





FORM 1

COUNTY: MACON COUNTY

I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 4. In Section IV type, "NONE." 5. Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy

- 5. For **each** service or service component listed in Section IV, complete a separate, updated *Summary of Service Delivery Arrangements* form (FORM 2).
- Complete one copy of the Certifications form (FORM 4)
 and have it signed by the authorized representatives of
 participating local governments. [Please note that DCA cannot
 validate the strategy unless it is signed by the local governments
 required by law (see Instructions, FORM 4).]
- 6. Proceed to step 7, below.

Instructions, FORM 5).1

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

unless it is signed by the local governments required by law (see

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

MACON COUNTY

CITY OF IDEAL

CITY OF MARSHALLVILLE

CITY OF MONTEZUMA

CITY OF OGLETHORPE

FLINT AREA HOUSING AUTHORITY

DEVELOPMENT AUTHORITY OF MACON COUNTY

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

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

AIRPORT

CEMETERIES

COURT SERVICES

ECONOMIC DEVELOPMENT

EMERGENCY MANAGEMENT

EMERGENCY MEDICAL SERVICE

HOUSING

JAIL

LEAF & LIMB COLLECTION

LIBRARY

MOSQUITO CONTROL

PARKS

PLANNING & ZONING

RECREATION

SEWAGE TREATMENT

SHERIFF'S DEPARTMENT

SOCIAL SERVICES

STREET CLEANING

STREET LIGHTING

STREETS & ROAD MAINTENANCE

TAX APPRAISAL

TAX COLLECTION

TRANSPORTATION

VOTER REGISTRATION

WATER TREATMENT & DISTRIBUTION

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

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

BOARD OF ELECTIONS
BUILDING INSPECTION
DOWNTOWN DEVELOPMENT
EMERGENCY DISPATCH - E911
FIRE PROTECTION
JAIL
PUBLIC SAFETY/COMMUNICATION
PUBLIC DEFENDER
SOLID WASTE MANAGEMENT







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use 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:MACON COUNTY	Service:AIRPORT
 Check the box that best describes the agreed upo 	n delivery arrangement for this service:
⊠ Service will be provided countywide (i.e., includ this box is checked, identify the government, author SERVICE PROVIDER: CITY OF MONTEZUMA	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate vill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method
CITY OF MONTEZUMA	AD VALOREM TAXES; GRANTS; HANG	AR LEASES
. How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
		
NO CHANGE		
NO CHANGE		
NO CHANGE		
. List any formal service delivery agre	ements or intergovernmental contracts that w	ill be used to implement the strategy for
	ements or intergovernmental contracts that w	ill be used to implement the strategy for
. List any formal service delivery agre	ements or intergovernmental contracts that w Contracting Parties	ill be used to implement the strategy for Effective and Ending Dates
. List any formal service delivery agre- this service:		
. List any formal service delivery agre- this service:		
. List any formal service delivery agre- this service:		
. List any formal service delivery agre- this service:		
. List any formal service delivery agre- this service:		

7. Person completing form: Roselyn H Starling

Phone number: 478-472-7021 Date completed: 10/26/16

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: JOYCE H HARDY - MONTEZUMA CITY CLERK - 478-472-8144







FORM 2: Summary of Service Delivery Arrangements

	-				
In	St	r_{11}	cti	or	18:

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

COUNTY:MACON COUNTY	Service: BOARD OF ELECTIONS
Check the box that best describes the ag	greed upon delivery arrangement for this service:
	.e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): MACON COUNTY
Service will be provided only in the unichecked, identify the government, author	incorporated portion of the county by a single service provider. (If this box is ity or organization providing the service.):
One or more cities will provide this ser in unincorporated areas. (If this box is che	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service:
	vice only within their incorporated boundaries, and the county will provide the ox is checked, identify the government(s), authority or organization providing the
	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):
In developing this strategy, were overlap identified?	ping service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach addition	nal documentation as described, below)
⊠No	
If these conditions will continue under this s overlapping but higher levels of service (Se overlapping service areas or competition ca	strategy, attach an explanation for continuing the arrangement (i.e., see O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that annot be eliminated).
If these conditions will be eliminated under will be taken to eliminate them, the respons	the strategy, attach an implementation schedule listing each step or action that sible party and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUND	
CITY OF MONTEZUMA	GENERAL FUND	
CITY OF OGLETHORPE	GENERAL FUND	
CITY OF MARSHALLVILLE	GENERAL FUND	
CITY OF IDEAL	GENERAL FUND	

NO CHANGE		
this service:	agreements or intergovernmental contracts that w	
this service: Agreement Name	agreements or intergovernmental contracts that we contract that we can be contracted to the contract that we callow that we can be contracted to the contract that we can be con	Effective and Ending Dat NOV 1, 2015 - NOV 1, 201
this service: Agreement Name Intergovernmental agreement	Contracting Parties	Effective and Ending Dat
this service:	Contracting Parties CITY OF MONTEZUMA	Effective and Ending Date NOV 1, 2015 - NOV 1, 201

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

7. Person completing form: Roselyn H Starling - Deputy County Manager/CFO Phone number: 478-472-7021 Date completed: 10/26/16

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

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs	s.
COUNTY:MACON COUNTY	Service: BUILDING INSPECTION
Check the box that best describes the agreed	d upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincor checked, identify the government, authority or	rporated portion of the county by a single service provider. (If this box is r organization providing the service.):
	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is service.): SERVICE PROVIDER; MACON COMONTEZUMA AND CITY OF OGLETHORPE	only within their incorporated boundaries, and the county will provide the schecked, identify the government(s), authority or organization providing the DUNTY HAS A FULL-TIME BUILDING INSPECTOR ON STAFF; CITY OF E CONTRACT WITH MACON COUNTY TO PROVIDE THIS SERVICE. CITY PRIVATE COMPANY. CITY OF IDEAL DOES NOT HAVE BUILDING CODE
	ble map delineating the service area of each service provider, and ganization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	ocumentation as described, below)
⊠No	
If these conditions will continue under this strate overlapping but higher levels of service (See O. overlapping service areas or competition cannot	egy, <u>attach an explanation for continuing the arrangement</u> (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that t 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.

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.).

CITY OF MONTEZUMA	PERMIT FEES	
MACON COUNTY	GENERAL FUNDS; PERMIT FEES	-
CITY OF MARSHALLVILLE	PERMIT FEES	
CITY OF OGLETHORPE	PERMIT FEES	

How will the strategy chang	e the previous arrangements for providing and/or fur	nding this service within the county?
NO CHANGE		
List any formal service delive this service:	very agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
	City of Montezuma & Macon County	Jan 9, 2016 - renewal yearly
	City of Oglethorpe & Macon County City of Marshallville & Roscoe Miller	Oct 20, 2011 - renewal year Oct 2009
	Only of Marchantino a recode Minor	33.200
	any) will be used to implement the strategy for this soly, rate or fee changes, etc.), and when will they take	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as ne should be reported to the Department of Community Affairs.	ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: CEMETERIES
Check the box that best describes the agreed u	pon delivery arrangement for this service:
Service will be provided countywide (i.e., incl this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. (If thority or organization providing the service.):
Service will be provided only in the unincorpo checked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is rganization providing the service.):
in unincorporated areas. (If this box is checked,	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service: MA, MARSHALLVILLE, OGLETHORPE, IDEAL
	ly within their incorporated boundaries, and the county will provide the necked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C.) overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the strawill be taken to eliminate them, the responsible particles	ategy, attach an implementation schedule listing each step or action that rty 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.).

CITY OF MONTEZUMA	GENERAL FUND; USER FEES	
CITY OF IDEAL	GENERAL FUND; USER FEES	
CITY OF MARSHALLVILLE	GENERAL FUND; USER FEES	
CITY OF OGLETHORPE	GENERAL FUND; USER FEES	

How will the strategy change the strategy	ne previous arrangements for providing and/or fund	ing this service within the county?
NO CHANGE		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
-		
. What other mechanisms (if any acts of the General Assembly, i	y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local effect?
Phone number: 478-472-7021	lyn H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
s. Is this the person who should be projects are consistent with the	be contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: COURT SERVICES
Check the box that best describes the agreed upo	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the ITY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE,
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional 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 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.

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	
MACON COUNTY	GENERAL FUND; USER FEES; FINES	
CITY OF MONTEZUMA	GENERAL FUNDS; USER FEES; FINES	
CITY OF MARSHALLVILLE	GENERAL FUNDS; USER FEES; FINES	
CITY OF OGLETHORPE	GENERAL FUNDS; USER FEES; FINES	
CITY OF IDEAL	GENERAL FUNDS; USER FEES; FINES	

OH TO MAKSHALLVILLE	GENERAL FORDS, OSER FEES, FINES	
CITY OF OGLETHORPE	GENERAL FUNDS; USER FEES; FINES	
CITY OF IDEAL	GENERAL FUNDS; USER FEES; FINES	
I. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
NO CHANGE		
NO OTANGE		
	greements or intergovernmental contracts that w	ill be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this ser	
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take e	enect?
	\$	
		×
Person completing form: Roselyn Phone number: 478-472-7021	H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
	contacted by state agencies when evaluating wh rvice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

should be reported to the Department of Community Affairs.	ressary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: DOWNTOWN DEVELOPMENT
Check the box that best describes the agreed up	oon delivery arrangement for this service:
Service will be provided countywide (i.e., incluthis box is checked, identify the government, authors.)	uding all cities and unincorporated areas) by a single service provider. (If hority or organization providing the service.):
Service will be provided only in the unincorporchecked, identify the government, authority or organized	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service: MA, OGLETHORPE
	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
	map delineating the service area of each service provider, and ization that will provide service within each service area.):
2. In developing this strategy, were overlapping ser identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	mentation as described, below)
⊠No	
	attach an explanation for continuing the arrangement (i.e., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, attach an implementation schedule listing each step or action that ty 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
1	ees, bonded indebtedness, etc.).

Local Government or Author	prity Funding	Method
CITY OF MONTEZUMA	GENERAL FUNDS; DONATIONS	
CITY OF OGLETHORPE'	GENERAL FUNDS; DONATIONS	
How will the strategy change th	ne previous arrangements for providing and/or fund	ling this service within the county?
the strategy change to		ing this service within the county?
IO CHANGE		
	· · · · · · · · · · · · · · · · · · ·	
List any formal service delivery	agreements or intergovernmental contracts that w	ill he used to implement the strategy f
	agreements of intergovernmental contracts that w	in be used to implement the strategy i
	Contracting Parties	Effective and Ending Date
his service:		
his service: Agreement Name	Contracting Parties	Effective and Ending Date
his service: Agreement Name Nhat other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, loc
his service: Agreement Name What other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name Nhat other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
this service: Agreement Name What other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any acts of the General Assembly, r	Contracting Parties) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any octs of the General Assembly, referson completing form: Joyce	Contracting Parties) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, represent completing form: Joyce Phone number: 478-472-8144	Contracting Parties Output O	Effective and Ending Date vice (e.g., ordinances, resolutions, logifiect?

