4. How will NO CHANGE		nge the previous arrange	ments for providing a	and/or funding this service	within the county?
5. List any f	ormal service del	ivery agreements or inte	rgovernmental contra	cts that will be used to im	plement the strategy for this servic
Agreement Na	me:	Cor	tracting Parties:		Effective and Ending Dates:
N/A					•
6 W/h-4 -4h		(f)!!! b! t- !	-la	for this service (s. s. andis	vanges annalysisms level acts of the
		e changes, etc.), and whe			nances, resolutions, local acts of the
NONE					
					Ÿ,
7 Person or	ompleting form:	Tommy Dress			
Phone numb	706/2	59-4444	Date completed:	3/1/99	
	Jei,			lating whether proposed lo	ocal government projects
are consiste	nt with the service	e delivery strategy? ntact person(s) and phon	yes no	ming medici proposed it	our government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

County: LINCOLN		Service:	JAIL SERVICES		
1. Check the box that best descri	bes the agreed upon delive	ry arrangeme	nt for this service:		
Service will be provided or is checked, identify the go				a single service provid	der. (If this box
Service will be provided or identify the government, a				ce provider. (If this box	is checked,
One or more cities will pro- unincorporated areas. (If the					
One or more cities will pro- unincorporated areas. (If the					
Other. (If this box is check government, authority, or o					identify the
 In developing the strategy, w yes ∑ no 	ere overlapping service are	as, unnecessa	ry competition and/or d	uplication of this service	ce identified?
If these conditions will continue higher levels of service (See O.C or competition cannot be elimina	C.G.A. 36-70-24(1)), overri				
If these conditions will be elimin taken to eliminate them, the resp				sting each step or action	n that will be
3. List each government or auth funds, user fees, general funds,					
Local Government or Andrewy F	moint Venot				
LINCOLN	PRIMARILY FUNDED HOUSES LOCAL PRI BASIS, AND FROM	ISONERS, I	FEDERAL AND STAT	ENERAL FUNDS. THE PRISONERS ON A ON OF FUNDS ARE	TEMPORARY
	FROM HOUSING STA				
4. How will the strategy chang	CITY OF LINCOLN				
NO CHANGE 5. List any formal service deliv		vernmental co	ntracts that will be used		egy for this service
N/A					-
6. What other mechanisms (if General Assembly, rate or fee				, ordinances, resolution	s, local acts of the
NONE					
					• '
7. Person completing form:	Tommy Drew				
Phone number: 706/359-		te completed:	3/1/99		
8. Is this the person who shou				osed local government	projects
are consistent with the service If not, provide designated cont	delivery strategy? X yes	s 🗌 no		sed local government	projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
should be reported to the Department of Community Affairs.

County: L]	INCOLN		Service:	JUDICIAL/COURTS	
1. Check the b	ox that best descr	ibes the agreed upon de	elivery arrangement	for this service:	
		ountywide (i.e., includ		ncorporated areas) by a single servicing the service.)	e provider. (If this box
		only in the unincorporate		inty by a single service provider. (If ce.)	this box is checked,
				ated boundaries, and the service will (s), authority or organization provid	
				ated boundaries, and the county will (s), authority or organization provid	
				ervice area of each service provid within each service area.)	er, and identify the
2. In developin ☐ yes ☒		ere overlapping service	e areas, unnecessary	competition and/or duplication of th	is service identified?
higher levels o		C.G.A. 36-70-24(1)), o		for continuing the arrangement (the duplication, or reasons that over	
		nated under the strateg consible party and the a		entation schedule listing each step for completing it.	or action that will be
				nd indicate how the service will be fi el taxes, franchise taxes, impact fees	
Local Government	t or Authority:	unding Method:			
LINCOLN				PAYS PORTION OF DISTRICT	ATTORNEY'S
		FEES: COURT RE	CORDERS ON A P	ER DIEM BASIS.	
NO CHANGE				nd/or funding this service within the	
5. List any for Agreement Name			governmental contracting Parties:	cts that will be used to implement th Effect	e strategy for this service: ctive and Ending Dates:
N/A					•
		iny) will be used to imphanges, etc.), and when		for this service (e.g., ordinances, reso	olutions, local acts of the
					•
7. Person com	pleting form:	Tommy Drew			
Phone number	505 /050 4	444	Date completed:	3/1/99	
are consistent	with the service of	d be contacted by state delivery strategy? X act person(s) and phone	yes no	ating whether proposed local govern	ment projects

Instructions:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
should be reported to the Department of Community Affairs.

County:	LINCOLN		Servio	ce: LAW	ENFORCEMENT	
-		cribes the agreed t	upon delivery arrang			
☐ Service	will be provided	countywide (i.e.,		and unincorpo	orated areas) by a single	e service provider. (If this box
			orporated portion of nization providing th		a single service provi	der. (If this box is checked,
						vice will not be provided in providing the service.)
						nty will provide the service in providing the service.)
LINCO	ment, authority, o	r other organization	on that will provide :	-		provider, and identify the
	ing the strategy,	NTON ~~ CI' were overlapping		essary compe	tition and/or duplication	on of this service identified?
If these condi	itions will continu	.C.G.A. 36-70-24				ment (i.e., overlapping but at overlapping service areas
If these condi	tions will be elim	ninated under the s	strategy, attach an ind the agreed upon d			ch step or action that will be
						ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc.
Local Governmen	nt or Authority:	Funding Method:				
	COUNTY	GENERAL I	FUND/FINES A	FORFEI	TURES	
		The Gallery of the Control of the Co	1 001111/1 1111	o a roni	EITURES	
		e the previous arra	angements for provi	ding and/or It	anding this service with	nin the county?
NO CH	ANGE					
5. List any for	mal service deliv	ery agreements or	intergovernmental	contracts that	will be used to implem	nent the strategy for this service:
Agreement Name			Contracting Parties:			Effective and Ending Dates:
N/A						
			-			
/ W/L-+ other			- implement the str	tage for this	carries (e.g. ordinance	es, resolutions, local acts of the
General Asser	nbly, rate or fee	changes, etc.), and	when will they take	effect?	SCI VICE (C.B., OTOMICIO	s, lesotutions, room avec or mi-
NONE						
		DUALINE DE	CONDOMADD			
		DWAINE BI		. 02.70	- 100	
	706~359~		Date complete			
are consistent	with the service of	delivery strategy?			hether proposed local g	government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

