

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

McIntosh FOR .

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

McIntosh County City of Darien

Darien-McIntosh Co. Volunteer Fire Dept.

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Airport Animal Control Building Inspection **Building Permits** Code Enforcement Cooperative Extension Services DFACS

Development Authority, Downtown Development Authority, Industrial Emergency Mgt. Agency

Emergency Medical Services Fire Protection Health Department Landfill Library Mosquito Spraying Planning / Zoning Police

Recreation and Leisure Services Road Maintenance (clean / mow) Road Maintenance (repair)

Sewer Sheriff

Solid Waste Collection

Tax Assessor Water



PAGE 2

Instructions:

County: McIntosh	Service: Airport	
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:	
Service will be provided coun checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this bottent, authority or organization providing the service.)	ox is
 Service will be provided only identify the government, auth 	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)	
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)	
One or more cities will provide unincorporated areas. (If this	e this service only within their incorporated boundaries, and the county will provide the service pox is checked, identify the government(s), authority or organization providing the service.)	in
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)	
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?	,
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area.	
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.	е
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	se
Local Government or Authority:	Funding Method:	
Darien	General Fund	
4. How will the strategy change the The Strategy will not alter deli	previous arrangements for providing and/or funding this service within the county? very of this service.	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		<u> </u>
What other mechanisms (if any) will be General Assembly, rate or fee changes		e (e.g., ordinances, resolutions, local acts of the
	etc.), and when will they take effect:	
	etc.), and when will they take effect:	
	etc.), and when will they take effect?	
	etc.), and when will they take effect:	
7. Person completing form: Edward R.		
) 9
7. Person completing form: Edward R. Phone number: (912) 264-7363	Halbig Date completed: 5/15/5 Sted by state agencies when evaluating whethe	



PAGE 2

Instructions:

County: McIntosh	Service: Animal Control
. Check the box that best desc	ibes the agreed upon delivery arrangement for this service:
☐ Service will be provided conchecked, identify the government.	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this bornment, authority or organization providing the service.)
☐ Service will be provided o identify the government, a	ally in the unincorporated portion of the county by a single service provider. (If this box is checked, athority or organization providing the service.)
☐ One or more cities will pro unincorporated areas. (If t	vide this service only within their incorporated boundaries, and the service will not be provided in a box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will pro unincorporated areas. (If t	vide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
	ed, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
. In developing the strategy, w □ Yes ☑ No	ere overlapping service areas, unnecessary competition and/or duplication of this service identified?
	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas d).
	nated under the strategy, attach an implementation schedule listing each step or action that will be consible party and the agreed upon deadline for completing it.
	ority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
ocal Government or Authority	Funding Method:
arien	General Fund
cintosh County*	SPLOST
	* This is a proposed service
	(see "Description of Services")
. How will the strategy change The strategy will not alter d	the previous arrangements for providing and/or funding this service within the county?

	agreements or intergovernmental contracts that will b	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
4 - 4 - 6 - 6 - 6 - 6	The second secon	
	with the second	
	will be used to implement the strategy for this service hanges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7 Person completing form: Edw	ard R. Halbig	
7. Person completing form: Edw Phone number: (912) 264-736	-14 = to	9



PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page
1. Answer each question below, attaching 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: McIntosh	Service: Building Inspections
1. Check the box that best de	scribes the agreed upon delivery arrangement for this service:
	I countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is evernment, authority or organization providing the service.)
Service will be provided identify the government	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the service will not be provided in f this box is checked, identify the government(s), authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the county will provide the service in f this box is checked, identify the government(s), authority or organization providing the service.)
	ecked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
2. In developing the strategy ☐ Yes ☑ No	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ated).
	minated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it.
	uthority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ands, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Author	ity: Funding Method:
Mcintosh County	General Fund
	nge the previous arrangements for providing and/or funding this service within the county? If delivery of this service.