Page 2 of 2

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:MACON COUNTY	Service: ECONOMIC DEVELOPMENT
1. Check the box that best describes the agr	reed upon delivery arrangement for this service:
Service will be provided countywide (i.e this box is checked, identify the governme AUTHORITY OF MACON COUNTY	e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): DEVELOPMENT
Service will be provided only in the unin checked, identify the government, authorit	acorporated portion of the county by a single service provider. (If this box is by or organization providing the service.):
	ice only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:
	ice only within their incorporated boundaries, and the county will provide the ix is checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a le identify the government, authority, or other	egible map delineating the service area of each service provider, and rorganization that will provide service within each service area.):
2. In developing this strategy, were overlapp identified?	ing service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	al documentation as described, below)
⊠No	
If these conditions will continue under this st overlapping but higher levels of service (See overlapping service areas or competition car	rategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that most be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible.	he strategy, attach an implementation schedule listing each step or action that ble party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUNDS; GRANTS	
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; HOTEL/MOTEL TAX	
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS	
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS	
CITY OF IDEAL	GENERAL FUNDS; GRANTS	

CITY OF IDEAL	GENERAL FUNDS; GRANTS	
. How will the strategy change th	ne previous arrangements for providing and/or fund	ling this service within the county?
NO CHANGE		
. List any formal service delivery this service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	
Phone number: 478-472-7021 Is this the person who should be	yn H Starling - Deputy County Manager/CFO Date completed: 10/26/16 e contacted by state agencies when evaluating wheervice delivery strategy? ⊠Yes □No	ether proposed local government
•		
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Ana	ins.
COUNTY:MACON COUNTY	Service: EMERGENCY DISPATCH
Check the box that best describes the agre	eed upon delivery arrangement for this service:
	, including all cities and unincorporated areas) by a single service provider. (If t, authority or organization providing the service.): MIDDLE FLINT REGIONAL
Service will be provided only in the uninconnected, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	ce only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
	se only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlappin identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
If these conditions will continue under this stra overlapping but higher levels of service (See Coverlapping service areas or competition cann	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
	e strategy, <u>attach an implementation schedule</u> listing each step or action that le party and the agreed upon deadline for completing it.

Local Government or Authority MACON COUNTY	Funding Method	
	GENERAL FUND; TELEPHONE SURCHARGES	
How will the strategy change the pro-	evious arrangements for providing and/or funding this	service within the county?
O CHANGE		
OCHANGE		
	amonto as intergovernmental contracts that will be us	ad to implement the strategy for
	ements or intergovernmental contracts that will be us	ed to implement the strategy for
	ements or intergovernmental contracts that will be us	ed to implement the strategy for
his service:		
his service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name		Effective and Ending Date
his service: Agreement Name	Contracting Parties	Effective and Ending Date
his service: Agreement Name	Contracting Parties	Effective and Ending Date
his service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name Intergovernmental agreement Mac	Contracting Parties con County & Middle Flint Regional E-911 Authority	Effective and Ending Dates Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Manageme	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Dates Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Managem	Contracting Parties con County & Middle Flint Regional E-911 Authority	Effective and Ending Date Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Managem	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Date Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Managem	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Date Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Manageme	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Date Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Mac	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Date Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Manageme	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Date Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Manageme	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Date Sept 23, 2014- Sept 23, 202
this service: Agreement Name Intergovernmental agreement Management Managem	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Date Sept 23, 2014- Sept 23, 202
Mareement Name Intergovernmental agreement What other mechanisms (if any) will acts of the General Assembly, rate of	Contracting Parties con County & Middle Flint Regional E-911 Authority be used to implement the strategy for this service (e.	Effective and Ending Dat Sept 23, 2014- Sept 23, 20

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community A	Attairs.
COUNTY:MACON COUNTY	Service: EMERGENCY MANAGEMENT
Check the box that best describes the ag	greed upon delivery arrangement for this service:
	.e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): SERVICE PROVIDER ;
	ncorporated portion of the county by a single service provider. (If this box is ity or organization providing the service.):
	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service:
	vice only within their incorporated boundaries, and the county will provide the ox is checked, identify the government(s), authority or organization providing the
	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):
In developing this strategy, were overlap identified?	ping service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach addition	nal documentation as described, below)
⊠No	
If these conditions will continue under this s overlapping but higher levels of service (Se overlapping service areas or competition ca	etrategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that annot be eliminated).
If these conditions will be eliminated under twill be taken to eliminate them, the respons	the strategy, <u>attach an implementation schedule</u> listing each step or action that ible party and the agreed upon deadline for completing it.

Local Government or Author	rity Funding N	Method
MACON COUNTY	GENERAL FUNDS; GRANTS	•
		and this consider within the country?
How will the strategy change the	e previous arrangements for providing and/or fundi	ng this service within the county?
IO CHANGE		
List any formal service delivery	agreements or intergovernmental contracts that wi	Il be used to implement the strategy f
	Contracting Parties	Effective and Ending Date
this service:		
this service:		
his service:		
this service:		
this service:		
this service: Agreement Name What other mechanisms (if any)		Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Output Description: Output Description: Description: Output Description:	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Output Description: Output Description: Description: Output Description:	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Output Description: Output Description: Description: Output Description:	Effective and Ending Date
his service: Agreement Name What other mechanisms (if any)	Contracting Parties Output Description: Output Description: Description: Output Description:	Effective and Ending Date
Agreement Name What other mechanisms (if any) acts of the General Assembly, rather the General Assembl	Contracting Parties Output Description: Output Description: Description: Output Description:	Effective and Ending Date
What other mechanisms (if any) acts of the General Assembly, rather the form: Rosely Phone number: 478-472-7021 Is this the person who should be	Contracting Parties I will be used to implement the strategy for this servate or fee changes, etc.), and when will they take experience of the changes of t	vice (e.g., ordinances, resolutions, locations)







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community A	uidiis.
COUNTY:MACON COUNTY	Service: EMERGENCY MEDICAL SERVICE
Check the box that best describes the ag	reed upon delivery arrangement for this service:
	e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): SERVICE PROVIDER ;
Service will be provided only in the unit checked, identify the government, authori	ncorporated portion of the county by a single service provider. (If this box is ty or organization providing the service.):
	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service:
	vice only within their incorporated boundaries, and the county will provide the ox is checked, identify the government(s), authority or organization providing the
	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):
In developing this strategy, were overlapp identified?	oing service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach addition	al documentation as described, below)
⊠No	
If these conditions will continue under this stored overlapping but higher levels of service (Secondary) overlapping service areas or competition care	trategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that nnot be eliminated).
	the strategy, <u>attach an implementation schedule</u> listing each step or action that ible party and the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method
MACON COUNTY	GENERAL FUNDS; AMBULANCE FEES;	GRANTS
How will the strategy change the pre-	vious arrangements for providing and/or fund	ling this service within the county?
NO CHANGE		
List any formal service delivery agree this service:	ements or intergovernmental contracts that w	vill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) will be	Contracting Parties De used to implement the strategy for this service changes, etc.), and when will they take the strategy for the strategy for the strategy for the strategy for this service changes, etc.)	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be acts of the General Assembly, rate or Person completing form: Roselyn H	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or Person completing form: Roselyn H. Phone number: 478-472-7021	De used to implement the strategy for this set fee changes, etc.), and when will they take of the changes of the changes of the change of the	rvice (e.g., ordinances, resolutions, loeffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:MACON COUNTY	Service: FIRE PROTECTION
Check the box that best describes the agreed upon	on delivery arrangement for this service:
Service will be provided countywide (i.e., include this box is checked, identify the government, authority the government, authority the government.	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorpora checked, identify the government, authority or organization.	ated portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the coked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and zation that will provide service within each service area.): SEE
In developing this strategy, were overlapping serv identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (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	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	David 4 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	
MACON COUNTY	GENERAL FUNDS; GRANTS	
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; FIRE SERVICE FEES	
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS	
CITY OF IDEAL	GENERAL FUNDS; GRANTS	
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Macon County provides fire protection for the City of Marshallville.

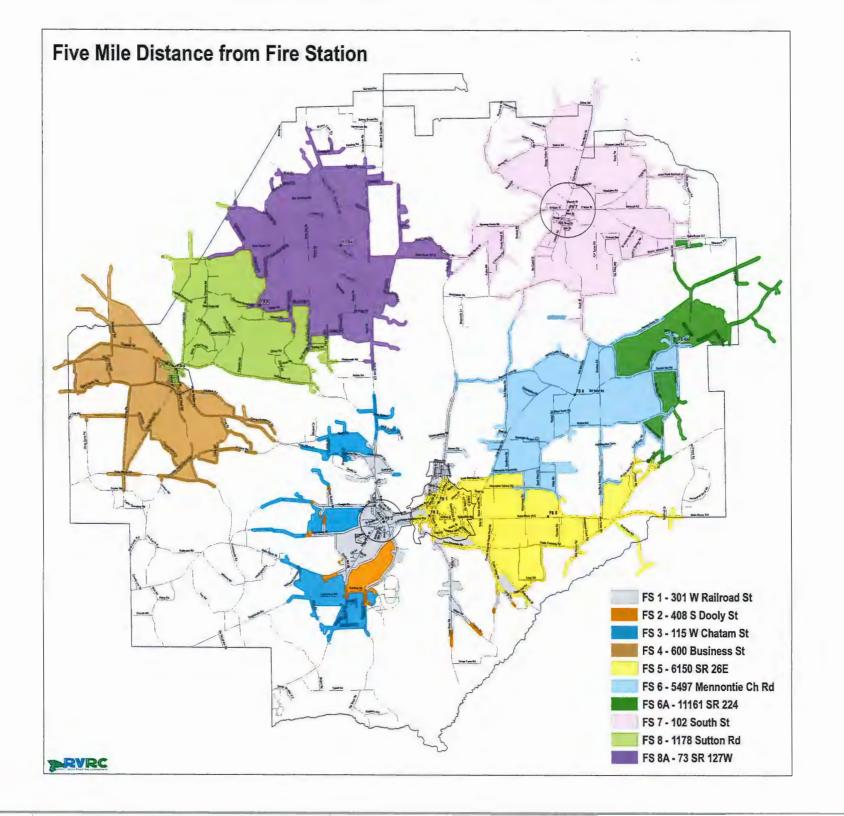
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental agreement	Macon County & City of Marshallville	July 7, 2015
Intergovernmental agreement	City of Montezuma	updating agreement
Intergovernmental agreement	City of Oglethorpe	updating agreement
Intergovernmental agreement	City of Ideal	updating agreement

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

- 7. Person completing form: **Roselyn H Starling Deputy County Manager/CFO**Phone number: **478-472-7021**Date completed: 10/26/16
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☑Yes ☐No

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









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Should be reported to the Department of Community A	nans.
COUNTY:MACON COUNTY	Service:HOUSING
Check the box that best describes the agr	reed upon delivery arrangement for this service:
	e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): FLINT AREA Y
Service will be provided only in the uninchecked, identify the government, authorit	ncorporated portion of the county by a single service provider. (If this box is ty or organization providing the service.):
	rice only within their incorporated boundaries, and the service will not be provided ocked, identify the government(s), authority or organization providing the service:
	rice only within their incorporated boundaries, and the county will provide the ex is checked, identify the government(s), authority or organization providing the
	egible map delineating the service area of each service provider, and rorganization that will provide service within each service area.):
2. In developing this strategy, were overlapp identified?	ing service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	al documentation as described, below)
⊠No	
	rategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that most be eliminated).
	he strategy, <u>attach an implementation schedule</u> listing each step or action that ble party and the agreed upon deadline for completing it.