County	y:LINCOLN	Service: LIBRARY SERVICES	
1. Che	ck the box that best desc	cribes the agreed upon delivery arrangement for this service:	
		countywide (i.e., including all cities and unincorporated areas) by a single service provider government, authority or organization providing the service.)	(If this box
		only in the unincorporated portion of the county by a single service provider. (If this box is authority or organization providing the service.)	checked,
		provide this service only within their incorporated boundaries, and the service will not be pro- this box is checked, identify the government(s), authority or organization providing the ser-	
		provide this service only within their incorporated boundaries, and the county will provide the this box is checked, identify the government(s), authority or organization providing the service.	
		cked, attach a legible map delineating the service area of each service provider, and ide r other organization that will provide service within each service area.)	entify the
	developing the strategy, yes 🛛 no	were overlapping service areas, unnecessary competition and/or duplication of this service	dentified?
higher		ue under the strategy, attach an explanation for continuing the arrangement (i.e., overland). C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping seminated).	
If thes	e conditions will be elim	ninated under the strategy, attach an implementation schedule listing each step or action the	nat will be
taken t	to eliminate them, the re	sponsible party and the agreed upon deadline for completing it.	
		thority that will help to pay for this service and indicate how the service will be funded (e.g., special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded in	
	overnment or Authority:	Funding Method:	com.
L:	INCOLN	FUNDING IS DERIVED FROM LINCOLN COUNTY GENERAL FUND AND EA	ST
		CHYTHAU ODONOTH DIDIE.	
4. Ho	w will the strategy chang	ge the previous arrangements for providing and/or funding this service within the county?	
NO C	HANGE		
5. List	any formal service deli-	very agreements or intergovernmental contracts that will be used to implement the strategy	for this service
Agreem	ent Name:	Contracting Parties: Effective and En	ling Dates:
N/A	1		
_			
6 W	nat other mechanisms (if	any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo	cal acts of the
		changes, etc.), and when will they take effect?	our new or the
NONE	E		
7 Per	rson completing form:	Tommy Drew	
Phone	number: 706/359-4	Date completed: 3/1/99	
		ald be contacted by state agencies when evaluating whether proposed local government projections.	ects
are co	onsistent with the service	tact person(s) and phone number(s) below:	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County:	LINCOLN			Service:	MUNICIPAL COU	RT
1. Check the	box that best des	cribes the a	greed upon delive	ry arrangeme	nt for this service:	
					unincorporated areas) by a viding the service.)	single service provider. (If this box
	•	-	unincorporated per or organization pro			provider. (If this box is checked,
						ne service will not be provided in zation providing the service.)
		this box is	checked, identify			ne county will provide the service in zation providing the service.)
of contracts.					e service area of each se ce within each service are	rvice provider, and identify the ea.)
2. In develop		were overla	apping service area	as, unnecessa	ry competition and/or dup	olication of this service identified?
higher levels		C.G.A. 36				rangement (i.e., overlapping but ons that overlapping service areas
					ementation schedule listi ine for completing it.	ng each step or action that will be
						vice will be funded (e.g., enterprise , impact fees, bonded indebtedness, et
Local Governme	ent or Authority:	Funding Met	hod:			
CITY OF	LINCOLNTO	N	GENERAL FU	ND/FINE	S & FORFEITURES	5
4. How will t			ous arrangements	for providing	and/or funding this service	ce within the county?
	NO CHANGE	3				
5 1 int nov. for			ents or intergover	nmantal cont	racte that will be used to i	mplement the strategy for this service
Agreement Nam		ery agreen	Contracting		racts that will be used to h	Effective and Ending Dates:
N/A						
,						
6. What other	mechanisms (if	any) will be	used to implement.), and when will	nt the strategy	y for this service (e.g., ord	linances, resolutions, local acts of the
General Asser	NONE	changes, en), and when with	ulcy take elle	oct:	
					4	
7. Person con	npleting form:	DWAINE	BIGGERSTA		02.402.400	
	r: _706~359				03/02/99	
are consistent	with the service	delivery str	ted by state agence ategy? \(\frac{1}{2}\) yes [s) and phone numb	no	luating whether proposed	local government projects
	D					

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	LINCOLN	Sei	rvice:	PLANNING/ZONING	
1. Check	the box that best des	cribes the agreed upon delivery arr	angem	ent for this service:	
		countywide (i.e., including all citi government, authority or organizat			ngle service provider. (If this box
		only in the unincorporated portion authority or organization providing			ovider. (If this box is checked,
-		provide this service only within the this box is checked, identify the g			
uni:		provide this service only within the this box is checked, identify the g			
		cked, attach a legible map deline or other organization that will prov			
	veloping the strategy,	were overlapping service areas, un	nneces	sary competition and/or duplic	ation of this service identified?
If these c	onditions will contin	ue under the strategy, attach an e. D.C.G.A. 36-70-24(1)), overriding inated).			
		ninated under the strategy, attach esponsible party and the agreed upon			each step or action that will be
		thority that will help to pay for this, special service district revenues,			e will be funded (e.g., enterprise npact fees, bonded indebtedness, et
Local Gove	ernment or Authority:	Funding Method:			
LINCO	OLN COUNTY	FUNDING COMES FROM CO	UNTY	GENERAL FUND AND USE	ER FEES.
CITY C	F LINCOLNTON	GENERAL FUND/USER FEI	ES		
	will the strategy chan	ge the previous arrangements for p	orovidi	ng and/or funding this service	within the county?
5. List an		very agreements or intergovernme Contracting Parti		entracts that will be used to imp	plement the strategy for this service Effective and Ending Dates:
N/A					
General A	Assembly, rate or fee	any) will be used to implement the changes, etc.), and when will they COMPREHENSIVE PLAN ADC	take e	ffect?	ances, resolutions, local acts of the
	n completing form:	Tommy Drew		3/1/99	
	umber:706/359			3/1/99	A second contract of
are consi	istent with the service	ald be contacted by state agencies of delivery strategy? yes not not not person (s) and phone number (s)	10		cal government projects

Instructions:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County:	LINCOLN	Service: PROBATE SERVICES	
1. Check the	box that best describes	the agreed upon delivery arrangement for this service:	
		tywide (i.e., including all cities and unincorporated areas) by a siment, authority or organization providing the service.)	ngle service provider. (If this box
		in the unincorporated portion of the county by a single service prority or organization providing the service.)	rovider. (If this box is checked,
		e this service only within their incorporated boundaries, and the spox is checked, identify the government(s), authority or organization	
		e this service only within their incorporated boundaries, and the cox is checked, identify the government(s), authority or organization	
		attach a legible map delineating the service area of each service organization that will provide service within each service area.	
2. In develo		overlapping service areas, unnecessary competition and/or duplic	cation of this service identified?
higher level		der the strategy, attach an explanation for continuing the arra A. 36-70-24(1)), overriding benefits of the duplication, or reason).	
		d under the strategy, attach an implementation schedule listing ible party and the agreed upon deadline for completing it.	geach step or action that will be
		y that will help to pay for this service and indicate how the servicial service district revenues, hotel/motel taxes, franchise taxes, in	
Local Governm	nent or Authority: Funding	ng Method:	
LINCOL	I LI	NCOLN COUNTY GENERAL FUND, USER FEES, AND F	INES
NO CHAN	GE Formal service delivery a	previous arrangements for providing and/or funding this service agreements or intergovernmental contracts that will be used to im	
N/A			•
		will be used to implement the strategy for this service (e.g., ordinges, etc.), and when will they take effect?	nances, resolutions, local acts of the
7. Person o	ompleting form:	ommy Drew	
	ber: 706/359-4444	- '- '	
8. Is this th	e person who should be nt with the service delive	contacted by state agencies when evaluating whether proposed lovery strategy? yes no erson(s) and phone number(s) below:	ocal government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:



County: LINCOLN	Service: PUBLIC HEALTH SERVICES
1. Check the box that best des	scribes the agreed upon delivery arrangement for this service:
	d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box government, authority or organization providing the service.)
	I only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the service will not be provided in f this box is checked, identify the government(s), authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the county will provide the service in f this box is checked, identify the government(s), authority or organization providing the service.)
	ecked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
2. In developing the strategy yes x no	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will contin	oue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas ainated).
If these conditions will be elim	minated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it.
	uthority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise is, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,
Local Government or Authority:	Funding Method:
LINCOLN	STAFFED BY STATE EMPLOYEES AND FUNDING IS PROVIDED BY THE STATE WITH ASSISTANCE FROM COUNTY GENERAL FUNDS
	WITH ASSISTANCE FROM COUNTY GENERAL FUNDS
4. How will the strategy char	nge the previous arrangements for providing and/or funding this service within the county?
NO CHANGE	
The state of the s	ivery agreements or intergovernmental contracts that will be used to implement the strategy for this servi
Agreement Name:	Contracting Parties: Effective and Ending Dates:
N/A	
	f any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the changes, etc.), and when will they take effect?
NONE	
7. Person completing form:	Tommy Drew
Phone number: 706/359	
	uld be contacted by state agencies when evaluating whether proposed local government projects
are consistent with the servic If not, provide designated con	e delivery strategy? yes no nact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

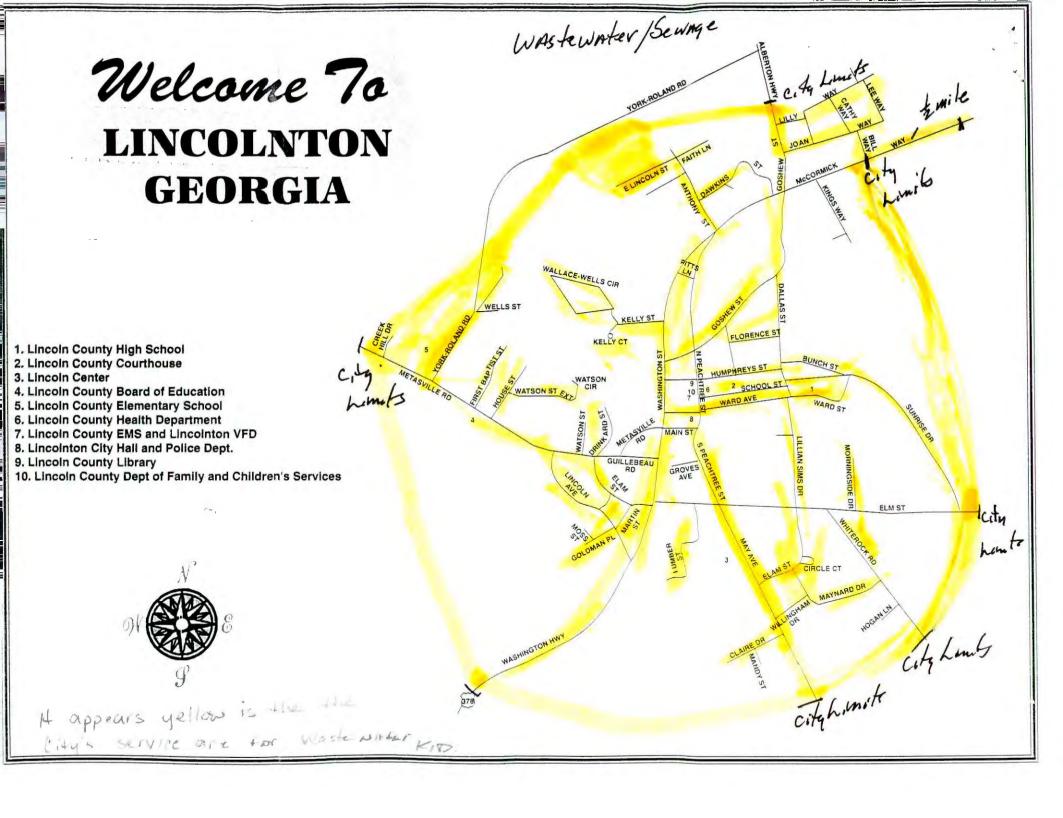
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed	ed on page 1
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page)	
should be reported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

County: _	LINCOLN		Service:	PUBLIC	HOUSING
1. Check th	e box that best des	cribes the agreed	d upon delivery arrangen	nent for this service	ce:
			e., including all cities and hority or organization pro	the state of the s	areas) by a single service provider. (If this box e.)
			ncorporated portion of the ganization providing the		ele service provider. (If this box is checked,
	orporated areas. (If		ked, identify the government		ies, and the service will not be provided in or organization providing the service.)
					ies, and the county will provide the service in or organization providing the service.)
			egible map delineating tion that will provide ser		of each service provider, and identify the service area.)
2. In develo		were overlappin	g service areas, unnecess	eary competition a	and/or duplication of this service identified?
higher level		.C.G.A. 36-70-2			ing the arrangement (i.e., overlapping but on, or reasons that overlapping service areas
If these con	ditions will be elim	inated under the	e strategy, attach an imp and the agreed upon dead		edule listing each step or action that will be ng it.
					w the service will be funded (e.g., enterprise hise taxes, impact fees, bonded indebtedness, etc
ocal Governm	nent or Authority:	Funding Method:			
CITY O	F LINCOLNTO	N USER	FEES/ GRANTS		
Lincoln	HON Public	Housing	Authority		
D.					
A Ham will	I the strategy shope	o the manious o	managements for providing	a and/or funding	this service within the county?
		e the previous a	trangements for providir	ig and/or funding	uns service within the county?
NO CI	HANGE				
5 Liet any f	ormal service deliv	ery agreements	or intergovernmental cor	stracts that will be	used to implement the strategy for this service:
Agreement Na		cry agreements	Contracting Parties:	idada mar min se	Effective and Ending Dates:
N/A					
					(e.g., ordinances, resolutions, local acts of the
	embly, rate or fee c	hanges, etc.), ar	nd when will they take ef	lect?	
NONE					
7 Person co	ompleting form:	DWAINE B	IGGERSTAFF		
			Date completed:	03/02/9	99
					proposed local government projects
	it with the service of			mount whether	k-st-see reser Po . strongen b. sleep
			phone number(s) below		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO CHANGE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: none 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 7.06~359~3239 Date completed: 03/02/99		should be reported	to the Department of C	onunity Arians.			
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) 32 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 LINCOLINTON (SEE MAP) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes ₹3 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 under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible purty and the agreed upon deadline for completing it. It has conditions will be eliminated under the strategy are not an implementation schedule listing each step or action that will be taken to eliminate them, the responsible purty and the agreed upon deadline for	County:	LINCOLN		Service:	PUBLIC	SAN1TATION	/SEWERAGE
is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (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 provider, and identify the government, authority, or other organization that will provide service within each service provider, and identify the government, authority, or other organization that will provide service within each service provider, and identify the government, authority or other organization that will provide service within each service provider, and identify the government, authority or other organization that will provide service area.) If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.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 duple the strategy and the agree upon deadline for completing it. 3. List each government or	1. Check the	box that best des	cribes the agreed t	pon delivery arrangeme	nt for this serv	vice:	
identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) 2. 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 LINCOLNTON (SEE MAP) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes \$\frac{1}{2}\$ to 1 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, local Government or Authority: Funding Method: CITY OF LINCOLNTON USER FEES 1. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinan							service provider. (If this box
unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) ☑ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) ☐ If the service in the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐ yes ※2no 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 deaddine 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, Local Government or Authority: Funding Method: ☐ If you for a service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service within the county? NO CHANGE 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? NO CHANGE						ngle service provid	er. (If this box is checked,
unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) ***\vec{Notes:} (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 LINCOLNTON (SEE MAP) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes \times \times 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, local Government or Authority: Punding Meshod: CITY OF LINCOLNTON							
government, authority, or other organization that will provide service within each service area.) CITY OF LINCOLNTON (SEE MAP) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes xin o							
State 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 cach 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, Local Government or Authority: Punding Method:		ment, authority, o	r other organization	on that will provide serv			rovider, and identify the
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, Local Government or Authority: Punding Method: CITY OF LINCOLNTON USER FEES 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO CHANGE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Contracting Parties: Effective and Ending Dates: NO CHANGE 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 103/02/99 Date completed: 03/02/99			were overlapping	service areas, unnecessa	ry competition	and/or duplication	of this service identified?
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, Local Government or Authority: Funding Method: CITY OF LINCOLNTON USER FEES	If these cond	litions will continue of service (See O	.C.G.A. 36-70-24				
funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, Local Government or Authority: Funding Method: CITY OF LINCOLNTON USER FEES 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO CHANGE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: NO CHANGE 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 706~359~3239 Date completed: 03/02/99							step or action that will be
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO CHANGE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: none 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 7.06~359~3239 Date completed: 03/02/99							
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO CHANGE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: NO CHANGE 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 706~359~3239 Date completed: 03/02/99	Local Governme	ent or Authority:	Funding Method:				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: none 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 203/02/99 Date completed: 03/02/99	CITY OF	LINCOLNTO	N USER	FEES			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: none 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 203/02/99 Date completed: 03/02/99							
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: DODE 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: DWAINE BIGGERSTAFF							
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name: Contracting Parties: Effective and Ending Dates: DODE 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: DWAINE BIGGERSTAFF							
Agreement Name: Contracting Parties: Effective and Ending Dates: none 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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 706~359~3239 Date completed: 03/02/99	4. How will			angements for providing	and/or fundin	g this service with	in the county?
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? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 706~359~3239 Date completed: 03/02/99			ery agreements or		racts that will	be used to impleme	
General Assembly, rate or fee changes, etc.), and when will they take effect? NO CHANGE 7. Person completing form:	none						
General Assembly, rate or fee changes, etc.), and when will they take effect? NO CHANGE 7. Person completing form: DWAINE BIGGERSTAFF Phone number: 706~359~3239 Date completed: 03/02/99							
General Assembly, rate or fee changes, etc.), and when will they take effect? NO CHANGE 7. Person completing form:							
Phone number: 706~359~3239 Date completed: 03/02/99		mbly, rate or fee of				ce (e.g., ordinances	, resolutions, local acts of the
Phone number: 706~359~3239 Date completed: 03/02/99			DILLIAM DE				
					03/02/9	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 designated contact person(s) and phone number(s) below:	8. Is this the are consistent	person who shoult with the service of	d be contacted by delivery strategy?	state agencies when eva			overnment projects



