





# FORM 1

## COUNTY: LINCOLN

#### I. GENERAL INSTRUCTIONS:

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

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

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

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

PROCESS DESCRIBED, ABOVE.

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

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

**Lincoln County** 

City of Lincolnton

Lincoln County Development Authority

Lincolnton Public Housing Authority

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

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

County Coroner

Department of Family & Children Services

**Development Authority** 

Judicial/Courts

Municipal Court

Recreation

Storm Water Management

Tax Appraisal/Assessment

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

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

Building Inspection & Code Enforcement (service name change)

Cooperative Extension Service

**Election Services** 

**Emergency 911** 

Emergency Management/Emergency Medical Services

Fire Protection

Indigent Defense

Jail Services

Law Enforcement

Library Services

Planning and Zoning (service name change)

Probate Judge (service name change)

**Public Health Services** 

Public Housing

Public Works (service name change)

Roads and Bridges (service name change)

Senior Citizens Center

Sewerage (service name change)

Solid Waste Management

Tax Collection

Transfer Station (eliminated as a service)

Water Supply & Distribution (service name changed)







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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

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	eral funds, special service district rever	and indicate how the service will be fund enues, hotel/motel taxes, franchise taxes,	
Local Government or Author	<del> </del>	Funding Method	
Lincoln County	General Funds, User Fees		
City of Lincolnton	General Funds, User Fees		
4. How will the strategy change the	previous arrangements for providing	g and/or funding this service within the co	unty?
Service name changed from Build	ding Inspection/Code Enforcement SD	OS 1999 to	
Building Inspection & Code Enfor			
5. List any formal service delivery	agreements or intergovernmental cont	tracts that will be used to implement the	strategy for
this service:		,	3,
Agreement Name	Contracting Parties	es Effective and End	ing Dates
n/a			
	will be used to implement the strategy te or fee changes, etc.), and when wil	y for this service (e.g., ordinances, resolutil they take effect?	utions, local
None			
7. Person completing form: <b>Anne</b> 9 Phone number: <b>(706)</b> 210-2015	S. Floyd, Director of Local Governm Date completed: 12/20/2019	nent Services, CSRA RC	
	e contacted by state agencies when ev service delivery strategy?	valuating whether proposed local gover o	nment
WALKER T. NORMAN, CHAIRI	et person(s) and phone number(s) belo MAN, LINCOLN COUNTY PHONE: (7 CITY OF LINCOLNTON, PHONE: (7	(706) 359-4444	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

 $\textbf{Make copies of this form and complete one for each service listed on FORM 1, Section IV.} \ \ \underline{\textbf{EXACTLY the same service names listed on FORM 1}}. \\$ 

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: COOPERATIVE EXTENSION SERVICE
1. Check one box that best describes the agreed upo	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): <b>Lincoln County</b>
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
, <del>_</del> .	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed in the condition of the service areas or competition cannot be expressed in the conditions are serviced in	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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fees, bonded indebtedness, etc.)			
Local Government or Author		Funding Me	
Lincoln County	County	General Funds, School General Fundament	ds, and State Funds
4. How will the strategy change the	previous arrar	ngements for providing and/or funding	g this service within the county?
3. Added state funds as a fundin	g source		
5. List any formal service delivery a this service:	agreements or i	intergovernmental contracts that will	be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
n/a			
6. What other mechanisms (if any)	will be used to te or fee chang	implement the strategy for this service ges, etc.), and when will they take effects	ce (e.g., ordinances, resolutions, local ect?
acts of the General Assembly, ra			
None			
None		etor of Local Government Services,	, CSRA RC
None  7. Person completing form: Anne 9 Phone number: (706) 210-2015	Date come contacted by s	pleted: 12/20/2019 state agencies when evaluating whetle	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:LINCOLN	Service: COUNTY CORONER		
Check one box that best describes the agreed upon     Service will be provided countywide (i.e., incompared to the countywide).	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider.		
	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
, <del></del>	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	ble map delineating the service area of each service provider, and ration that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)		
⊠No			
	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).					
Local Government or Author	rity Funding Met	hod			
Lincoln County	Lincoln County General Fund				
	·				
4. How will the strategy change the	e previous arrangements for providing and/or funding	this service within the county?			
No Change					
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be	e used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
n/a					
	will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effect				
None					
7. Person completing form: <b>Anne</b> Phone number: <b>(706) 210-2015</b>	S. Floyd, Director of Local Government Services, Control Date completed: 12/20/2019	CSRA RC			
	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: WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239					







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:LINCOLN	Service: DEVELOPMENT AUTHORITY		
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):Lincoln County		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
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	ty that will help to pay for this service and indica eral funds, special service district revenues, hote	
Local Government or Author	rity Funding	g Method
Lincoln County	1 Mil Ad Vaoluem Taxes	
4. How will the strategy change the	e previous arrangements for providing and/or fur	nding this service within the county?
No Change		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
n/a		
	will be used to implement the strategy for this s te or fee changes, etc.), and when will they take	
None		
Phone number: (706) 210-2015	S. Floyd, Director of Local Government Servi Date completed: 12/20/2019 contacted by state agencies when evaluating v	
If not, provide designated contact WALKER T. NORMAN, CHAIR	t person(s) and phone number(s) below:  ### AN, LINCOLN COUNTY PHONE: (706) 359-4  ### CITY OF LINCOLNTON, PHONE: (706) 359-3	1444