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this service within the county?
e used to implement the strategy
o acca to implement the chategy
Effective and Ending Date
Encente and Ending Date
e (e.g., ordinances, resolutions, loct?
er proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:MACON COUNTY	Service: JAIL		
Check the box that best describes the agree	ed upon delivery arrangement for this service:		
	, including all cities and unincorporated areas) by a single service provider. (If t, authority or organization providing the service.): MACON COUNTY		
Service will be provided only in the unincochecked, identify the government, authority	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):		
	e only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:		
	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the		
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):		
2. In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service		
Yes (if "Yes," you must attach additional	documentation as described, below)		
⊠No			
	tegy, <u>attach an explanation for continuing the arrangement</u> (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that ot be eliminated).		
	e strategy, attach an implementation schedule listing each step or action that e party and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUNDS; USER FEES; FINES	
CITY OF MONTEZUMA	FINES	
CITY OF MARSHALLVILLE	FINES	
CITY OF OGLETHORPE	FINES	
CITY OF IDEAL	FINES	

CITY OF IDEAL . How will the strategy change the	he previous arrangements for providing and/or fun	ding this service within the county?
NO CHANGE		
this service:	agreements or intergovernmental contracts that v	
Agreement Name	Contracting Parties	Effective and Ending Dat
Intergovenrmental agreement	Macon County & City of Montezuma	October 4, 2016
ntergovernmental agreement	Macon County & City of Marshallville	September 13, 2016
ntergovernmental agreement	Macon County & City of Oglethorpe	October 4, 2016
ntergovernmental agreement	Macon County & City of Ideal	October 4, 2016
	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	
Person completing form: Rose Phone number: 478-472-7021	lyn H Starling - Deputy County Manager/CFO Date completed: 10/26/16	

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:MACON COUNTY	Service: LEAF & LIMB COLLECTION		
Check the box that best describes the agreed to	upon delivery arrangement for this service:		
☐ Service will be provided countywide (i.e., inc this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider. (If uthority or organization providing the service.):		
Service will be provided only in the unincorporchecked, identify the government, authority or o	orated portion of the county by a single service provider. (If this box is organization providing the service.):		
	nly within their incorporated boundaries, and the service will not be provided, identify the government(s), authority or organization providing the service: ARSHALLVILLE, IDEAL		
	nly within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the		
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and anization that will provide service within each service area.):		
In developing this strategy, were overlapping so identified?	ervice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional doc	cumentation as described, below)		
⊠No			
If these conditions will continue under this strateg overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).		
	rategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.		
	Page 1 of 2		

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9	DO.	FU	KIVI	2, c	ont	unu	ea

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.).

OUT VIOLE OF THE PER		
CITY OF OGLETHORPE	GENERAL FUNDS; USER FEES;	
CITY OF MONTEZUMA	GENERAL FUNDS; USER FEES	
CITY OF MARSHALLVILLE	GENERAL FUNDS; USER FEES	
CITY OF IDEAL	GENERAL FUND; USER FEES	

GENERAL FUND; USER FEES	
e previous arrangements for providing and/or fund	ding this service within the county?
agreements or intergovernmental contracts that w	vill be used to implement the strategy for
Contracting Parties	Effective and Ending Dates
will be used to implement the strategy for this set te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, local effect?
n H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
e contacted by state agencies when evaluating wherevice delivery strategy? ⊠Yes ⊡No	nether proposed local government
t person(s) and phone number(s) below:	
	e previous arrangements for providing and/or fundaments agreements or intergovernmental contracts that we contracting Parties Will be used to implement the strategy for this sente or fee changes, etc.), and when will they take the or fee changes are to complete the complete to the complete that the contracted by state agencies when evaluating we contacted by state agencies when evaluating we contacted the contracted to the contracted to the contracted that the







FORM 2: Summary of Service Delivery Arrangements

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:MACON COUNTY	Service:LIBRARY		
Check the box that best describes the ag	reed upon delivery arrangement for this service:		
	e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.):		
Service will be provided only in the uninchecked, identify the government, authorities	ncorporated portion of the county by a single service provider. (If this box is ty or organization providing the service.):		
in unincorporated areas. (If this box is che	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service: ONTEZUMA, MARSHALLVILLE, OGLETHORPE, IDEAL		
	vice only within their incorporated boundaries, and the county will provide the ox is checked, identify the government(s), authority or organization providing the		
	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):		
2. In developing this strategy, were overlapp identified?	ping service areas, unnecessary competition and/or duplication of this service		
✓ Yes (if "Yes," you must attach addition	al documentation as described, below)		
□No			
If these conditions will continue under this so overlapping but higher levels of service (Second overlapping service areas or competition ca	trategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that nnot be eliminated).		
	the strategy, attach an implementation schedule listing each step or action that ible party and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method	
CITY OF OGLETHORPE	GENERAL FUNDS; OVERDUE FEES	
CITY OF MONTEZUMA	GENERAL FUNDS; PRIVATE DONATIONS; GRANTS	
CITY OF MARSHALLVILLE	GENERAL FUNDS; OVERDUE FEES; DONATIONS	
MACON COUNTY	GENERAL FUNDS	
		-

CITY OF MARSHALLVILLE	GENERAL FUNDS; OVERDUE FEES; DO	ONATIONS
MACON COUNTY	GENERAL FUNDS	
4. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
NO CHANGE		
List any formal service delivery a this service:	greements or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
7. Person completing form: Roselyr Phone number: 478-472-7021	H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
8. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:MACON COUNTY	Service: MOSQUITO CONTROL
Check the box that best describes the agree	eed upon delivery arrangement for this service:
	., including all cities and unincorporated areas) by a single service provider. (If it, authority or organization providing the service.):
Service will be provided only in the uninc checked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	ce only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
	ce only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
If these conditions will continue under this stra overlapping but higher levels of service (See overlapping service areas or competition can	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	e strategy, attach an implementation schedule listing each step or action that le party and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding N	Method
CITY OF MONTEZUMA	GENERAL FUNDS	
CITY OF OGLETHORPE	GENERAL FUNDS	
How will the strategy change the pro-	rious arrangements for providing and/or fundi	ing this convice within the county?
now will the strategy change the prev	rious arrangements for providing and/or fundi	ing this service within the county?
NO CHANGE		
IO CHANGE		
list and famous against delivery areas	ments or intercoverymental contracts that wi	Il he used to implement the strategy for
List any formal service delivery agree this service:	ments or intergovernmental contracts that wi	ii be used to implement the strategy to
	Control tion Double	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Dates
	36 - 4	
	e used to implement the strategy for this serv	
acts of the General Assembly, rate or	fee changes, etc.), and when will they take e	ffect?
	Starling - Deputy County Manager- CFO ate completed: 10/26/16	
Filotie Humber: 476-472-7021	ate completed. 10/20/10	
Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluating whe e delivery strategy? ⊠Yes ⊡No	ether proposed local government
f not, provide designated contact pers	con(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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

Answer each question below, attaching additional pages a should be reported to the Department of Community Affair	as necessary. If the contact person for this service (listed at the bottom of the page) changes, this irs.
COUNTY:MACON COUNTY	Service:PARKS
Check the box that best describes the agree	ed upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincochecked, identify the government, authority of	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	e only within their incorporated boundaries, and the service will not be provided ted, identify the government(s), authority or organization providing the service:
	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the LETHORPE
Other (If this box is checked, attach a legited identify the government, authority, or other o	rible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional of	documentation as described, below)
⊠No	
If these conditions will continue under this strat overlapping but higher levels of service (See O overlapping service areas or competition canno	tegy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that ot be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	strategy, attach an implementation schedule listing each step or action that e party and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUNDS; GRANTS; DONATIONS	
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; DONATIONS	
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS; DONATIONS	
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS' DONATIONS	

CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS' DONATION	NS
l. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
NO CHANGE		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	
7. Person completing form: Rosely Phone number: 478-472-7021	n H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
3. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating where ervice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	







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COUNTY:MACON COUNTY	Service: PLANNING & ZONING
1. Check the box that best describes the agreed t	upon delivery arrangement for this service:
Service will be provided countywide (i.e., income this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider. (If athority or organization providing the service.):
Service will be provided only in the unincorporchecked, identify the government, authority or o	prated portion of the county by a single service provider. (If this box is organization providing the service.):
	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is c	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the UNTY; THE CITIES OF MONTEZUMA, MARSHALLVILLE & NOT HAVE PLANNING & ZONING.
	e map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, <u>attach an explanation for continuing the arrangement</u> (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the strawill be taken to eliminate them, the responsible pa	ategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.
	Down 4 of 0

Local Government or Authority	Funding Method
MACON COUNTY	GENERAL FUNDS; ZONING FEES
CITY OF MONTEZUMA	GENERAL FUNDS; ZONING FEES
CITY OF MARSHALLVILLE	GENRAL FUNDS; ZONING FEES
CITY OF OGLETHORPE	GENERAL FUNDS; ZONING FEES

GENERAL FUNDS; ZONING FEES	
previous arrangements for providing and/or fund	ding this service within the county?
greements or intergovernmental contracts that w	vill be used to implement the strategy for
Contracting Parties	Effective and Ending Dates
will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, local effect?
H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
contacted by state agencies when evaluating wh	nether proposed local government
rvice delivery strategy? ⊠Yes □No	ionio, proposod loodi, government
	previous arrangements for providing and/or fund greements or intergovernmental contracts that we Contracting Parties will be used to implement the strategy for this see or fee changes, etc.), and when will they take to the thing of the t







FORM 2: Summary of Service Delivery Arrangements

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

Page 1 of 2

Local Government or Author	ority Funding Me	thod
MACON COUNTY	GENERAL FUNDS	
How will the strategy change the	ne previous arrangements for providing and/or funding	this service within the county?
IO CHANGE		
List any formal coming delivery		a used to implement the strategy f
List any formal service delivery	agreements or intergovernmental contracts that will b	e used to implement the strategy r
this service:		
	Contracting Parties Office of Public Defender- Southwestern Circuit	Effective and Ending Date July 1, 2016 - Dec 30, 2016
his service:	Contracting Parties	Effective and Ending Date
his service: Agreement Name What other mechanisms (if any	Contracting Parties	Effective and Ending Date July 1, 2016 - Dec 30, 2016 e (e.g., ordinances, resolutions, locality)
this service: Agreement Name What other mechanisms (if any	Contracting Parties Office of Public Defender- Southwestern Circuit) will be used to implement the strategy for this service	Effective and Ending Date July 1, 2016 - Dec 30, 2016 e (e.g., ordinances, resolutions, locality)
Mhat other mechanisms (if any acts of the General Assembly, r	Contracting Parties Office of Public Defender- Southwestern Circuit) will be used to implement the strategy for this service	Effective and Ending Date July 1, 2016 - Dec 30, 2016 e (e.g., ordinances, resolutions, locality)
What other mechanisms (if any acts of the General Assembly, representation of the Person completing form: Rosel Phone number: 478-472-7021	Contracting Parties Office of Public Defender- Southwestern Circuit) will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effective or fee changes.	Effective and Ending Date July 1, 2016 - Dec 30, 2016 e (e.g., ordinances, resolutions, locat?