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
should be reported to the Department of Community Affilia

County:	LINCOLN		Ser	vice:	PUBLIC	WORKS	(STREET CLEANING, T	TREE
1. Check the	box that best describe	es the agreed up	on delivery arra	ingem	ent for this s	ervice:	TRIMMING, MOWING,	
☐ Service		intywide (i.e., in	cluding all cities	es and	unincorpora	ted areas) b	y a single service provider. (If this	box
	e will be provided only y the government, auth	-	-			single serv	ice provider. (If this box is checke	d,
							d the service will not be provided i anization providing the service.)	n
		box is checked,					d the county will provide the service anization providing the service.)	e in
	LINCOLN COUNT	ry I, attach a legibl					service provider, and identify the area.)	e
2. In develop ☐ yes √		overlapping se	rvice areas, unn	iecessa	ary competit	ion and/or d	duplication of this service identifie	d?
If these condi	itions will continue un	G.A. 36-70-24(1)					arrangement (i.e., overlapping be easons that overlapping service are	
	itions will be eliminate inate them, the respon						isting each step or action that will l	be
							service will be funded (e.g., enterprices, impact fees, bonded indebtedn	
Local Governme	nt or Authority: Fund	ling Method:						
CITY OF	LINCOLNTON	GENERAL	FUNDS					
LINCOLN	COUNTY	GENERAL F	TUNDS					
4. How will no ch		e previous arran	gements for pro	viding	g and/or fund	ling this ser	rvice within the county?	
5. List any for Agreement Nam			ntergovernmenta Contracting Parties:		racts that wi	ll be used to	o implement the strategy for this so Effective and Ending Dates:	
NONE								
						-,		
	r mechanisms (if any) mbly, rate or fee chang					vice (e.g., c	ordinances, resolutions, local acts o	of the
	DI	DIG.						
	npleting form: DW r: 706~359~32	NAINE BIGO	GERSTAFF Date complet	tod:	03/02/	99		
							ed local government projects	
are consistent	with the service delivered designated contact pe	ery strategy?	xxyes no			ner proposi	on local government projects	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County:	LINCOLN		Service:	RECREATION	
1. Check	the box that best de	scribes the agreed upon deli	very arrangemen	t for this service:	
		d countywide (i.e., includin government, authority or o			ngle service provider. (If this box
		d only in the unincorporated, authority or organization			rovider. (If this box is checked,
					service will not be provided in tion providing the service.)
					county will provide the service in tion providing the service.)
		ecked, attach a legible ma or other organization that w			ice provider, and identify the
	reloping the strategy	, were overlapping service	areas, unnecessar	y competition and/or duplic	cation of this service identified?
If these c	onditions will contin	O.C.G.A. 36-70-24(1)), ove			ingement (i.e., overlapping but as that overlapping service areas
If these c	onditions will be eli				each step or action that will be
					ce will be funded (e.g., enterprise mpact fees, bonded indebtedness, et
Local Gove	rnment or Authority:	Funding Method:			
LING	COLN	FUNDING PROVIDE	ED BY LINCOL	N COUNTY GENERAL F	OUND AND USER FEES
4. How v	will the strategy char	nge the previous arrangeme	nts for providing	and/or funding this service	within the county?
NO C	HANGE	G.	Creation	puthor ity?	
5 Liet on	v formal service del				plement the strategy for this service:
Agreement	•		ting Parties:	acis that will be used to in	Effective and Ending Dates:
N/A					
		f any) will be used to imple changes, etc.), and when v			nances, resolutions, local acts of the
NONE	3				
					E.
7 Person	n completing form:	Tommy Drew			
	mber: _706/359-	-4444 D	ate completed: _	3/1/99	
		uld be contacted by state ag			ocal government projects
are consi	stent with the service	e delivery strategy? 🛛 yearn tact person(s) and phone n	s no		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County: LINCOLN	Service: ROAD & STREET MAINT	ENANCE			
1. Check the box that best descri	ibes the agreed upon delivery arrangement for this service:				
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)					
Service will be provided of identify the government, a	only in the unincorporated portion of the county by a single service provider. authority or organization providing the service.)	(If this box is checked,			
One or more cities will prunincorporated areas. (If t	ovide this service only within their incorporated boundaries, and the service his box is checked, identify the government(s), authority or organization pro	will not be provided in oviding the service.)			
unincorporated areas. (If to CITY OF L LINCOLN COUNTY Other. (If this box is check)	ovide this service only within their incorporated boundaries, and the county his box is checked, identify the government(s), authority or organization pro INCOLNTON ked, attach a legible map delineating the service area of each service pro other organization that will provide service within each service area.)	oviding the service.)			
☐ yes ※Xno	vere overlapping service areas, unnecessary competition and/or duplication of				
higher levels of service (See O. or competition cannot be elimin		overlapping service areas			
If these conditions will be elimitaken to eliminate them, the res	nated under the strategy, attach an implementation schedule listing each s ponsible party and the agreed upon deadline for completing it.	tep or action that will be			
3. List each government or autifunds, user fees, general funds,	nority that will help to pay for this service and indicate how the service will special service district revenues, hotel/motel taxes, franchise taxes, impact f	be funded (e.g., enterprise fees, bonded indebtedness, etc.			
Local Government or Authority:	Funding Method:				
CITY OF LINCOLNTO	N GENERAL FUND/LARP				
LINCOLN COUNTY	GENERAL FUND				
4. How will the strategy change NO CHANGE	e the previous arrangements for providing and/or funding this service within	the county?			
Agreement Name:	ery agreements or intergovernmental contracts that will be used to implement Contracting Parties:	nt the strategy for this service: Effective and Ending Dates:			
N/A					
General Assembly, rate or fee of	any) will be used to implement the strategy for this service (e.g., ordinances, hanges, etc.), and when will they take effect?	resolutions, local acts of the			
NONE					
7. Person completing form: _	DWAINE BIGGERSTAFF Dete completed: 03/02/99	=			
Phone number: 706~359		- vernment projects			
are consistent with the service	d be contacted by state agencies when evaluating whether proposed local good delivery strategy? X yes no act person(s) and phone number(s) below:	.c			