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: DEPARTMENT OF FAMILY & CHILDREN SERVICES
	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lincoln County
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	rity that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m.).	
Local Government or Author	ority Funding M	lethod
Lincoln County	General Fund and State Funds	
,		
4. How will the strategy change th	ne previous arrangements for providing and/or fundir	ng this service within the county?
No Change		
this service:	agreements or intergovernmental contracts that will	
Agreement Name	Contracting Parties	Effective and Ending Dates
n/a		
	) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take ef	
None		
Phone number: (706) 210-2015  8. Is this the person who should be projects are consistent with the	S. Floyd, Director of Local Government Services Date completed: 12/20/2019  be contacted by state agencies when evaluating who service delivery strategy? ☐Yes ☒No	
WALKER T. NORMAN, CHAIR	ct person(s) and phone number(s) below: MAN, LINCOLN COUNTY PHONE: (706) 359-444 , CITY OF LINCOLNTON, PHONE: (706) 359-3239	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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

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

Local Government or Authority	Funding Method
Lincoln County	Lincoln County General Funds for regular elections. Contracts will be signed
	with City of Lincolnton for all elections.
Lincolnton	General Funds

4. How will the strategy change the previous	us arrangements for providing and/or funding this service within the county?
Lincoln County funding method chang     City added as funding source using General country.	ged from "special" elections to "all" elections eneral Funds.

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
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 the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 12/20/2019

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:

WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: EMERGENCY 911
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):Lincoln County
b.)  Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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Local Government or Author	ority Funding N	Method
Lincoln County	Lincoln County General Fund and through	
How will the strategy change the	ne previous arrangements for providing and/or fundi	ng this service within the county?
1.a. Added Lincoln County		
3. Added "fee charges" to Fund	ing Method	
List any formal service delivery	y agraemente or intergovernmental contracts that wil	
List arry rorritar service acrivery		Il he used to implement the strategy to
this service:	agreements of intergovernmental contracts that wi	Il be used to implement the strategy to
this service:		Il be used to implement the strategy for Effective and Ending Dates
this service:  Agreement Name	Contracting Parties	
this service:  Agreement Name		
this service:  Agreement Name		, <u></u>
this service:  Agreement Name		, <u></u>
this service:  Agreement Name		
this service:  Agreement Name n/a	Contracting Parties	Effective and Ending Date
this service:  Agreement Name  n/a  . What other mechanisms (if any		Effective and Ending Dates  vice (e.g., ordinances, resolutions, loc
this service:  Agreement Name  n/a  . What other mechanisms (if any	Contracting Parties  Contracting Parties  () will be used to implement the strategy for this serve	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loc
this service:  Agreement Name  n/a  . What other mechanisms (if any	Contracting Parties  Contracting Parties  () will be used to implement the strategy for this serve	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loc
Agreement Name  n/a  What other mechanisms (if any acts of the General Assembly, r	Contracting Parties  Contracting Parties  () will be used to implement the strategy for this serve	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loc
this service:  Agreement Name  n/a  . What other mechanisms (if any	Contracting Parties  Contracting Parties  () will be used to implement the strategy for this serve	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loc
Agreement Name  n/a  . What other mechanisms (if any acts of the General Assembly, r	Contracting Parties  Contracting Parties  () will be used to implement the strategy for this serve	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loc
Agreement Name n/a  What other mechanisms (if any acts of the General Assembly, r	Contracting Parties  (i) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	Effective and Ending Date  vice (e.g., ordinances, resolutions, locations)







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: EMERGENCY MANAGEMENT/ EMERGENCY MEDICAL SERVICES
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):Lincoln County
b.) Service will be provided only in the unincorpolecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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	ty that will help to pay for this service and indicate eral funds, special service district revenues, hotel/i	
Local Government or Author	rity Funding I	Method
Lincoln County	Lincoln County General Funds	
4. How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
1.a. Added Lincoln County		
this service:	agreements or intergovernmental contracts that wi	
Agreement Name	Contracting Parties	Effective and Ending Dates
n/a		
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	
None		
7. Person completing form: Anne Phone number: (706) 210-2015	S. Floyd, Director of Local Government Service Date completed: 12/20/2019	es, CSRA RC
	e contacted by state agencies when evaluating wherevice delivery strategy? ☐Yes ☒No	ether proposed local government
If not, provide designated contact WALKER T. NORMAN, CHAIRI	et person(s) and phone number(s) below:	