FORM 2: Summary of Service Delivery Arrangements

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

	ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: PUBLIC SAFETY/COMMUNICATIONS
Check the box that best describes the agreed u	upon delivery arrangement for this service:
☐ Service will be provided countywide (i.e., inc this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider. (If athority or organization providing the service.):
Service will be provided only in the unincorporchecked, identify the government, authority or o	prated portion of the county by a single service provider. (If this box is organization providing the service.):
	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is cl	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the DUNTY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORE &
	e map delineating the service area of each service provider, and inization that will provide service within each service area.):
In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
	y, <u>attach an explanation for continuing the arrangement</u> (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
	ategy, attach an implementation schedule listing each step or action that array and the agreed upon deadline for completing it.

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUNDS; GRANTS; FINES	
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; FINES	
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS; FINES	
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS; FINES	
CITY OF IDEAL	GENERAL FUNDS; GRANTS; FINES	

CITY OF IDEAL	GENERAL FUNDS; GRANTS; FINES	
4. How will the strategy chanզ	ge the previous arrangements for providing and/or fund	ling this service within the county?
NO CHANGE		
5. List any formal service deli this service:	very agreements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	any) will be used to implement the strategy for this ser bly, rate or fee changes, etc.), and when will they take e	
7. Person completing form: Ro Phone number: 478-472-70	oselyn H Starling - Deputy County Manager/CFO 21 Date completed: 10/26/16	
Is this the person who shou projects are consistent with	lld be contacted by state agencies when evaluating when the service delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated co	ontact person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pag should be reported to the Department of Community A	ges as necessary. If the contact person for this service (listed at the bottom of the page) changes, this Affairs.
COUNTY:MACON COUNTY	Service:RECREATION
Check the box that best describes the ag	greed upon delivery arrangement for this service:
	.e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): Macon County
	ncorporated portion of the county by a single service provider. (If this box is ity or organization providing the service.):
	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service:
	vice only within their incorporated boundaries, and the county will provide the ox is checked, identify the government(s), authority or organization providing the IARSHALLVILLE
Other (If this box is checked, <u>attach a</u> identify the government, authority, or other	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):
In developing this strategy, were overlapped identified?	ping service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach addition	al documentation as described, below)
⊠No	
If these conditions will continue under this soverlapping but higher levels of service (Seoverlapping service areas or competition care	strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that annot be eliminated).
If these conditions will be eliminated under twill be taken to eliminate them, the respons	the strategy, <u>attach an implementation schedule</u> listing each step or action that ible party and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding I	Method
MACON COUNTY	GENERAL FUNDS; USER FEES; GRANT	S
How will the strategy change the prev	vious arrangements for providing and/or fundi	ing this service within the county?
O CHANGE		
List any formal service delivery agree his service:	ments or intergovernmental contracts that wi	il be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Dat
What other mechanisms (if any) will b	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b		vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or Person completing form: Roselyn H \$	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or Person completing form: Roselyn H S Phone number: 478-472-7021	be used to implement the strategy for this service changes, etc.), and when will they take e Starling - Deputy County Manager/CFO late completed: 10/26/16 acted by state agencies when evaluating when	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:MACON COUNTY	Service: SEWAGE TREATMENT
Check the box that best describes the agreed	d upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincorchecked, identify the government, authority o	rporated portion of the county by a single service provider. (If this box is r organization providing the service.):
	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
	only within their incorporated boundaries, and the county will provide the schecked, identify the government(s), authority or organization providing the
⊠Other (If this box is checked, <u>attach a legil</u> identify the government, authority, or other or MONTEZUMA, MARSHALLVILLE, OGLETH	ble map delineating the service area of each service provider, and ganization that will provide service within each service area.): CITIES OF HORPE, IDEAL
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional d	ocumentation as described, below)
⊠No	
If these conditions will continue under this strate overlapping but higher levels of service (See O. overlapping service areas or competition canno	egy, attach an explanation for continuing the arrangement (i.e., .C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).

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

	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	
CITY OF MADCHALLVILLE		
CITY OF MARSHALLVILLE	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	
CITY OF OGLETHORPE	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	
CITY OF IDEAL	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	

CITY OF IDEAL	USER FEES; GRANTS; LOANS; BOND I	INDEBTEDNESS
. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
NO CHANGE		
i. List any formal service delivery a this service:	greements or intergovernmental contracts that w	vill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take o	
Phone number: 478-472-7021 B. Is this the person who should be projects are consistent with the se	n H Starling - Deputy County Manager/CFO Date completed: 10/26/16 contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes □No person(s) and phone number(s) below:	nether proposed local government
ir not, provide designated contact	person(s) and prione number(s) below.	







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Answer each question below, attaching additional pages as ne should be reported to the Department of Community Affairs.	ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service:SHERIFF'S DEPARTMENT
Check the box that best describes the agreed u	ipon delivery arrangement for this service:
Service will be provided countywide (i.e., incl this box is checked, identify the government, au	luding all cities and unincorporated areas) by a single service provider. (If thority or organization providing the service.): MACON COUNTY
Service will be provided only in the unincorpo checked, identify the government, authority or o	orated portion of the county by a single service provider. (If this box is rganization providing the service.):
	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
	ally within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible pa	ategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding I	Method
MACON COUNTY	GENERAL FUNDS; FINES; GRANTS	
How will the strategy change the pre	vious arrangements for providing and/or fund	ing this service within the county?
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O CHANGE		
OCHANGE		
ist any formal service delivery agree	ements or intergovernmental contracts that wi	Il be used to implement the strategy i
	sments of intergovernmental contracto that wi	
	smerte of intergovernmental contracto that wi	
	Contracting Parties	Effective and Ending Date
his service:		
nis service:		
his service:		
Agreement Name What other mechanisms (if any) will like the service:	Contracting Parties Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) will like the service:	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) will like the service:	Contracting Parties Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) will like the service:	Contracting Parties Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) will like the service:	Contracting Parties Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) will like the service:	Contracting Parties Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
his service: Agreement Name What other mechanisms (if any) will like the service:	Contracting Parties Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will lets of the General Assembly, rate or Person completing form: Roselyn H	Contracting Parties Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will locts of the General Assembly, rate or the General Assembly and the Chone number: 478-472-7021	Contracting Parties be used to implement the strategy for this sent fee changes, etc.), and when will they take established the completed: 10/26/16 tacted by state agencies when evaluating when	vice (e.g., ordinances, resolutions, lo







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COUNTY:MACON COUNTY	Service: SOCIAL SERVICES
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): MACON COUNTY
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the 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 Authori	ty Funding I	Method
MACON COUNTY	GENERAL FUNDS; STATE FUNDS; GRA	INTS
		ing this convice within the county?
	previous arrangements for providing and/or fund	ing this service within the county?
IO CHANGE		
List any formal service delivery a this service:	greements or intergovernmental contracts that w	ill be used to implement the strategy
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
Agreement Name What other mechanisms (if any)	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, rate Person completing form: Roselyi Phone number: 478-472-7021 Is this the person who should be	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:MACON COUNTY	Service:SOLID WASTE MANAGEMENT	
Check the box that best describes the agreed upo	on delivery arrangement for this service:	
Service will be provided countywide (i.e., include this box is checked, identify the government, authority the government, authority the government.	ding all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
service in unincorporated areas. (If this box is ched	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the NTY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE,	
	nap 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 serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Local Government or Authority	Funding Method	
MACON COUNTY	USER FEES; LIFE INSURANCE PREMIUM TAX	
CITY OF MONTEZUMA	USER FEES	
CITY OF MARSHALLVILLE	USER FEES	
CITY OF OLGETHORPE	USER FEES	
CITY OF IDEAL	USER FEES	

CITY OF IDEAL	USER FEES	USER FEES	
How will the strategy chang	e the previous arrangements for providing and/or funding th	is service within the county?	
NO CHANGE			
List any formal service delivithis service:	very agreements or intergovernmental contracts that will be		
Agreement Name	Contracting Parties	Effective and Ending Dates	
	Macon County & Transwaste Industries	July 1, 2012 - renews yrly	
	City of Marshallville & Solid Waste MGT of Crisp Co	Aug 1, 1996 - July 31, 2021	
	City of Montezuma & Advanced Disposal	Oct 1, 2014 - Dec 31, 2019	
	City of Oglethorpe & Transwaste Industries	Jan 1 2012 - Dec 30, 2016	
	City of Ideal - Transwaste Industries	Jan 1, 2012 - Dec 30, 2016	
	any) will be used to implement the strategy for this service (ly, rate or fee changes, etc.), and when will they take effect?		
Phone number: 478-472-702	oselyn H Starling - Deputy County Clerk/CFO 21 Date completed: 10/26/16 Id be contacted by state agencies when evaluating whether the service delivery strategy? ⊠Yes □No	proposed local government	
f not, provide designated co	ontact person(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

COUNTY:MACON COUNTY	Service:STREET CLEANING
Check the box that best describes the agreed	d upon delivery arrangement for this service:
	ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincor checked, identify the government, authority of	rporated portion of the county by a single service provider. (If this box is r organization providing the service.):
in unincorporated areas. (If this box is checke	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service: RVICE TO ANY OTHER MUNICIPALITY THROUGH CONTRACT
	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legil</u> identify the government, authority, or other or	ble map delineating the service area of each service provider, and ganization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional d	ocumentation as described, below)
⊠No	
	egy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that t be eliminated).
	strategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method	
CITY OF MONTEZUMA	GENERAL FUNDS	
CITY OF MARSHALLVILLE	GENERAL FUNDS	
CITY OF OGLETHORPE	GENERAL FUNDS	
CITY OF IDEAL	GENERAL FUNDS	

CITY OF WARSHALLVILLE	GENERAL FUNDS	
CITY OF OGLETHORPE	GENERAL FUNDS	
CITY OF IDEAL	GENERAL FUNDS	
. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
NO CHANGE		
List any formal service delivery ag	greements or intergovernmental contracts that w	vill be used to implement the strategy
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
	vill be used to implement the strategy for this se	
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take	effect?
Person completing form: Roselyn	H Starling - Deputy County Manager/CFO	
Phone number: 478-472-7021	Date completed: 10/26/16	
Is this the person who should be	contacted by state agencies when evaluating wh	nether proposed local government
projects are consistent with the se	rvice delivery strategy? ☐Yes ☑No	Jean-Company of the Company of the C
If not provide decignated contact	percon(s) and phone number(s) below:	
JOYCE HARDY - CITY OF MONT	person(s) and phone number(s) below:	







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COUNTY:MACON COUNTY	Service:STREET LIGHTING	
Check the box that best describes the a	greed upon delivery arrangement for this service:	
	(i.e., including all cities and unincorporated areas) by a single service provider. (If nent, authority or organization providing the service.):	
	nincorporated portion of the county by a single service provider. (If this box is rity or organization providing the service.):	
	rvice only within their incorporated boundaries, and the service will not be provided necked, identify the government(s), authority or organization providing the service: VILLE, OGLETHORPE, IDEAL	
	rvice only within their incorporated boundaries, and the county will provide the box is checked, identify the government(s), authority or organization providing the	
	legible map delineating the service area of each service provider, and errorganization that will provide service within each service area.):	
2. In developing this strategy, were overlap identified?	oping service areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach addition	nal documentation as described, below)	
⊠No		
If these conditions will continue under this overlapping but higher levels of service (Secondary) overlapping service areas or competition contents.	strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., ee O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that annot be eliminated).	
	the strategy, attach an implementation schedule listing each step or action that sible party and the agreed upon deadline for completing it.	