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Count	y: L:	INCOLN			Service:	SENIO	R CITIZEN	S CENTE	R	
1. Che	eck the box	that best descri	ribes the agreed u	pon delivery	arrangemen	t for this	service:			
			countywide (i.e., i					a single se	ervice provider. (If t	this box
			only in the uninco				a single servi	ce provider	. (If this box is chec	cked,
									will not be provide oviding the service.	
									will provide the service.	
			ked, attach a leg other organization						o vider, and identify	the ,
	developing		vere overlapping	service areas,	unnecessar	y competi	ition and/or d	uplication	of this service ident	ified?
If thes	e condition	ns will continue	C.G.A. 36-70-24						ent (i.e., overlappin overlapping service	
			inated under the s ponsible party an					sting each	step or action that w	vill be
									be funded (e.g., ent fees, bonded indebt	
Local G	Government o	or Authority:	Funding Method:							
LI	INCOLN		LINCOLN CC	OUNTY GENE	RAL FUNI	AND L	OCAL REGI	ONAL DE	VELOPMENT	
			CENTER, US	ER FEES						
NC	CHÂNGE		e the previous arr						n the county?	nis service:
Agreem	nent Name:			Contracting Pa	arties:				Effective and Ending D	Dates:
N/	/A									
Gener			any) will be used changes, etc.), and				service (e.g.,	ordinances	, resolutions, local a	acts of the
									5	
7 Per	rson comp	leting form:	Tommy Drew							
	number:				mpleted: _	3/1/9	9		_	
are co	nsistent w	ith the service	d be contacted by delivery strategy? act person(s) and	x yes] no	luating wl	hether propos	ed local go	vernment projects	
not,	, provide d	esignated contr	act person(s) and	Prione number	i(s) below:					



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County:	LINCOLN		Service:	SOLID	WASTE	MANAGEMEN	NT
. Check t	he box that best descr	ibes the agreed upon de	livery arrangeme	ent for this	service:		
							service provider. (If this box
					a single	service provid	er. (If this box is checked,
unin CI	corporated areas. (If t	ovide this service only this box is checked, iden	within their incor	porated bo	oundaries thority or	, and the coun organization	ty will provide the service in providing the service.)
_							provider, and identify the
		ere overlapping service	e areas, unnecess	ary compe	etition and	I/or duplicatio	n of this service identified?
If these co	onditions will continue els of service (See O.	C.G.A. 36-70-24(1)), or	tach an explanat verriding benefits	tion for co s of the du	ontinuing plication	the arranger or reasons tha	ment (i.e., overlapping but at overlapping service areas
			y, attach an imp	lementati	on sched	ule listing eac	h step or action that will be
taken to e	liminate them, the res	ponsible party and the a	agreed upon dead	line for co	mpleting	it.	
			CED FEEC				
CITY	OF LINCOLNION	GENERAL FOND, OR	JER LEBE				
4. How w	vill the strategy chang	e the previous arrangen	nents for providing	ng and/or f	unding th	nis service with	hin the county?
NO	CHANGE						
NO	CHANGE						
E I ist on	u formal agruica deliv	on agreements or inter	governmental co	ntracts tha	t will be	used to implen	nent the strategy for this service
	Charles and the state of the st			iluacis ilia	t will be	used to implem	Effective and Ending Dates:
< xxn .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-lawant the strate	au for this	. samiles	(e.a. ordinano	as resolutions local acts of the
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.) □ 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.) □ 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 in unincorporated areas, (If this box is checked, identify the government(s), authority or organization providing the service.) □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas, (If this box is checked, identify the government(s), authority or organization providing the service.) □ If the control of 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 provider, and identify the government authority or organization that will provide service within service areas or competition cannot be eliminated. If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (see O.C.O.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 dun	es, resolutions, local acts of the						
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 bis is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) ✓ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas, (If this box is checked, identify the government(s), authority or organization providing the service. CITY OF LINCOMYON LINCOLN COUNTY 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.) 1. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified lyes [3] no If these conditions will be diminated under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping brigher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will bright levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area (competition them, then, the control of the service area (conditions will be eliminated under							
							A*
7. Person	completing form:	Commy Drew					
			Date completed:	3/1/99	9		
8. Is this	the person who shoul						
	me person and shear	d be contacted by state		valuating v	whether p	proposed local	government projects
	stent with the service	delivery strategy?	yes no		whether p	proposed local	government projects
	stent with the service	d be contacted by state delivery strategy?	yes no		whether p	proposed local	government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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 p	age 1
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) change	
should be reported to the Department of Community Affairs	