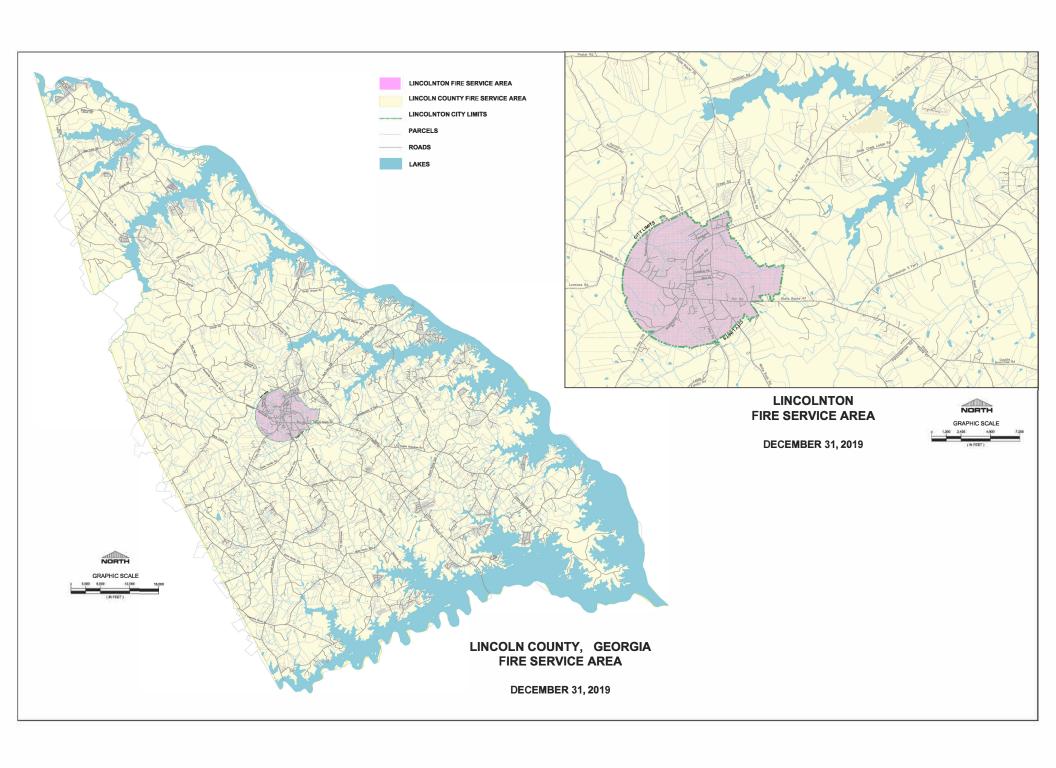
# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: FIRE PROTECTION
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
, <del></del> :	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dogo 1 of 2

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	that will help to pay for this service and indicate I funds, special service district revenues, hotel/				
Local Government or Authority	Funding	Method			
Lincoln County	General Fund				
City of Lincolnton	General Fund	General Fund			
How will the strategy change the p	revious arrangements for providing and/or fund	ding this service within the county?			
Service area map added					
5. List any formal service delivery agr this service:	reements or intergovernmental contracts that w	vill be used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
n/a					
6. What other mechanisms (if any) wi acts of the General Assembly, rate	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, local effect?			
None					
7. Person completing form: <b>Anne S.</b> Phone number: <b>(706) 210-2015</b>	Floyd, Director of Local Government Service Date completed: 12/20/2019	es, CSRA RC			
	ontacted by state agencies when evaluating where delivery strategy?  ☐Yes ⊠No	nether proposed local government			
WALKER T. NORMAN, CHAIRMA	erson(s) and phone number(s) below: N, LINCOLN COUNTY PHONE: (706) 359-44 TY OF LINCOLNTON, PHONE: (706) 359-32				









# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: INDIGENT DEFENSE
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):Lincoln County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dogo 1 of 2

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

Local Government or Authority	Funding Metho	od .	
Lincoln County	General Funds. Lincoln County contracts with the Public Defender to assist those		
	persons not able to afford legal defense.		
City of Lincolnton	General Funds. The City of Lincolnton pays Lincoln County for part of the Public		
	Defender contract.		
4. How will the strategy change the previous	ious arrangements for providing and/or funding thi	s service within the county?	
3. City of Lincolnton added			
5. List any formal service delivery agree	ments or intergovernmental contracts that will be u	used to implement the strategy for	
this service:	ments of intergovernmental contracts that will be t	ased to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Agreement Name n/a	Contracting Parties	Effective and Ending Dates	
	Contracting Parties	Effective and Ending Dates	
	Contracting Parties	Effective and Ending Dates	
	Contracting Parties	Effective and Ending Dates	
	Contracting Parties	Effective and Ending Dates	
	Contracting Parties	Effective and Ending Dates	
n/a			
6. What other mechanisms (if any) will be	Contracting Parties  e used to implement the strategy for this service (efee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) will be	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) will be	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or the second se	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) will be	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or the second se	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or the second se	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or to None	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local	

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:

WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: JAIL SERVICES
	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider.  thority or organization providing the service.):Lincoln County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method
Lincoln County	Funded primarily by Lincoln County General Funds. The County houses local,
	state, and federal prisoners on a temporary basis. Prisoners from other counties
State of Georgia	are also housed. Some state funds pay for state prisoners.
City of Lincolnton	General Funds. The City of Lincolnton pays the County to house local prisoners.

City of Lincolnton	General Funds. The City of Lincolnton pays the County to house local prisoners.		
4. How will the strategy change the	previous arrangements for providing and/or f	unding this	service within the county?
3. Added State of Georgia and Cit 3. Added "local" prisoners to City	y of Lincolnton as funding methods. orisoners.		
5. List any formal service delivery aq this service:	greements or intergovernmental contracts that	at will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
n/a			
	will be used to implement the strategy for this e or fee changes, etc.), and when will they ta		g., ordinances, resolutions, loca
None			
7. Person completing form: <b>Anne S</b> . Phone number: <b>(706) 210-2015</b>	Floyd, Director of Local Government Ser Date completed: 12/20/2019	vices, CSR	A RC
	contacted by state agencies when evaluating ervice delivery strategy?  ☐Yes ☑No	y whether pro	oposed local government
WALKER T. NORMAN, CHAIRM	person(s) and phone number(s) below:  AN, LINCOLN COUNTY PHONE: (706) 359		







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: JUDICIAL/COURTS
	cluding all cities and unincorporated areas) by a single service provider.
	chority or organization providing the service.):Lincoln County  borated portion of the county by a single service provider. (If this box is unization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
, <del></del> ;	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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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/mote	l taxes, franchise taxes, impact
fees, bonded indebtedness, etc.).	