Page 1 of 2

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

Funding Method	
GENERAL FUNDS; USER FEES	
GENERAL FUNDS	
GENERAL FUNDS	
GENERAL FUNDS	
	GENERAL FUNDS; USER FEES GENERAL FUNDS GENERAL FUNDS

CITY OF MARSHALLVILLE	GENERAL FUNDS	
CITY OF OGLETHORPE	GENERAL FUNDS	
CITY OF IDEAL	GENERAL FUNDS	
. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
NO CHANCE		
NO CHANGE		
. List any formal service delivery ag this service:	greements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
acts of the General Assembly, fate	e of fee changes, etc.), and when will they take to	HIEGER
	,	
Person completing form: Roselyn Phone number: 478-472-7021	H Starling - Deputy County ManagerCFO Date completed: 10/26/16	
	contacted by state agencies when evaluating whrvice delivery strategy? ☐Yes ☐No	ether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:MACON COUNTY	Service: STREETS & ROAD MAINTENANCE
Check the box that best describes the agree	ed upon delivery arrangement for this service:
	, including all cities and unincorporated areas) by a single service provider. (If t, authority or organization providing the service.):
Service will be provided only in the uninconchecked, identify the government, authority	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	e only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the ONTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
	tegy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that ot be eliminated).
	e strategy, attach an implementation schedule listing each step or action that a party and the agreed upon deadline for completing it.
	Pogo 4 of 2

Page 1 of 2







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should be reported to the Department of Community Affairs.		
COUNTY:MACON COUNTY	Service: TAX APPRAISAL	
Check the box that best describes the ag	reed upon delivery arrangement for this service:	
	e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): MACON COUNTY	
Service will be provided only in the unit checked, identify the government, authorities	ncorporated portion of the county by a single service provider. (If this box is ity or organization providing the service.):	
	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service:	
	vice only within their incorporated boundaries, and the county will provide the ox is checked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a lidentify the government, authority, or other	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):	
2. In developing this strategy, were overlapp identified?	ping service areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach addition	al documentation as described, below)	
⊠No		
If these conditions will continue under this s overlapping but higher levels of service (Sec overlapping service areas or competition ca	trategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that innot be eliminated).	
If these conditions will be eliminated under twill be taken to eliminate them, the responsi	the strategy, attach an implementation schedule listing each step or action that ible party and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority	Funding Method	
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; SPLOST;TSPLOST	
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS ;SPLOST; TSPLOST	
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS ; SPLOST; TSPLOST	
CITY OF IDEAL	GENERAL FUNDS; GRANTS; SPLOST; TSPLOST	
MACON COUNTY	GENERAL FUNDS; GRANTS; SPLOST; TSPLOST	

CITY OF IDEAL	GENERAL FUNDS; GRANTS; SPLOST;	TSPLOST
MACON COUNTY	GENERAL FUNDS; GRANTS; SPLOST;	TSPLOST
. How will the strategy change th	e previous arrangements for providing and/or fund	ling this service within the county?
NO CHANGE		
4		
List any formal service delivery	agreements or intergovernmental contracts that w	rill be used to implement the strategy f
this service:		,
Agreement Name	Contracting Parties	Effective and Ending Date
	will be used to implement the strategy for this sen ate or fee changes, etc.), and when will they take on	
,,,		
Person completing form: Rosely Phone number: 478-472-7021	yn H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
	e contacted by state agencies when evaluating where service delivery strategy? ☐Yes ☐No	ether proposed local government
If not, provide designated contact	et nerson(s) and phone number(s) helow:	
	t person(s) and phone number(s) below.	







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:MACON COUNTY	Service: TAX COLLECTION
Check the box that best describes the age	greed upon delivery arrangement for this service:
	(i.e., including all cities and unincorporated areas) by a single service provider. (If nent, authority or organization providing the service.):
MACON COUNTY TAX COMMISSIONE	:R
	incorporated portion of the county by a single service provider. (If this box is rity or organization providing the service.):
	rvice only within their incorporated boundaries, and the service will not be provided necked, identify the government(s), authority or organization providing the service:
	rvice only within their incorporated boundaries, and the county will provide the box is checked, identify the government(s), authority or organization providing the
	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):
In developing this strategy, were overlap identified?	oping service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach addition	nal documentation as described, below)
⊠No	
	strategy, attach an explanation for continuing the arrangement (i.e., ee O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that annot be eliminated).
f these conditions will be eliminated under	the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

			_			Section 2	
10 %	5 F	4100	2,	CO	nti	ш	64
				~~			

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUNDS	
CITY OF MONTEZUMA	GENERAL FUNDS	
CITY OF MARSHALLVILLE	GENERAL FUNDS	
CITY OF OGLETHORPE	GENERAL FUNDS	
CITY OF IDEAL	GENERAL FUNDS	

CITY OF MARSHALLVILLE	GENERAL FUNDS	
CITY OF OGLETHORPE	GENERAL FUNDS	
CITY OF IDEAL	GENERAL FUNDS	
4. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
NO CHANGE		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that wi	II be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this sense or fee changes, etc.), and when will they take e	
7. Person completing form: Roselyr Phone number: 478-472-7021	n H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
	contacted by state agencies when evaluating wherevice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







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COUNTY:MACON COUNTY	Service: TRANSPORTATION		
Check the box that best describes the agreed upo	n delivery arrangement for this service:		
Service will be provided countywide (i.e., include this box is checked, identify the government, authomacon county	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (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).		
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

Local Government or Aut	thority	Funding Metho	d
MACON COUNTY		GENERAL FUNDS; GRANTS; FEES	
How will the strategy change	e the prev	ious arrangements for providing and/or funding this	s service within the county?
NO CHANGE			
List any formal service delive	erv agreer	ments or intergovernmental contracts that will be us	sed to implement the strategy
this service:	bry agreer	ments of intergovernmental contracts that will be di	sed to implement the strategy
Agreement Name Transportation Services	Maco	Contracting Parties n County and Resource Management Services	Effective and Ending Da 8/1/2016 yearly renewal
	Macol		
Transportation Services What other mechanisms (if a	any) will be		8/1/2016 yearly renewal
Transportation Services . What other mechanisms (if a	any) will be	e used to implement the strategy for this service (e	8/1/2016 yearly renewal
Transportation Services . What other mechanisms (if a	any) will be	e used to implement the strategy for this service (e	8/1/2016 yearly renewal
What other mechanisms (if a acts of the General Assembly Person completing form: Ros	any) will be /, rate or f	e used to implement the strategy for this service (e	8/1/2016 yearly renewal
Transportation Services . What other mechanisms (if a acts of the General Assembly . Person completing form: Ros Phone number: 478-472-702.	any) will be d, rate or f	e used to implement the strategy for this service (elee changes, etc.), and when will they take effect?	8/1/2016 yearly renewal







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.		
COUNTY:MACON COUNTY	Service: VOTER REGISTRATION	
Check the box that best describes the agr	reed upon delivery arrangement for this service:	
	e., including all cities and unincorporated areas) by a single service provider. (If ont, authority or organization providing the service.): MACON COUNTY	
Service will be provided only in the unin checked, identify the government, authorit	corporated portion of the county by a single service provider. (If this box is y or organization providing the service.):	
	ice only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:	
	ice only within their incorporated boundaries, and the county will provide the x is checked, identify the government(s), authority or organization providing the	
	egible map delineating the service area of each service provider, and rorganization that will provide service within each service area.):	
2. In developing this strategy, were overlapp identified?	ing service areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional	al documentation as described, below)	
⊠No		
If these conditions will continue under this str overlapping but higher levels of service (See overlapping service areas or competition can	rategy, attach an explanation for continuing the arrangement (i.e., e.O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that most be eliminated).	
	ne strategy, attach an implementation schedule listing each step or action that ble party and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority	Funding M	ethod
MACON COUNTY	GENERAL FUNDS	
low will the strategy change the prev	rious arrangements for providing and/or fundir	ng this service within the county?
O CHANGE		
0 01.7.11.02		
List any formal service delivery agree his service:	ments or intergovernmental contracts that will	be used to implement the strategy
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Dat
What other mechanisms (if any) will be	e used to implement the strategy for this servi	ce (e.g., ordinances, resolutions, k
	e used to implement the strategy for this servi fee changes, etc.), and when will they take eff	
acts of the General Assembly, rate or the General Assembly, rate of General Assembly, rate o	fee changes, etc.), and when will they take eff	
acts of the General Assembly, rate or the General Assembly, rate of General Assembly, rate o	fee changes, etc.), and when will they take eff	
Person completing form: Roselyn H S Phone number: 478-472-7021	fee changes, etc.), and when will they take eff	ect?
Person completing form: Roselyn H S Phone number: 478-472-7021	fee changes, etc.), and when will they take eff starling - Deputy County Manager/CFO ate completed: 10/26/16 acted by state agencies when evaluating whet	ect?







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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.

should be reported to the Department of Community Affairs.		
COUNTY:MACON COUNTY	Service: WATER TREATMENT & DISTRIBUTION	
1. Check the box that best describes the agree	ed upon delivery arrangement for this service:	
Service will be provided countywide (i.e., this box is checked, identify the government	, including all cities and unincorporated areas) by a single service provider. (If t, authority or organization providing the service.):	
Service will be provided only in the uninconchecked, identify the government, authority	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):	
	e only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:	
	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the	
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.): SERVICE IARSHALLVILLE, OGLETHORPE, IDEAL	
In developing this strategy, were overlappin identified?	g service areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional	documentation as described, below)	
⊠No		
If these conditions will continue under this stra overlapping but higher levels of service (See C overlapping service areas or competition cann	ategy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).	
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	e strategy, <u>attach an implementation schedule</u> listing each step or action that e party and the agreed upon deadline for completing it.	