Coun	ty: LINCOLN	Service: STORM WATER	MANAGEMENT
1. Ch	neck the box that best describes the agr	reed upon delivery arrangement for this service:	
		(i.e., including all cities and unincorporated areas) lauthority or organization providing the service.)	by a single service provider. (If this box
	Service will be provided only in the u identify the government, authority or	nincorporated portion of the county by a single servorganization providing the service.)	vice provider. (If this box is checked,
		ervice only within their incorporated boundaries, an hecked, identify the government(s), authority or org	
		ervice only within their incorporated boundaries, an hecked, identify the government(s), authority or org	
		a legible map delineating the service area of each ization that will provide service within each service	
	developing the strategy, were overlap	ping service areas, unnecessary competition and/or	duplication of this service identified?
higher		strategy, attach an explanation for continuing the (0-24(1)), overriding benefits of the duplication, or n	
		the strategy, attach an implementation schedule lety and the agreed upon deadline for completing it.	isting each step or action that will be
		rill help to pay for this service and indicate how the rice district revenues, hotel/motel taxes, franchise ta	
Local C	Government or Authority: Funding Metho	rd:	
CITY	Y OF LINCOLNTON GEN	NERAL FUNDS	
-			
4. Ho	w will the strategy change the previou NO CHANGE	us arrangements for providing and/or funding this se	rvice within the county?
	any formal service delivery agreemer nent Name:	nts or intergovernmental contracts that will be used Contracting Parties:	Effective and Ending Dates:
N/A			
	nat other mechanisms (if any) will be u al Assembly, rate or fee changes, etc.),	used to implement the strategy for this service (e.g.,	ordinances, resolutions, local acts of the
Genera	al Assembly, rate of fee changes, etc.)	, and when will diey take effect.	
	NONE		
	DWAINE	DICCEDENATE	
	number: 706~359~3239	BIGGERSTAFF	
			ed local government projects
are cor	nsistent with the service delivery strate provide designated contact person(s) a		ed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: LINCOLN		Service: TAX APPRAI	SAL/ASSESSMENT
1. Check the box that best d	escribes the agreed u	pon delivery arrangement for this service	ce:
		including all cities and unincorporated a rity or organization providing the servic	reas) by a single service provider. (If this box e.)
		orporated portion of the county by a sing nization providing the service.)	gle service provider. (If this box is checked,
		e only within their incorporated boundared, identify the government(s), authority	ies, and the service will not be provided in or organization providing the service.)
			ries, and the county will provide the service in or organization providing the service.)
		ible map delineating the service area on that will provide service within each	of each service provider, and identify the service area.)
		are known and a second second	
 In developing the strateg ☐ yes ☐ no 	y, were overlapping	service areas, unnecessary competition	and/or duplication of this service identified?
	e O.C.G.A. 36-70-24		ing the arrangement (i.e., overlapping but on, or reasons that overlapping service areas
If these conditions will be e	liminated under the s	strategy, attach an implementation sch id the agreed upon deadline for complet	nedule listing each step or action that will be ing it.
			ow the service will be funded (e.g., enterprise chise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority:	Funding Method:		
LINCOLN	LINCOLN COU	INTY GENERAL FUND	
NO CHANGE		rangements for providing and/or funding a	this service within the county? be used to implement the strategy for this service: Effective and Ending Dates:
N/A			
		to implement the strategy for this servi d when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
			ν.
7. Person completing form	: Tommy Dre		
Filolic Hullioet.		Date completed:3/1/99	
 Is this the person who sare consistent with the serv If not, provide designated or 	ice delivery strategy?		er proposed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: L	INCOLN	Service:	TAX COLLECTION	
1. Check the	box that best descri	ibes the agreed upon delivery arrangement for	or this service:	
		countywide (i.e., including all cities and unincovernment, authority or organization providing		rvice provider. (If this box
		only in the unincorporated portion of the count authority or organization providing the service		(If this box is checked,
		ovide this service only within their incorpora his box is checked, identify the government(the state of the s
		ovide this service only within their incorpora his box is checked, identify the government(
		ked, attach a legible map delineating the se other organization that will provide service v		vider, and identify the
2. In develo		vere overlapping service areas, unnecessary c	competition and/or duplication of	of this service identified?
If these cond	litions will continu	e under the strategy, attach an explanation C.G.A. 36-70-24(1)), overriding benefits of totaled).		
If these cond	litions will be elim	nated under the strategy, attach an implementation ponsible party and the agreed upon deadline		tep or action that will be
		nority that will help to pay for this service an special service district revenues, hotel/motel		
Local Governm	ent or Authority:	Funding Method:		
LINCO	LN	LINCOLN COUNTY GENERAL FUND		
4. How will	the strategy chang	e the previous arrangements for providing an	d/or funding this service within	the county?
NO CH	ANGE			
		ery agreements or intergovernmental contrac	Annual Control of Control of Control of Control	
Agreement Na	me:	Contracting Parties:		Effective and Ending Dates:
N/A				
		any) will be used to implement the strategy for changes, etc.), and when will they take effect?		resolutions, local acts of the
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		
NONE				
				p.
7. Person co	ompleting form: per: 706/359-44	Tommy Drew 1444 Date completed: 3/	/1/99	-
8. Is this the	e person who shoul nt with the service	d be contacted by state agencies when evaluated delivery strategy? yes no act person(s) and phone number(s) below:	ting whether proposed local go	vernment projects
n not, provi	de designated conti	ict person(s) and phone number(s) below:		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	LINCOLN	Service: TRANSFER STATION
1. Check	the box that best des	scribes the agreed upon delivery arrangement for this service:
		d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box government, authority or organization providing the service.)
		d only in the unincorporated portion of the county by a single service provider. (If this box is checked, t, authority or organization providing the service.)
		provide this service only within their incorporated boundaries, and the service will not be provided in If this box is checked, identify the government(s), authority or organization providing the service.)
		provide this service only within their incorporated boundaries, and the county will provide the service in if this box is checked, identify the government(s), authority or organization providing the service.)
		ecked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
	veloping the strategy	, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher le		nue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas ninated).
		minated under the strategy, attach an implementation schedule listing each step or action that will be responsible party and the agreed upon deadline for completing it.
		uthority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,
Local Gove	ernment or Authority:	Funding Method:
LIN	NCOLN	LINCOLN COUNTY GENERAL FUND AND USER FEES. LINCOLN COUNTY LANDFILL WAS CLOSED IN 1994. THE COUNTY NOW OPERATES A
		LANDFILL WAS CLOSED IN 1994. THE COUNTY NOW OPERATES A RECYCLING TRANSFER STATION.
		RECICEING INAMEDIAN STATISM
NO (CHANGE ny formal service de	nge the previous arrangements for providing and/or funding this service within the county? livery agreements or intergovernmental contracts that will be used to implement the strategy for this service Contracting Parties: Effective and Ending Dates:
N/A		
6. What General	t other mechanisms (Assembly, rate or fe	if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the changes, etc.), and when will they take effect?
NON	JE.	
		A ²
7 Perce		Tommy Drew
	on completing form:	Tommy Drew 59-4444

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: LINCOLN		Service:	Water Supply/Distri	bution
1. Check the box that best desc	ribes the agreed upon o	lelivery arrangemer	t for this service:	
Service will be provided is checked, identify the go		-	nincorporated areas) by a single ding the service.)	service provider. (If this box
 Service will be provided identify the government, 			ounty by a single service provid vice.)	ler. (If this box is checked,
			orated boundaries, and the serv nt(s), authority or organization	
			orated boundaries, and the cour ent(s), authority or organization	
	other organization than N		e service area of each service pose within each service area.)	provider, and identify the
2. In developing the strategy, v	were overlapping servi	ce areas, unnecessar	y competition and/or duplication	on of this service identified?
If these conditions will continu higher levels of service (See O or competition cannot be eliminated)	.C.G.A. 36-70-24(1)),			
If these conditions will be elim taken to eliminate them, the res				th step or action that will be
3. List each government or aut funds, user fees, general funds				rill be funded (e.g., enterprise act fees, bonded indebtedness, etc
	Funding Method:			
LINCOLN COUNTY	USER FEES			
CITY OF LINCOLNTON	USER FEES			
4. How will the strategy change Agreement is in pla5. List any formal service delive Agreement Name:	ce where there	was none befo	re.	thin the county? ment the strategy for this service: Effective and Ending Dates:
WATER CONFLICT AGRE	EMENT	City of Linco	Inton/Lincoln County	
WHILE CONTINUE			1	
General Assembly, rate or fee of	changes, etc.), and whe	n will they take effort		county customers.
7. Person completing form:	Tommy Drew		2/2/00	
Phone number: 706/359-44	144	Date completed:	3/1/99	
8. Is this the person who shoulare consistent with the service If not, provide designated cont	delivery strategy?	yes no	. ,	government projects