Local Government or Autho	rity Funding Me	ethod		
Lincoln County		Lincoln County General Fund pays a portion of the District Attorney's fees.		
	County pays court recorders on a per diem b	pasis.		
4. How will the strategy change th	e previous arrangements for providing and/or funding	g this service within the county?		
No Change				
List any formal service delivery this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
n/a				
	) will be used to implement the strategy for this servi- ate or fee changes, etc.), and when will they take eff			
None				
7. Person completing form: <b>Anne</b>	S. Floyd, Director of Local Government Services	. CSRA RC		
Phone number: <b>(706) 210-2015</b>	Date completed: 12/20/2019			
	e contacted by state agencies when evaluating whet service delivery strategy? ☐Yes ☒No	her proposed local government		
WALKER T. NORMAN, CHAIR	ct person(s) and phone number(s) below: MAN, LINCOLN COUNTY PHONE: (706) 359-4444 CITY OF LINCOLNTON, PHONE: (706) 359-3239			







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:LINCOLN Se	ervice:LAW ENFORCEMENT		
Check <u>one</u> box that best describes the agreed upon c	lelivery arrangement for this service:		
a.)  Service will be provided countywide (i.e., include (If this box is checked, identify the government, author)	ding all cities and unincorporated areas) by a single service provider. ity or organization providing the service.):		
b.) Service will be provided only in the unincorpora checked, identify the government, authority or organiz	ated portion of the county by a single service provider. (If this box is ation providing the service.):		
	within their incorporated boundaries, and the service will not be ed, identify the government(s), authority or organization providing the		
	within their incorporated boundaries, and the county will provide the d, identify the government(s), authority or organization providing the f Lincolnton City only		
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization	map delineating the service area of each service provider, and on that will provide service within each service area.):		
In developing this strategy, were overlapping service identified?	areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional document	ation as described, below)		
⊠No			
	ch an explanation for continuing the arrangement (i.e., 66-70-24(1)), overriding benefits of the duplication, or reasons that inated).		
If these conditions will be eliminated under the strategy, will be taken to eliminate them, the responsible party and	attach an implementation schedule listing each step or action that d the agreed upon deadline for completing it.		

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	at will help to pay for this service and indicate how t	
enterprise funds, user fees, general fees, bonded indebtedness, etc.).	funds, special service district revenues, hotel/motel	taxes, franchise taxes, impact
Local Government or Authority	Funding Metho	od -
Lincoln County	General Fund, Fines, and Forfeitures	
City of Lincolnton	General Fund, Fines, and Forfeitures	
How will the strategy change the pre	vious arrangements for providing and/or funding thi	s service within the county?
Response to question 1 changed fror	า "e" to "d"	
5. List any formal service delivery agre	ements or intergovernmental contracts that will be u	used to implement the strategy for
this service:	5	ioca to improme in the changy for
Agreement Name	Contracting Parties	Effective and Ending Dates
n/a		
	be used to implement the strategy for this service (er fee changes, etc.), and when will they take effect?	
None		
7. Person completing form: Anne S. Fl Phone number: (706) 210-2015	oyd, Director of Local Government Services, CS Date completed: 12/20/2019	SRA RC
8. Is this the person who should be corprojects are consistent with the servi	ntacted by state agencies when evaluating whether ce delivery strategy?  ☐Yes ⊠No	proposed local government
	rson(s) and phone number(s) below: , LINCOLN COUNTY PHONE: (706) 359-4444 Y OF LINCOLNTON, PHONE: (706) 359-3239	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:LINCOLN	Service: LIBRARY SERVICES		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lincoln County		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
, <del>_</del> .	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	D 4		