D:								

Local Government or Authority	Funding Method	
CITY OF MONTEZUMA	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	
CITY OF MARSHALLVILLE	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	
CITY OF OGLETHORPE	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	
CITY OF IDEAL	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS	
FORT VALLEY UTILITY COM	USER FEES	

FORT VALLEY UTILITY COM	USER FEES	
4. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
5. List any formal service delivery a this service:	greements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	
7. Person completing form: Rosely Phone number: 478-472-7021	n H Starling - Deputy County Manager/CFO Date completed: 10/26/16	
	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 3: Summary of Land Use Agreements

Ε.	-	IIC	h: -	 -	

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: MACON COUNTY

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

NO CONFLICTS WERE IDENTIFIED

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE
☐ Amendments to existing comprehensive plans	If the necessary plan
Adoption of a joint comprehensive plan	regulations, ordinances
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopte each of the affected lo will adopt t
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	

amendments. etc. have not yet d. indicate when cal governments hem.

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Macon County and each Municipality that provides water and sewer service have formally adopted waste and sewer service boundaries. (See attached Map) In addition, each water and sewer provider has formally adopted an intergovernmental agreement for the provision of extraterritorial water/sewer services. Prior to the initiation of any extension of water/sewer services outside the adopted service boundaries, the provider proposing the extension will notify the affected jurisdication in writing of the proposed extension to include the purpose of the extension and the proposed land use associated with the extension. Within 15 working days, the affected jurisdiction will respond to the proposed extension by either indicating it does or does not object to the proposed extension. If no objection is received, then the provider is free to proceed with the extension. However, if an objection is raised, the provider proposing the extension shall respond to the objection within 15 days by agreeing with the objection and stopping action, or agreeing to implement the conditions put forth by the affected jurisdication or by initiating 30 day mediation process or disagreeing with the affected jurisdications objections and proposes to seek declatory judgment in court. Water lines extended into Macon County from Peach County (Fort Valley Utility Commission) will be addressed with an Intergovernmental Agreement which will be approved in November 2016.

4. Person completing form: Roselyn H Starling				
Phone nun	nber: Deputy County Manager/CFO	Date completed: 10/26/16		
5. 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:				
TYPE CON	ITACT NAME, TITLE & PHONE HERE			

Page 1 of 1

MACON COUNTY

INTERGOVERNMENTAL AGREEMENT

Process for Provision of Extraterritorial Water/Sewer Services

WHEREAS, the respective member government of Macon County, which includes the Macon County Board of Commissioners, and the Mayor/council Members of the cities of Ideal, Marshallville, Montezuma and Oglethorpe have, pursuant to Georgia Laws and Acts, prepared a Service Delivery Strategy; and

WHEREAS, Macon County and all its municipalities adopted a Land Use Plan Coordination and Dispute Resolution pursuant to the Georgia Service Delivery Strategy Act and Laws; and

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

WHEREAS, Macon County, the cities of Ideal, Marshallville, Montezuma and Oglethorpe have agreed upon water/sewer service area boundaries. Each of the parties involved have formally adopted the Macon County Water/Sewer Service Area Map which shows each government's area. The purpose of the Water/Sewer Area Map is to designate the area in which a provider will serve end-users with potable water or sewer service. This map shall be reviewed and possibly updated on at least an annual basis.

WHEREAS, each water service area will also serve as the sewer service area where provided, unless there is an agreement between parties to contract the sewer service separately.

1. Prior to initiating any extension of water/sewer services outside the adopted water/sewer service boundaries of that respective local government, the Provider proposing the extension will notify by certified mail to the Macon County Board of Commissioners or the Municipal Provider of the proposed extension (to ensure land use compatibility is achieved). The notification will include at a minimum; information on location of the property, size of the area, size of the proposed extension and the current land use and zoning classification.

- 2. Within fifteen (15) working days following receipt of the above information, the County or Municipal Provider will forward to the Provider proposing the extension a statement:
 - (a) Indicating that the County or Municipal Provider has no objection to the Proposed extraterritorial water/sewer extension and its consistency with land use; or
 - (b) Describing its objection to the proposed water/sewer extension or land use consistency, providing supporting information including a listing of any possible stipulations or conditions that would alleviate such objections.
- 3. If the County or Municipal Provider has no objection, or fails to respond within the aforementioned time frame, to the Provider's proposed extraterritorial water/sewer extension or land use consistency, the Provider proposing the extension is free to proceed with the provision of the service and the Macon County Water/Sewer Service Area Map shall stand as amended to reflect the change in territories.
- 4. If the County of Municipal Provider notifies the Provider proposing the extension that it objects, the Provider seeking the extraterritorial extension will respond to the County or Municipal Provider in writing within fifteen working days by either:
 - (a) Agreeing with the County or Municipal Provider and stopping action on the proposed extraterritorial water/sewer and extension:
 - (b) Agreeing to implement the County of Municipal Provider's stipulations and conditions and thereby resolving the County or municipal Provider's objection:
 - (c) Initiating a 30 day maximum Mediation process to discuss possible compromises; or
 - (d) Disagreeing that the County or Municipal Provider's objection is bona fide and notifying the County or Municipal Provider that Provider proposing the extension will seek a declaratory Judgment.

If the Provider seeking the extension initiates 4 (c) above Mediation, the Provider proposing the extension and County or Municipal Provider will agree on a mediator, a mediator schedule and participants in the mediation. The Provider proposing the extension and County or Municipal Provider shall agree to share equally any costs associated with mediation.

- 5. If no resolution of the County's or Municipal Provider's objection results from the mediation, the Provider proposing the extension:
 - (a) Will abandon and not proceed with the proposed extension, or
 - (b) Will notify the County or Municipal Provider that the Provider proposing the extension will seek declaratory judgment in court.

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

Macon County Board of Commissioners	City of Montezuma
Mickey D. George, Chairman	Larry Smith, Mayor
City of Ideal	City of Oglethorpe
Kathy Gordon, Mayor	Bruce P. Hill, Mayor
City of Marshallville	
Adeline Felton, Mayor	

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

Macon County Board of Commissioners	City of Montezuma
W. L. D. C. Cl.	
Mickey D. George, Chairman	Larry Smith, Mayor
City of Ideal	City of Oglethorpe
Korta Louin	
Kathy Gordon,)Mayor	Bruce P. Hill, Mayor
City of Marshallville	
Adeline Felton, Mayor	

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

Macon County Board of Commissioners	City of Montezuma
Mickey D. George, Chairman	Larry Smith, Mayor
City of Ideal	City of Oglethorpe
Kathy Gordon, Mayor	Bruce P. Hill, Mayor
City of Marshallville	
adala Felton	

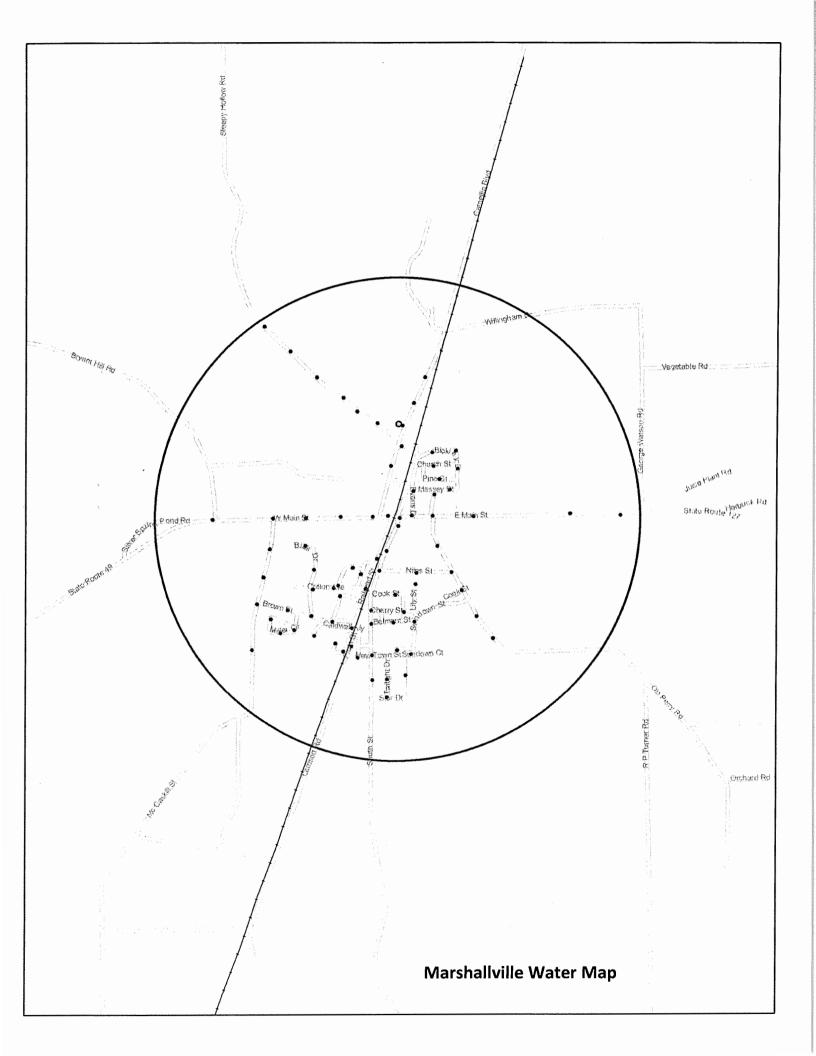
Adeline Felton, Mayor

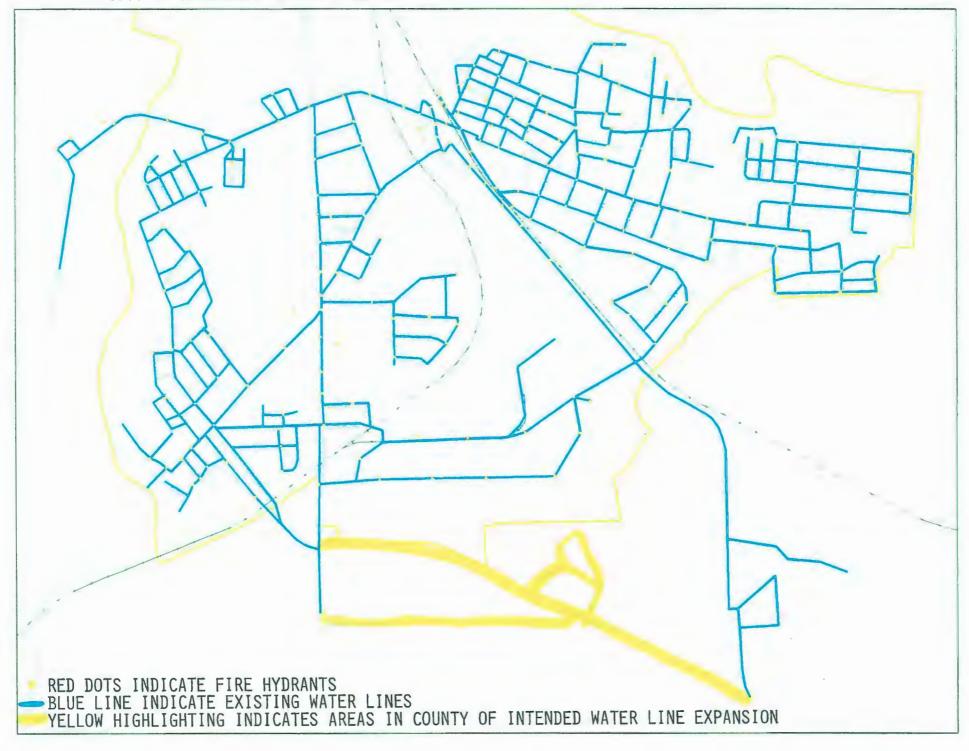
This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