SERVICE DELIVERY STRATEGY

SERVICE: WATER SUPPLY/DISTRIBUTION **O.C.G.A. 36-70-24(1)**

DUPLICATION OF SERVICE:

THE CITY OF LINCOLNTON HAS OWNED AND MAINTAINED A 12" WATER MAIN ON HIGHWAY 43/378 FROM THEIR WATER TREATMENT PLANT TO THE CITY OF LINCOLNTON SINCE 1964. THIS PLANT IS LOCATED APPROXIMATELY 4.3 MILES EAST OF LINCOLNTON. IN 1994, THE LINCOLN COUNTY TIED ONTO THE CITY OF LINCOLNTON'S MAIN LINE AT THE CITY WATER TREATMENT PLANT. FOR APPROXIMATELY 4.3 MILES, THE CITY HAS THEIR LINE ON THE NORTH SIDE OF HWY 43/378, AND THE COUNTY HAS THEIR LINE ON THE SOUTH SIDE OF HWY 43/378. BETWEEN 1964 AND 1994, THE CITY HAS ADDED CUSTOMERS TO THEIR LINE. SINCE 1994, THE COUNTY HAS ADDED CUSTOMERS TO THEIR LINE.

BOTH MAIN LINES ARE NECESSARY FOR THE OPERATION OF THEIR RESPECTIVE WATER SYSTEMS, AND IT WOULD BE COSTLY TO ELIMINATE THIS DUPLICATION.

COMPETITION:

THE CITY OF LINCOLNTON AND LINCOLN COUNTY WILL NOT DISPUTE EXISTING CUSTOMER'S THAT ARE HOOKED ON TO EACH SYSTEM.

THE CITY OF LINCOLNTON AND LINCOLN COUNTY HAVE REACHED AGREEMENTS TO INSURE THAT THERE IS NO FUTURE COMPETITION ALONG THESE PARALELL LINES.

and sever

WATER CONFLICT AGREEMENT CITY OF LINCOLNTON/LINCOLN COUNTY

Whereas, the Lincolnton-Lincoln County Comprehensive Plan 1993-2015 as duly amended, was developed jointly and includes a single land use classification plan for the unincorporated and incorporated areas of the county; and

Whereas, it is the intent of the respective governments party to this agreement to establish a process whereby the provision of extraterritorial water and sewer services by any jurisdiction shall be consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

Whereas, the City of Lincolnton has in the past extended water lines in the unincorporated area of the county,

Whereas, Lincoln County is operating a water system in the unincorporated area of the county also,

Whereas, there are existing City and County water lines along the same roadways,

Whereas, there is a potential for conflict,

Whereas, the City of Lincolnton and Lincoln County wish to avoid conflicts,

The City of Lincolnton and Lincoln County agree to the following:

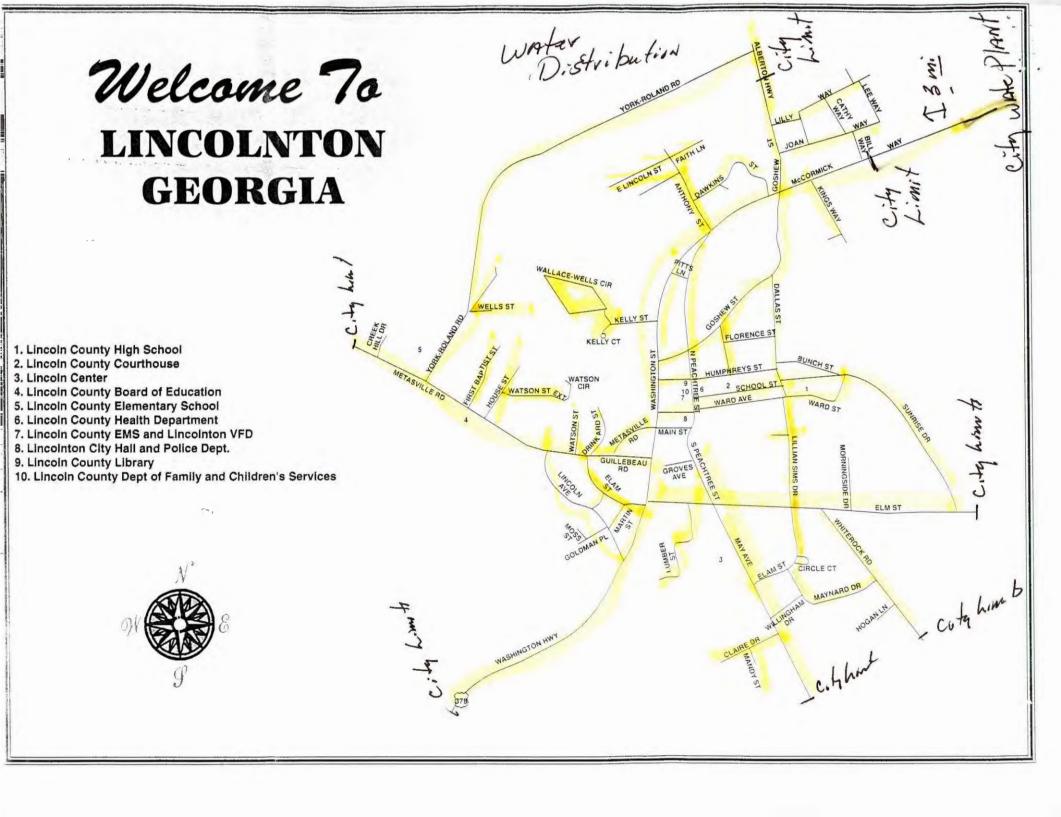
The City of Lincolnton will not construct or extend new water or sewer lines nor hook up new customers along new water or sewer lines in the unincorporated areas of the county without the express written approval by the Lincoln County Board of Commissioners.

- 2) Lincoln County will not construct or extend new water or sewer lines, nor hook up new customers along new water or sewer lines in the incorporated areas of the county without the express written approval by the City Council of the City of Lincolnton.
- In the event that one party, or the other, feels that the disapproval of a written request is unreasonable, both parties agree that any and all conflicts concerning Item 1 & 2 above, will be resolved by an arbitrator appointed by the Executive Director of the CSRA RDC or his designee, and will be binding upon both parties.
- 4) This agreement supercedes any and all other provisions, whether by contract or law, pertaining to the parties and subjects hereto.

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

In Witness whereof, the parties have hereunto set their hands and affixed their seals on the dates hereafter shown.