enterprise funds, user fees, general fu	it will help to pay for this service and indicate how the unds, special service district revenues, hotel/motel ta	
fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding Method	
Lincoln County	General Funds	
Greater Clarks Hill Regional Library	State of Georgia Funds	
System		
4. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
Greater Clarks Hill Regional Library Sy	East Central Georgia Library System to vstem. Added State of Georgia funds.  Ements or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
n/a		
	be used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
	byd, Director of Local Government Services, CSR Date completed: 12/20/2019	A RC
<ol><li>Is this the person who should be cont projects are consistent with the service</li></ol>	acted by state agencies when evaluating whether predefined by strategy? $\square$ Yes $\boxtimes$ No	oposed local government
	son(s) and phone number(s) below: LINCOLN COUNTY PHONE: (706) 359-4444 OF LINCOLNTON, PHONE: (706) 359-3239	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: MUNICIPAL COURT
Check one box that best describes the agreed upo     a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	ral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Authori	itv	Funding Method	
City of Lincolnton	.,	General Fund, Fines, and Forfeitures	
4. How will the strategy change the	previ	ous arrangements for providing and/or funding this	service within the county?
No Change			
<ol><li>List any formal service delivery a this service:</li></ol>	green	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
n/a			
What other mechanisms (if any) acts of the General Assembly, rat	will be te or f	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Anne S Phone number: (706) 210-2015		yd, Director of Local Government Services, CSR Date completed: 12/20/2019	A RC
8. Is this the person who should be projects are consistent with the se		acted by state agencies when evaluating whether problems delivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government
WALKER T. NORMAN, CHAIRM	ÄN, L	on(s) and phone number(s) below: LINCOLN COUNTY PHONE: (706) 359-4444 OF LINCOLNTON, PHONE: (706) 359-3239	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:LINCOLN	Service: PLANNING AND ZONING		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.)  Service will be provided countywide (i.e., including this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
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Local Government or Author	ority Funding	Method
Lincoln County	General Fund and User Fees	
City of Lincolnton	General Fund and User Fees	
4. How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?
Service name changed from 199  1. Response to question 1 chan	99 SDS Planning/Zoning to Planning and Zoning, Uged to "d"	Jpdate 2019.
this service:	agreements or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Dates
II/a		
	y) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	
Lincoln County-City of Lincolnton	n Joint Comprehensive Plan adopted in 1993	
		es, CSRA RC
7. Person completing form: <b>Anne</b> Phone number: <b>(706) 210-2015</b>	S. Floyd, Director of Local Government Servic Date completed: 12/20/2019	
Phone number: <b>(706) 210-2015</b> 8. Is this the person who should b		nether proposed local government







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:LINCOLN	Service: PROBATE JUDGE	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lincoln County	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	D 4	

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	ral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Author	itv	Funding Method	
Lincoln County		General Fund, User Fees, and Fines	
4. How will the strategy change the	e previ	ious arrangements for providing and/or funding this	service within the county?
Service name changed from "Pro Changed 1.d. to 1.a.	bate S	Services" to "Probate Judge"	
5. List any formal service delivery a this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
n/a			
6. What other mechanisms (if any) acts of the General Assembly, ra	will be	e used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Anne S Phone number: (706) 210-2015		yd, Director of Local Government Services, CSR. Date completed: 12/20/2019	A RC
8. Is this the person who should be projects are consistent with the s		acted by state agencies when evaluating whether probable delivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government
WALKER T. NORMAN, CHAIRN	/IAN, I	on(s) and phone number(s) below: LINCOLN COUNTY PHONE: (706) 359-4444 OF LINCOLNTON, PHONE: (706) 359-3239	







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:LINCOLN	Service: PUBLIC HEALTH SERVICES			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lincoln County			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
, <del>_</del> .	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	D 4			

### **SDS FORM 2, continued**

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

Local Government or Authori	ty Funding I	Wethod
State of Georgia Funds	Staffed by State employees and primarily	unded by State Funds and with
Lincoln County	supplemental assistance from Lincoln Cou	inty General Funds
1. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
1.a. Added Lincoln County		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that w	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
n/a		
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
None		
7. Person completing form: <b>Anne S</b> Phone number: <b>(706) 210-2015</b>	Floyd, Director of Local Government Service Date completed: 12/20/2019	es, CSRA RC
	contacted by state agencies when evaluating whervice delivery strategy?  ☐Yes ⊠No	ether proposed local government
WALKER T. NORMAN, CHAIRM	person(s) and phone number(s) below:  AN, LINCOLN COUNTY PHONE: (706) 359-44	







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:LINCOLN	Service: PUBLIC HOUSING			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is unization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
, <del>_</del> .	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
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	eral fun	will help to pay for this service and indicate how the ds, special service district revenues, hotel/motel ta	
Local Government or Author	rity	Funding Method	
Lincolnton Public Housing Author		Federal HUD Funds	
4. How will the strategy change th	e previo	ous arrangements for providing and/or funding this	service within the county?
serve on the Lincolnton Public H	ousing <i>i</i>	, , , , , , , , , , , , , , , , , , ,	
this service:	agreem	nents or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
n/a			
		used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Anne Phone number: (706) 210-2015		d, Director of Local Government Services, CSR eate completed: 12/20/2019	A RC
<ol><li>Is this the person who should b projects are consistent with the</li></ol>		cted by state agencies when evaluating whether pr delivery strategy?	oposed local government
WALKER T. NORMAN, CHAIR	MAN, L	on(s) and phone number(s) below: INCOLN COUNTY PHONE: (706) 359-4444 DF LINCOLNTON, PHONE: (706) 359-3239	







### **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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

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	ity that will help to pay for this service and indicate eral funds, special service district revenues, hote.).					
Local Government or Autho	rity Funding	Method				
Lincoln County	General Funds, SPLOST					
City of Lincolnton	General Funds					
4. How will the strategy change th	e previous arrangements for providing and/or fun	ding this service within the county?				
		d mowing.				
List any formal service delivery this service:	agreements or intergovernmental contracts that					
Agreement Name	Contracting Parties	Effective and Ending Dates				
n/a						
	) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take					
None						
7. Person completing form: Anne Phone number: (706) 210-2015	S. Floyd, Director of Local Government Service Date completed: 12/20/2019	ces, CSRA RC				
	e contacted by state agencies when evaluating w service delivery strategy?	hether proposed local government				
If not, provide designated contact person(s) and phone number(s) below: WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239						