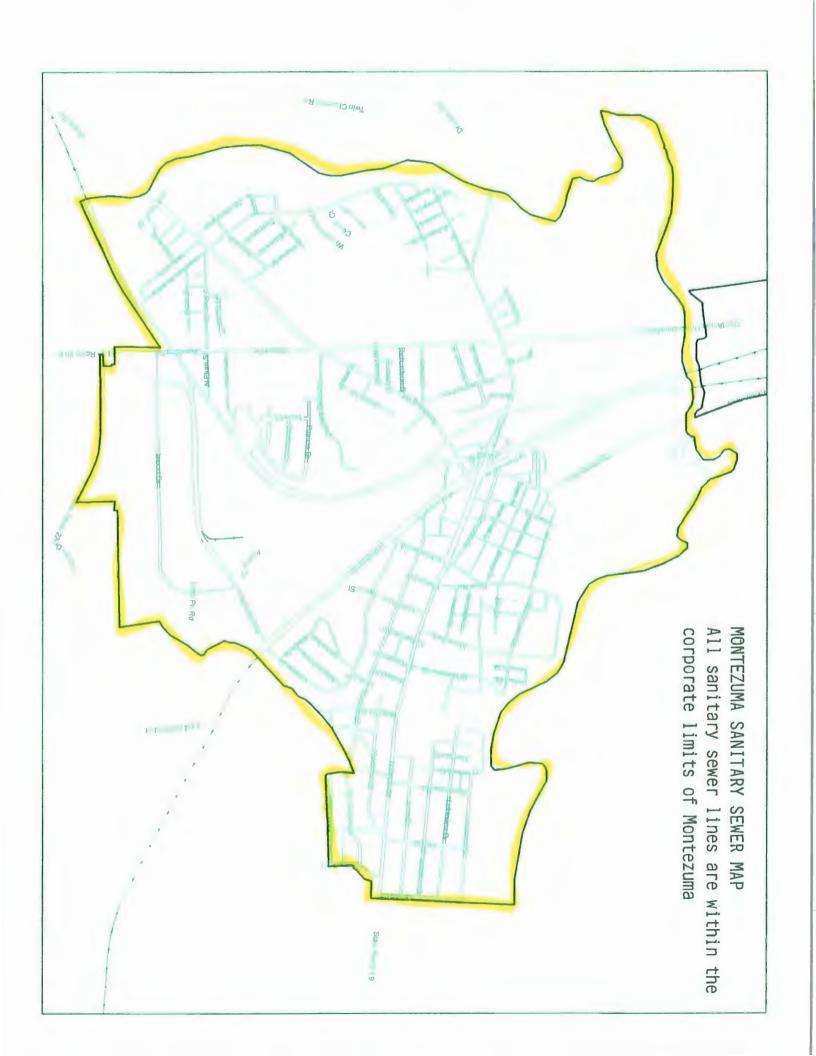
Macon County Board of Commissioners	City of Montezuma
Mickey D. George, Chairman	Larry Smith, Mayor
City of Ideal	City of Oglethorpe
Kathy Gordon, Mayor	Bruce P. Hill, Mayor
City of Marshallville	
Adeline Felton, Mayor	

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

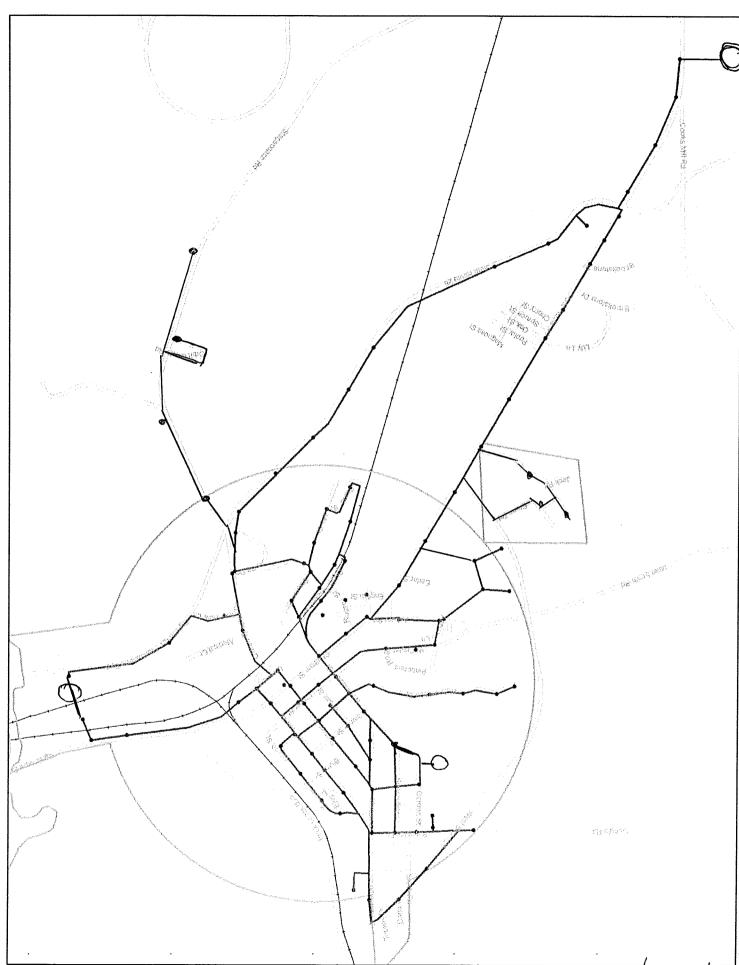
Macon County Board of Commissioners	City of Montezuma
Mickey D. George, Chairman	Larry Smith, Mayor
City of Ideal	City of Oglethorpe
Kathy Gordon, Mayor	Bruce P. Hill, Mayor
City of Marshallville	
Adeline Felton, Mayor	





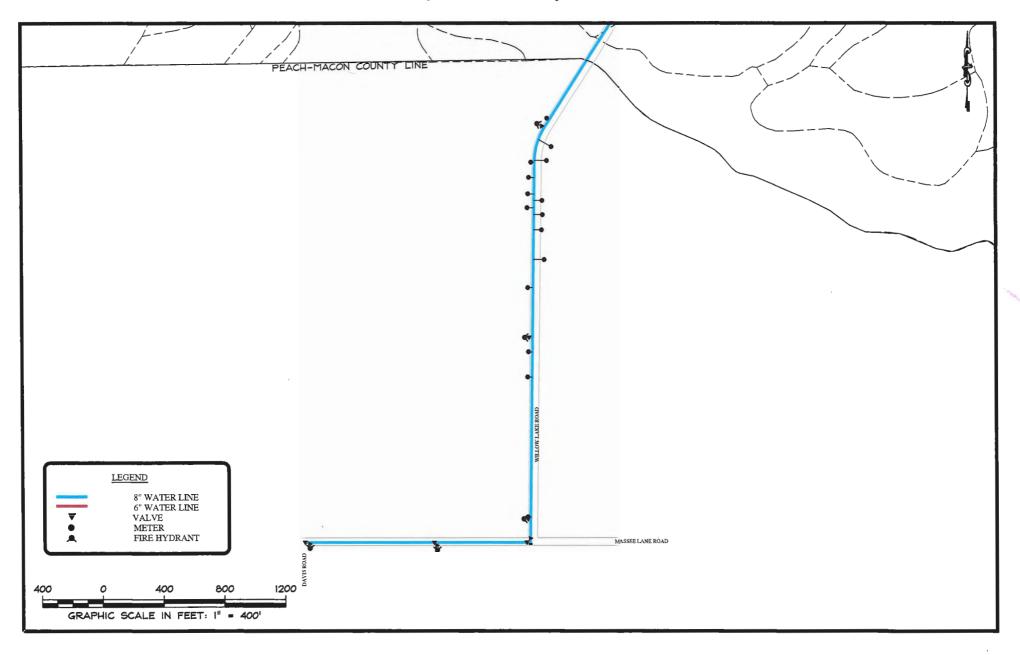






odogyopo

Fort Valley Water Authority









SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

l m	etr	 01	-

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: MACON COUNTY

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

NO CONFLICTS WERE IDENTIFIED

2. Check the boxes indicating how these incompatibilities or conflicts were addressed	ed
☐ Amendments to existing comprehensive plans	
☐ Adoption of a joint comprehensive plan	
☐ Other measures (amend zoning ordinances, add environmental regulations, etc	.)
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	

NOTE:

If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Macon County and each Municipality that provides water and sewer service have formally adopted waste and sewer service boundaries. (See attached Map) In addition, each water and sewer provider has formally adopted an intergovernmental agreement for the provision of extraterritorial water/sewer services. Prior to the initiation of any extension of water/sewer services outside the adopted service boundaries, the provider proposing the extension will notify the affected jurisdication in writing of the proposed extension to include the purpose of the extension and the proposed land use associated with the extension. Within 15 working days, the affected jurisdiction will respond to the proposed extension by either indicating it does or does not object to the proposed extension. If no objection is received, then the provider is free to proceed with the extension. However, if an objection is raised, the provider proposing the extension shall respond to the objection within 15 days by agreeing with the objection and stopping action, or agreeing to implement the conditions put forth by the affected jurisdication or by initiating 30 day mediation process or disagreeing with the affected jurisdications objections and proposes to seek declatory judgment in court. Water lines extended into Macon County from Peach County (Fort Valley Utility Commission) will be addressed with an Intergovernmental Agreement which will be approved in November 2016.

4. Person completing form: Roselyn H Starling	
Phone number: Deputy County Manager/CFO	Date completed: 10/26/16
5. 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:	
TYPE CONTACT NAME, TITLE & PHONE HERE	

Page 1 of 1







FORM 4: Certifications

Instructions:

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

COUNTY: MACON COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
CITY - IDEAL	Mayor	Kathy Gordon	Harry Soula	10/04/10
CITY - MARSHALLVILLE	Mayor	Adeline Felton	abelie Felton	10/04/10
CITY - MONTEZUMA	Mayor	Larry Smith	Lang Smilly	10/04/16
CITY - OGLETHORPE	Mayor	Bruce P Hill	Bens. Hill	10/04/16
COUNTY - MACON	Chairman	Mickey D George	Min Leave	10/04/16
			V	

INTERGOVERNMENTAL AGREEMENT JAIL CONTRACT

This agreement entered into this <u>who</u> day of <u>October</u>, 2016 between the Board of Commissioners of Macon county, Georgia (hereinafter referred to as County) and City of <u>October</u> (hereinafter referred to as City) pursuant to terms of O.C.G.A. § 15-21-92:

WITNESSETH:

For an in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1. TERM:

This agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail.

2. SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility.

3. FEES:

As outlined in O.C.G.A. § 15-21-93, a surcharge of 10% will be charged as additional penalty in fine cases and as additional sum required when posting bail or bond. In addition to the surcharge, the City shall pay a fee of \$40.00 per day per inmate for services rendered by the County under this agreement. Billing to the City for the fee will be made monthly with payment due upon receipt. The daily rate is in addition to the surcharge required by state law.

4. PAYMENTS:

In compliance with O.C.G.A. § 15-21-94, the City shall remit the amounts collected from the Jail Construction and Staffing Act surcharge (noted in paragraph above) to the County by the 10th of each month following collection; in continuation of the original agreement in which the City agreed to begin collection of the additional surcharge on August 1, 1999.

5. **COVERED SERVICES:**

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees and medical costs.

6. ENTIRE AGREEMENT:

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

MAC	CON COUNTY BOARD OF COMMISSIONERS
Jara Albutton Witness	Mickey D. George, Chairman
Notary Public GEORES	Regina McDuffie County Manager
September 10, 2019 COUNT, TO	CITY OF Oglethorpe
Jara alhthon Witness	Mayor Mayor
Notary Public Expires GEORGIA Soptember 10, 2019	Ma Levie City Clerk

INTERGOVERNMENTAL AGREEMENT JAIL CONTRACT

This agreement entered into this day of other, 2016 between the Board of Commissioners of Macon county, Georgia (hereinafter referred to as County) and City of the commissioners of Macon county, Georgia (hereinafter referred to as City) pursuant to terms of O.C.G.A. § 15-21-92:

WITNESSETH:

For an in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1. TERM:

This agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail.

2. SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility.

3. FEES:

As outlined in O.C.G.A. § 15-21-93, a surcharge of 10% will be charged as additional penalty in fine cases and as additional sum required when posting bail or bond. In addition to the surcharge, the City shall pay a fee of \$40.00 per day per inmate for services rendered by the County under this agreement. Billing to the City for the fee will be made monthly with payment due upon receipt. The daily rate is in addition to the surcharge required by state law.

4. PAYMENTS:

In compliance with O.C.G.A. § 15-21-94, the City shall remit the amounts collected from the Jail Construction and Staffing Act surcharge (noted in paragraph above) to the County by the 10th of each month following collection; in continuation of the original agreement in which the City agreed to begin collection of the additional surcharge on August 1, 1999.

5. COVERED SERVICES:

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees and medical costs.

6. ENTIRE AGREEMENT:

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Witness

Witness

Mickey D. George, Chairman

Mickey D. George, Chairman

Regma McDuffie, County Manager

CITY OF

CITY OF

City Clerk

City Clerk

City Clerk

City Clerk

INTERGOVERNMENTAL AGREEMENT JAIL CONTRACT

This agreement entered into this $\frac{1}{2}$ day of $\frac{1}{2}$, 2016 between the Board of Commissioners of Macon county, Georgia (hereinafter referred to as County) and City of Montezuma (hereinafter referred to as City) pursuant to terms of O.C.G.A. § 15-21-92:

WITNESSETH:

For an in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1. TERM:

This agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail.

2. SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility.

3. FEES:

As outlined in O.C.G.A. § 15-21-93, a surcharge of 10% will be charged as additional penalty in fine cases and as additional sum required when posting bail or bond. In addition to the surcharge, the City shall pay a fee of \$40.00 per day per inmate for services rendered by the County under this agreement. Billing to the City for the fee will be made monthly with payment due upon receipt.

4. PAYMENTS:

In compliance with O.C.G.A. § 15-21-94, the City shall remit the amounts collected from the Jail Construction and Staffing Act surcharge (noted in paragraph above) to the County by the 10th of each month following collection.

5. COVERED SERVICES:

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees and medical costs.

6. ENTIRE AGREEMENT:

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Witness

Witness

Witness

Witness

Witness

Witness

CITY OF MONTEZUMA

CITY OF MONTEZUMA

Larry F. Staffth, Mayor

Witness

Notary Public OT And Staff Sta

INTERGOVERNMENTAL AGREEMENT JAIL CONTRACT

This agreement entered into this 13th day of September, 2016 between the Board of Commissioners of Macon county, Georgia (hereinafter referred to as County) and City of Marshallville (hereinafter referred to as City) pursuant to terms of O.C.G.A. § 15-21-92:

WITNESSETH:

For an in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1. **TERM**:

This agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail.

2. SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility.

3. FEES:

As outlined in O.C.G.A. § 15-21-93, a surcharge of 10% will be charged as additional penalty in fine cases and as additional sum required when posting bail or bond. In addition to the surcharge, the City shall pay a fee of \$40.00 per day per inmate for services rendered by the County under this agreement. Billing to the City for the fee will be made monthly with payment due upon receipt. The daily rate is in addition to the surcharge required by state law.

4. PAYMENTS:

In compliance with O.C.G.A. § 15-21-94, the City shall remit the amounts collected from the Jail Construction and Staffing Act surcharge (noted in paragraph above) to the County by the 10th of each month following collection; in continuation of the original agreement in which the City agreed to begin collection of the additional surcharge on August 1, 1999.

5. COVERED SERVICES:

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees and medical costs.

6. ENTIRE AGREEMENT:

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Witness

Notary Public

Witness

Macon County Board of Commissioners

Mickey D. George, Chairman

Regina McDuffle, County Manager

CITY OF MARSHALLVILLE

Mayor

City Olerk

City Olerk

Expires

GEORGIA

Expires

GEORGIA

City Olerk

RESOLUTION

A RESOLUTION ADOPTING AND AUTHORIZING THE EXECUTION OF THE SERVICE DELIVERY STRATEGY FOR MACON COUNTY, GEORGIA, AND FOR OTHER PURPOSES.

WHEREAS, O.C.G.A. § 36-70-1 *et seq.* requires counties and municipalities to adopt a local government service delivery strategy; and

WHEREAS, Macon County (the "County") has worked with the Cities of Ideal, Marshallville, Montezuma and Oglethorpe (the "Cities") to develop and revise the service delivery strategy; and

WHEREAS, O.C.G.A. § 36-70-25(b) provides that approval of the service delivery strategy shall be accomplished by adoption of a resolution:

- (1) By the Macon County governing authority;
- (2) By the governing authority of municipalities within Macon County which have a population of 9,000 or greater;
- (3) By the municipality which serves as the Macon County seat if not included in paragraph (2) of this subsection; and
- (4) By no less than 50% of the remaining municipalities within Macon County which contain at least 500 persons within the county if not included in paragraph (2) or (3) of this subsection; and

WHEREAS, a local government service delivery strategy between Macon County and the Cities was approved by Macon County on August 26, 1999; and

WHEREAS, in response to O.C.G.A. § 36-70-20 official representatives from Macon County and the Cities have reviewed and revised the previously adopted service delivery strategy and now seek to adopt the service delivery strategy attached hereto; and

WHEREAS, if a service delivery strategy is not adopted prior to expiration of the current strategy, which occurs on or about October 31, 2016, Macon County and the Cities will become ineligible for state administered financial assistance, grants, loans, or permits until the first day of the month following verification of the updated strategy, pursuant to the terms of O.C.G.A. § 36-70-27;

NOW, THEREFORE, BE IT RESOLVED, by the governing authority of the County and the Cities, and it is hereby resolved by authority of the same that the County and the Cities adopts as its service delivery strategy the documents attached hereto and entitled as the "Service Delivery Strategy for Macon County, Georgia." Such strategy shall remain in force and effect until October 31, 2026. The County Commission Chair and each Mayor of the respective Cities is authorized to execute all necessary documents to comply with the requirements of O.C.G.A. § 36-70-1 et seq. and this resolution.

BE IT FURTHER RESOLVED that any and all resolutions or any part thereof in conflict with this resolution are hereby repealed. This resolution shall be effective immediately upon its adoption.

ADOPTED by Macon County and the Cities of Ideal, Marshallville, Montezuma, Oglethorpe this _______ day of _______, 2016.

MACON COUNTY LAW Mickey D. George, Chairman	Regina M. McDuffie, County Manager
CITY OF IDEAL	ATTEST:
Kathy Gordon, Mayor	Betty Rainey, City Clerk
CITY OF MARSHALLVILLE	ATTEST:
Adeline Felton, Mayor	Valerie Davis, City Clerk

NOW, THEREFORE, BE IT RESOLVED, by the governing authority of the County and the Cities, and it is hereby resolved by authority of the same that the County and the Cities adopts as its service delivery strategy the documents attached hereto and entitled as the "Service Delivery Strategy for Macon County, Georgia." Such strategy shall remain in force and effect until October 31, 2026. The County Commission Chair and each Mayor of the respective Cities is authorized to execute all necessary documents to comply with the requirements of O.C.G.A. § 36-70-1 *et seq.* and this resolution.

BE IT FURTHER RESOLVED that any and all resolutions or any part thereof in conflict with this resolution are hereby repealed. This resolution shall be effective immediately upon its adoption.

ADOPTED by Macon County and the Cities of Ideal, Marshallville, Montezuma,

Oglethorpe this Mayor day of Octavor , 2016.

MACON COUNTY ATTEST:

Regina M. McDuffie, County Manager

Regina M. McDuffie, County Manager

ATTEST:

ATTEST:

CITY OF IDEAL

ATTEST:

CITY OF MARSHALLVILLE

ATTEST:

Adeline Felton, Mayor

Valerie Davis, City Clerk

NOW, THEREFORE, BE IT RESOLVED, by the governing authority of the County and the Cities, and it is hereby resolved by authority of the same that the County and the Cities adopts as its service delivery strategy the documents attached hereto and entitled as the "Service Delivery Strategy for Macon County, Georgia." Such strategy shall remain in force and effect until October 31, 2026. The County Commission Chair and each Mayor of the respective Cities is authorized to execute all necessary documents to comply with the requirements of O.C.G.A. § 36-70-1 et seq. and this resolution.

BE IT FURTHER RESOLVED that any and all resolutions or any part thereof in conflict with this resolution are hereby repealed. This resolution shall be effective immediately upon its adoption.

ADOPTED by Macon County and the Cities of Ideal, Marshallville, Montezuma, Oglethorpe this 4 day of 000, 2016.

MACON COUNTY	ATTEST:
Mickey D. George, Chairman	Regina M. McDuffie, County Manager
CITY OF IDEAL	ATTEST:
Kathy Gordon, Mayor	Betty Rainey, City Clerk
CITY OF MARSHALLVILLE	ATTEST:
Adeline Felton, Mayor	Valery Davis, City Clerk

STATE OF GEORGIA COUNTY OF MACON

CITY OF MONTEZUMA	ATTEST:
Larry Smith, Mayor	Joyce Hardy, City Clerk
CITY OF OGLETHORPE	ATTEST:
Bruce P. Hill, Mayor	Meg Levie, City Clerk

STATE OF GEORGIA COUNTY OF MACON

CITY OF MONTEZUMA	ATTEST:
Larry Smith, Mayor	Joyce Hardy, City Clerk
CITY OF OGLETHORPE	ATTEST:
Brus. Lill	Muadorie
Price P Hill Mayor	Meg Levie City Clerk