ATTEST:	CITY OF LINCOUNTON
Lay F. Remsen City Clerk	BY: Alwain Diggisty MAYOR
Signed on $04/26/99$, 199	9
In Presence of:	
Margaret F. Watte Witness	COUNTY OF LINCOLN
Witness	BY: James Exe.
ATTEST:	CHAIRMAN
County Clerk - Board of Commis	ssioners
Signed on May 5 ,19	999
In the Presence of:	
Ilbna P. SUDDON	
Witness	



SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

Instructions:

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

County: LINCOLN	
1. What incompatibilities or conflicts between the land use plans of the service delivery strategy?	f local governments were identified in the process of developing
There were no incompatibilities or conflicts governments identified during development of Lincolnton and Lincoln County participate City / County Comprehensive Plan.	f the service delivery strategy. The city
,	
Check the boxes indicating how these incompatibilities or conflic	ets were addressed:
 □ amendments to existing comprehensive plans □ adoption of a joint comprehensive plan □ other measures (amend zoning ordinances, add environmental regulations, etc.) 	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
Summarize the process that will be used to resolve disputes whe areas to be annexed into a city. If the conflict resolution process wi	
See Item 1-4 on attached agreement.	
	-
4. What policies, procedures and/or processes have been establishe ensure that new extraterritorial water and sewer service will be cons	
See City/County agreement attached to water	services.
5. Person completing form: Tommy Drew Phone number: 706/359-4444 Date com	nleted: 3/1/99
6. Is this the person who should be contacted by state agencies who	en evaluating whether proposed local government projects are
consistent with land use plans of applicable jurisdictions? Yes If not, provide designated contact person(s) and phone number(s) b	
pro 222-Braine Politica (a) and priorie manifest(a) to	

STATE OF GEORGIA COUNTY OF LINCOLN

AGREEMENT TO RESOLVE LAND USE CLASSIFICATION DISPUTES

This agreement is entered into between MAYOR AND COUNCIL OF THE CITY OF Lincolnton, GEORGIA (hereinafter "the Municipality") and the LINCOLN COUNTY BOARD OF COMMISSIONERS (hereinafter "the County)."

WHEREAS, counties and municipalities are required to make certain actions regarding land use plans and classifications as a component of the service delivery strategy required by O.C.G.A. & 36-70-20 et seq.; and

WHEREAS, O.C.G.A. & 36-70-24(4)(C) requires the establishment of a process by July 1, 1998, to resolve land use classification disputes when a County objects to the proposed land use classification of an area to be annexed into a municipality within the county; and

WHEREAS, the Municipalities and the County desire to enter this agreement to comply with the dictates of O.C.G.A. & 36-70-24(4)©, to facilitate and assure the continuance of compatible and nonconflicting land use plans, and to provide an efficient and economical means of resolving land use classification disputes that may arise in connection with a proposed annexation by any of the Municipalities.

NOW THEREFORE, in consideration of the mutual covenants and obligations contained herein, the Municipalities and the County agree as follows:

- 1. Whenever any Municipality, a part to this agreement, proposes to annex any portion of the unincorporated area of the County, the annexing Municipality shall provide the County with reasonable notice in writing of the proposed land use classifications, including zoning (if applicable), of the area that is proposed for annexation. Such written notice shall be provided to the County no less than ninety (90) days prior to the final motion necessary to accomplish the annexation.
- 2. If the County objects to any part of the proposed land use classifications, the Municipality and the County shall each appoint representation to negotiate and resolve the dispute. If the County is issuing a building permit that is incompatible with the adjoining City's land-use plan, the County will consider the impact on said plan before issuing the permit.
- 3. If the dispute cannot be resolved by the representatives appointed to paragraph 2, then the Municipality and the County will engage in mediation to resolve the dispute with a mediator selected from the list of mediators approved by the Georgia Department of Community Affairs.
- If the dispute cannot be resolved through mediation pursuant to paragraph 3, then
 the Municipality and the County shall submit the dispute to a panel of three
 arbitrators.

One arbitrator shall be selected by the Municipality, one arbitrator shall be selected by the County, and the third arbitrator shall be selected by the two arbitrators selected by the Municipality and the County. The parties hereto agree that the results of the arbitration shall be binding on the Municipality and the County, and either party may enforce the decision of the arbitrators in any court of competent jurisdiction through mandamus, specific performance, or any other available equitable remedy.

IN WITNESS WHEREOF, the respective governing authorities of the Municipalities and the County have caused their duly empowered and authorized officials to affix their hands and seals below.

Adopted at a meeting of the MAYOR AND COUNCIL OF THE CITY OF LINCOLNTON, GEORGIA on the glidday of ARH ON 4th DAY OF MAY, 1998.

By: Welling Breeze for

Dwaine Biggerstaff , Mayor

Adopted at a meeting of the LINCOLN COUNTY BOARD OF COMMISSIONERS on

the day of APRIC, 1998.

By: Jamy Sen Tommy Drew , Chairman

GEORGIA, LINCOLN COUNTY:

THIS IS TO CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT. THIS 13th DAY OF MAY, 1998.

Kay F. Remsen, City Clerk

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

LINCOLN

RECONNED

MAY 25 P.M.

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 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:
Janes Drew Desgrot	Tommy Drew Dwaine Biggerstaff	Commission Chairman	Lincoln County City of Lincolnton	
Good Leverth	George Leverett	Chairperson	Development Authority	



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

Jim Higdon
COMMISSIONER

Roy E. Barnes GOVERNOR

MEMORANDUM

TO:

Honorable Tommy Drew

Chairman, Lincoln County Commission

Honorable Dwaine Biggerstaff Mayor, City of Lincolnton

Honorable George Leverett

Chairperson, Development Authority

FROM:

Jim Higdon

Commission

DATE:

June 22, 1999

SUBJECT: Verification of Service Delivery Strategy—

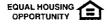
In accordance with the provisions of the Service Delivery Strategy law, we have determined that your strategy includes the necessary components and addresses the mandatory criteria identified in the law; and therefore, we are pleased to verify your strategy as meeting the requirements of the law.

It is our belief that preparing and implementing a service delivery strategy will assist communities in providing services to their citizens more effectively and efficiently. The benefits of your efforts can be maximized by using your strategy as a reference and management tool as you and other local governments make decisions concerning the provision of local services.

Please remember that the Service Delivery Strategy law states that "projects which are inconsistent with a strategy will be ineligible for state funding and permits." Therefore, prior to seeking future state grant, loan or permit assistance for local service improvements, you should ensure that such requests for assistance are consistent with the locally agreed upon service delivery strategy.

Also, keep in mind that local governments are required to revise their approved strategy when any one of the following conditions are met:

- 1. In conjunction with the update of your local government's comprehensive plan;
- 2. Whenever the service delivery or revenue distribution arrangements are changed (e.g., whenever the local governments within the County decide to change how a service is provided or funded); or
- 3. In the event of the creation, abolition or consolidation of local governments.





June 22, 1999 Page 2

With local governments such as Lincoln County and the City of Lincolnton preparing and carrying out rational service delivery strategies, Georgia's citizens can look forward to effective and efficient delivery of local services in the future. We commend you for your hard work and dedication and look forward to working with you in the future.

cc: Senator B. Joseph Brush, Jr.
Representative Tom McCall
Jerry Griffin, ACCG
Jim Calvin, GMA
Tim Maund, Executive Director
Central Savannah River Area RDC