### **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:LINCOLN	Service: RECREATION			
	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider.  thority or organization providing the service.):Lincoln County			
	porated portion of the county by a single service provider. (If this box is			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service			
Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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3. List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.	eral funds, special service di				
Local Government or Author	ritv	Funding Method			
Lincoln County	General Fund and U				
4. How will the strategy change the	e previous arrangements for	providing and/or funding this s	service within the county?		
No Change					
5. List any formal service delivery a this service:	agreements or intergovernm	ental contracts that will be use	ed to implement the strategy for		
Agreement Name	Contracti	ing Parties	Effective and Ending Dates		
n/a					
6. What other mechanisms (if any) acts of the General Assembly, ra			g., ordinances, resolutions, local		
None					
7. Person completing form: Anne 9 Phone number: (706) 210-2015	S. Floyd, Director of Local Date completed: 12/20		A RC		
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: WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239					







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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

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	rity that will help to pay for this service and indicate teral funds, special service district revenues, hotel .).			
Local Government or Author	ority Funding	Method		
Lincoln County	General Fund, LMIG, TSPLOST			
,	, ,			
4. How will the strategy change th	ne previous arrangements for providing and/or fund	ding this service within the county?		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that v	vill be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
n/a				
	) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take			
None				
Phone number: (706) 210-2015	·			
projects are consistent with the	e contacted by state agencies when evaluating wiservice delivery strategy? ☐Yes ☒No	nemer proposed local government		
If not, provide designated contact person(s) and phone number(s) below: WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239				







### **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:LINCOLN	Service: SENIOR CITIZENS CENTER			
	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lincoln County			
	porated portion of the county by a single service provider. (If this box is			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
	ble map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)			
⊠No				
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
f these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
	Page 1 of 2			

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	ral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax			
Local Government or Authori	itv	Funding Method			
Lincoln County		General Fund, Regional Commission Funds, and I			
4. How will the strategy change the	previ	ious arrangements for providing and/or funding this	service within the county?		
3. Name of Regional Developmer	nt Cei	nter changed to Regional Commission.			
5. List any formal service delivery a this service:	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		
n/a					
6. What other mechanisms (if any) acts of the General Assembly, rat	will be	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local		
None					
7. Person completing form: Anne S Phone number: (706) 210-2015		yd, Director of Local Government Services, CSR Date completed: 12/20/2019	A RC		
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					
WALKER T. NORMAN, CHAIRM	If not, provide designated contact person(s) and phone number(s) below: WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239				







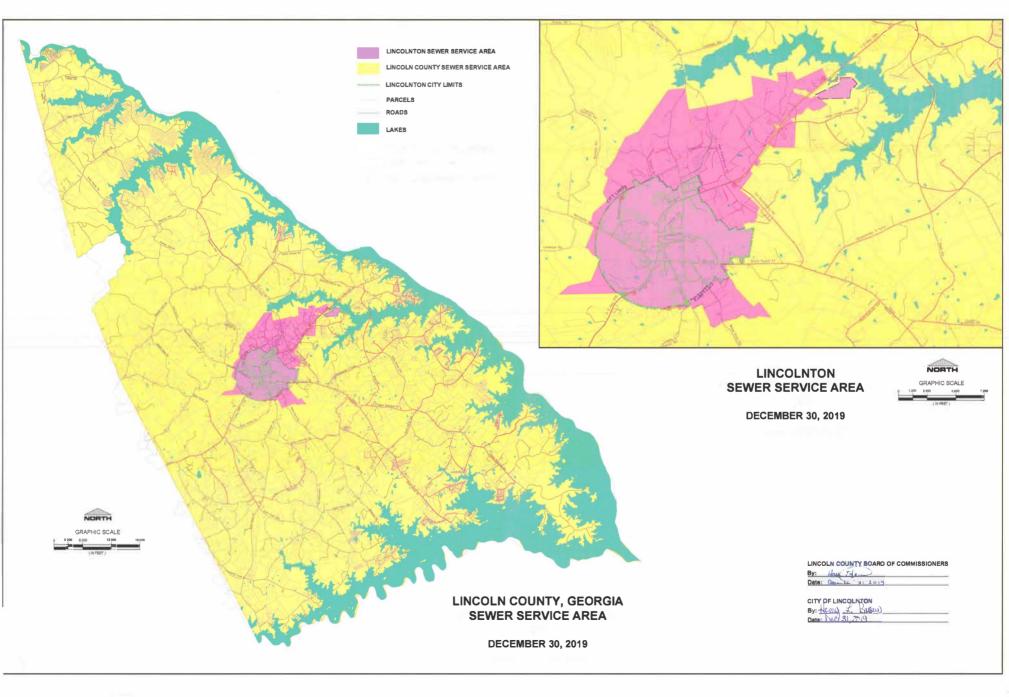
## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:LINCOLN	Service: SEWERAGE			
1. Check one box that best describes the agreed upo  a.) Service will be provided countywide (i.e., inc  (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider.			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

### **SDS FORM 2, continued**

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	eral funds, special se				
Local Government or Author	with c	Eundin	g Method		
City of Lincolnton	User Fees	Funain	у метпоа		
Lincoln County	User Fees				
Lincoln County	User rees				
How will the strategy change the	e previous arrangem	ents for providing and/or fu	ınding this ser	vice within the county?	
Changed service name to Sewer 5. Information added, map added As of the 2019 SDS Update, Line attached Map that became effect Lincolnton.	d. coln County and Linc	olnton negotiated and work	ced out the se	werage service areas in the	
5. List any formal service delivery this service:	agreements or interg	governmental contracts that	t will be used	to implement the strategy for	
Agreement Name	C	ontracting Parties	E	ffective and Ending Dates	
n/a					
6. What other mechanisms (if any acts of the General Assembly, r				ordinances, resolutions, local	
None					
7. Person completing form: <b>Anne</b> Phone number: <b>(706) 210-2015</b>			ices, CSRA F	₹C	
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: WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY PHONE: (706) 359-4444 MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239					









## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:LINCOLN	Service: SOLID WASTE MANAGEMENT			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider.			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
c.)  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:				
d.)   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.): Lincoln County and City of Lincolnton				
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
Page 1 of 2				

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3. List each government or authority enterprise funds, user fees, gener fees, bonded indebtedness, etc.).			
Local Government or Authorit	ty	Funding Method	
Lincoln County	User Fees		
City of Lincolnton	User Fees		
4. How will the strategy change the	previous arrangements for	providing and/or funding this s	service within the county?
Changed 3. to User Fees and dele	ted General Funds		
5. List any formal service delivery ag this service:	reements or intergovernm	nental contracts that will be use	ed to implement the strategy for
Agreement Name	Contract	ing Parties	Effective and Ending Dates
n/a			
6. What other mechanisms (if any) vacts of the General Assembly, rate			g., ordinances, resolutions, local
None			
7. Person completing form: Anne S. Phone number: (706) 210-2015	Floyd, Director of Local Date completed: 12/20		A RC
8. Is this the person who should be oprojects are consistent with the se			oposed local government
If not, provide designated contact WALKER T. NORMAN, CHAIRM, MARTHA JO AUSTIN, CLERK, C	AN, LINCOLN COUNTY F	PHONE: (706) 359-4444	







### **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: STORM WATER MANAGEMENT
Check <u>one</u> box that best describes the agreed upo     a.)       Service will be provided countywide (i.e., inc	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider.
<ul><li>(If this box is checked, identify the government, aut</li><li>b.)  Service will be provided only in the unincorp checked, identify the government, authority or organized</li></ul>	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding I	Method
City of Lincolnton	General Fund	
How will the strategy change the pr	evious arrangements for providing and/or fund	ling this service within the county?
No Change		
List any formal service delivery agrethis service:	eements or intergovernmental contracts that w	ill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) wil	Contracting Parties  I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wil	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wil acts of the General Assembly, rate	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wil acts of the General Assembly, rate	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wil acts of the General Assembly, rate	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wil acts of the General Assembly, rate	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, localeffect?
What other mechanisms (if any) wil acts of the General Assembly, rate	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, localeffect?
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take each of the changes of the cha	rvice (e.g., ordinances, resolutions, localeffect?







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: TAX APPRAISAL/ASSESSMENT
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lincoln County
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expressed in the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding	Method
Lincoln County	General Funds	
How will the strategy change the pr	evious arrangements for providing and/or fund	ling this service within the county?
No Change		
List any formal service delivery agrethis service:	eements or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) wil	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wil	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will acts of the General Assembly, rate	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wil	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will acts of the General Assembly, rate	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will acts of the General Assembly, rate	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca effect?
What other mechanisms (if any) will acts of the General Assembly, rate	I be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca effect?
What other mechanisms (if any) will acts of the General Assembly, rate None  Person completing form: Anne S. F. Phone number: (706) 210-2015	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e Floyd, Director of Local Government Service Date completed: 12/20/2019	rvice (e.g., ordinances, resolutions, localeffect?







### **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LINCOLN	Service: TAX COLLECTION
Check one box that best describes the agreed upon      Service will be provided countywide (i.e., income (If this box is checked, identify the government, autonomical describes and the countywide (i.e., income is checked).	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC				
	<b>4</b> 30	HZ IV	con	tinued
200				

	eral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	rity	Funding Method	
Lincoln County		General Fund	
City of Lincolnton		General Fund	
4. How will the strategy change the	e previ	ious arrangements for providing and/or funding this	service within the county?
Changed 1.a to 1.d. 3. Added City of Linconton and G	Genera	l Funds	
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
n/a			
		e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Anne 9 Phone number: (706) 210-2015		yd, Director of Local Government Services, CSR Date completed: 12/20/2019	A RC
8. Is this the person who should be projects are consistent with the s		acted by state agencies when evaluating whether predefined by strategy? $\square$ Yes $\boxtimes$ No	oposed local government
WALKER T. NORMAN, CHAIRI	MAN, I	on(s) and phone number(s) below: LINCOLN COUNTY PHONE: (706) 359-4444 OF LINCOLNTON, PHONE: (706) 359-3239	







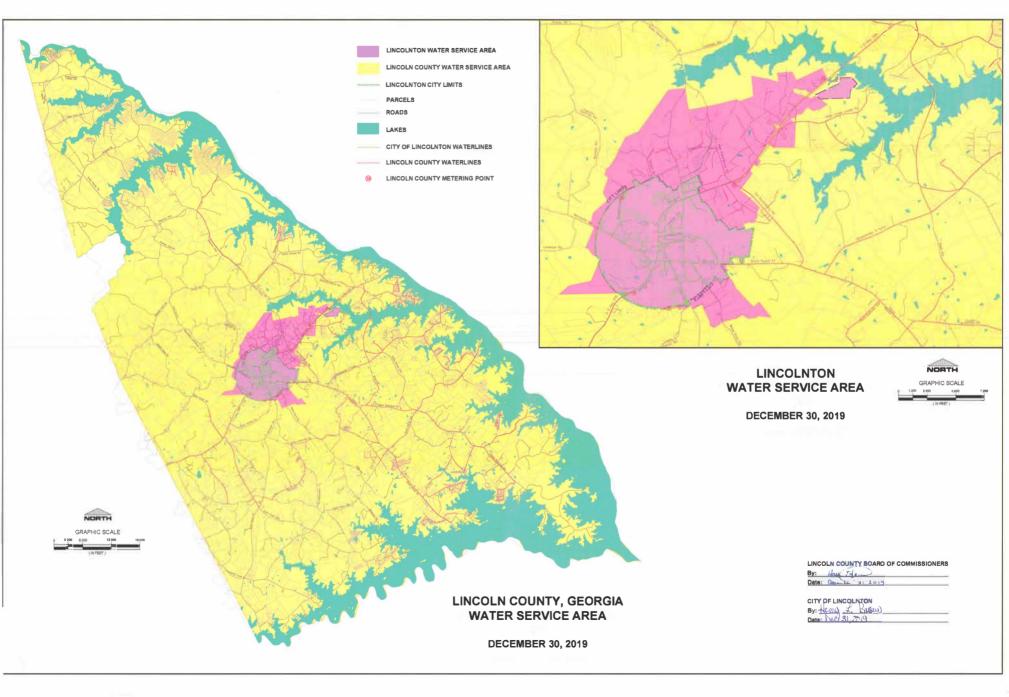
## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

### **SDS FORM 2, continued**

	eral funds, special service district reven	and indicate how the service will be funded (e.g., nues, hotel/motel taxes, franchise taxes, impact	
Local Government or Author	ity	Funding Method	
Lincoln County	User Fees		
City of Lincolnton	User Fees		
-			
4. How will the strategy change the	previous arrangements for providing a	and/or funding this service within the county?	
attached Map that became effecti Lincolnton.  5. List any formal service delivery a	oln County and Lincolnton negotiated a ve 12/31/2019 with the signatures of th	and worked out the water service areas in the the Chairman of Lincoln County and Mayor of tracts that will be used to implement the strategy for	or_
this service:  Agreement Name	Contracting Parties	s Effective and Ending Dates	<u> </u>
n/a	Contracting Furties	Encouve and Enamy Dates	_
	_		
	will be used to implement the strategy te or fee changes, etc.), and when will	y for this service (e.g., ordinances, resolutions, locall they take effect?	al
None			
Phone number: <b>(706) 210-2015</b> 8. Is this the person who should be	5. Floyd, Director of Local Governme Date completed: 12/20/2019  • contacted by state agencies when evaluervice delivery strategy? □Yes ☑No	valuating whether proposed local government	
If not, provide designated contact WALKER T. NORMAN, CHAIRM	t person(s) and phone number(s) below  MAN, LINCOLN COUNTY PHONE: (70  CITY OF LINCOLNTON, PHONE: (70	ow: <b>706) 359-4444</b>	









## FORM 3: Summary of Land Use Agreements

### Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the

service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:LINCOLN				
<ol> <li>What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy?</li> <li>There are no incompatabilities nor conflicts between land use plans of local governments.</li> </ol>	·			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:			
Adaption of a location area and a solution and a solution of a location of a location and a solution and a solu	If the necessary plan amendments,			
<ul><li>☑ Adoption of a joint comprehensive plan</li><li>☑ Other measures (amend zoning ordinances, add environmental regulations, etc.)</li></ul>	regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments			
If "other measures" was checked, describe these measures:  Describe "Other" Measures Here	will adopt them.			
3. What policies, procedures and/or processes have been established by local governme authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Local jurisdictions have addressed water and sewer needs through the their joint comprehensive plan and once the plan was adopted it became local policy. Lincolnton have negotiated and worked out a new map for Water Supply & Distribution are and dated by each jurisdicton's chief elected officials, Chairman and Mayor, effective 12/3	with all applicable land use plans Community Facilities portion of coln County and the City of nd a new map for Sewerage signed			
4. Person completing form: Anne S. Floyd, Director of Local Government Services, C	SRA RC			
Phone number: <b>706) 210-2009</b> Date completed: 12/20/2019				
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ☐Yes ☒No	r proposed local government			
If not, provide designated contact person(s) and phone number(s) below:				
WALKER T. NORMAN, CHAIRMAN, LINCOLN COUNTY, PHONE: (706) 359-4444				

MARTHA JO AUSTIN, CLERK, CITY OF LINCOLNTON, PHONE: (706) 359-3239	

Page 1 of 1







# Service Delivery Strategy FORM 4: Certifications

#### Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: LINCOLN

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
CITY OF LINCOLNTON	MAYOR	HENRY L. BROWN	Herry L. Bush	12/31/19
LINCOLN COUNTY	CHAIRMAN	WALKER T. NORMAN	Walls Edeman	12-31-19