List any formal service delivery agreement service:	ats or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
 What other mechanisms (if any) will be u General Assembly, rate or fee changes, et 		ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward R. H.	albig	
Phone number: (912) 264-7363	Date completed: 5/15/9	99
8. Is this the person who should be contacte consistent with the service delivery strate		er proposed local government projects are
If not, provide designated contact person		
David Earl Lane, County Chairman (912) 437-4124	



PAGE 2

Instructions:

County: McIntosh	Servi	e: Building Permits
1. Check the box that best describ	es the agreed upon delivery arranger	nent for this service:
☐ Service will be provided could		unincorporated areas) by a single service provider. (If this box is
 Service will be provided only identify the government, auti 	in the unincorporated portion of the nority or organization providing the	county by a single service provider. (If this box is checked, ervice.)
One or more cities will provi- unincorporated areas. (If this	de this service only within their inco box is checked, identify the govern	rporated boundaries, and the service will not be provided in nent(s), authority or organization providing the service.)
One or more cities will provi- unincorporated areas. (If this	de this service only within their inco box is checked, identify the govern	rporated boundaries, and the county will provide the service in nent(s), authority or organization providing the service.)
 Other. (If this box is checked government, authority, or oth 	, attach a legible map delineating t er organization that will provide ser	he service area of each service provider, and identify the vice within each service area.)
 In developing the strategy, were ☐ Yes ☑ No 	e overlapping service areas, unnecess	ary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.t competition cannot be eliminated)	3.A. 36-70-24(1)), overriding benefit	tion for continuing the arrangement (i.e., overlapping but its of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an im nsible party and the agreed upon dea	olementation schedule listing each step or action that will be dline for completing it.
		te and indicate how the service will be funded (e.g., enterprise el/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
AcIntosh County	General Fund, Fees	
Darien	General Fund, Fees	
4. How will the strategy change the The strategy will not alter deli	-	g and/or funding this service within the county?

 List any formal service delivery a service: 	greements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edwa	rd R. Halbig	
Phone number: (912) 264-7363		9
8. Is this the person who should be consistent with the service deliver	contacted by state agencies when evaluating whether ry strategy? Yes No	proposed local government projects are
	t person(s) and phone number(s) below:	
David Earl Lane, County Chair	rman (912) 437-4124	
	· · · · · · · · · · · · · · · · · · ·	



PAGE 2

Instructions:

County: McIntosh	Service: Code Enforcement
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the government	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
 Service will be provided only identify the government, auth 	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
 One or more cities will provide unincorporated areas. (If this 	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
 One or more cities will provide unincorporated areas. (If this 	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the service organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Mointosh County	General Fund
How will the strategy change the The strategy will not alter deli-	e previous arrangements for providing and/or funding this service within the county? very of this service.

List any formal service delivery agreeme service:	ents or intergovernmental contracts that will I	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be General Assembly, rate or fee changes,	•	ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward R. H	Halbig	
Phone number: (912) 264-7363	Date completed: 5/15/9	99
8. Is this the person who should be contact consistent with the service delivery strategies.	ed by state agencies when evaluating whether tegy? Yes You	er proposed local government projects are
If not, provide designated contact person David Earl Lane, County Chairman		
David Earl Lane, County Chairman		



PAGE 2

Instructions:

County: McIntosh	Service: Cooperative Extension Service
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this boment, authority or organization providing the service.)
	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
	ide this service only within their incorporated boundaries, and the county will provide the service s box is checked, identify the government(s), authority or organization providing the service.)
	d, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified
	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area).
	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterpri special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	State Funds, County General Fund
4. How will the strategy change th The strategy will not alter deli	ne previous arrangements for providing and/or funding this service within the county? livery of this service.

List any formal service delivery agree service:	ements or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
-3		
	be used to implement the strategy for this services, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward F	R. Halbig	
Phone number: (912) 264-7363	Date completed: 5/15/	99
8. Is this the person who should be conconsistent with the service delivery s	tacted by state agencies when evaluating whethe strategy? Yes You	er proposed local government projects are
If not, provide designated contact per	rson(s) and phone number(s) below:	
David Earl Lane, County Chairma	an (912) 437-4124	



PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching 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: McIntosh	Service: DFACS	
I. Check the box that best describes the agreed up	on delivery arrangement for this service:	
Service will be provided countywide (i.e., in checked, identify the government, authority	cluding all cities and unincorporated areas) by a single service provider. (If this box is or organization providing the service.)	
Service will be provided only in the unincor identify the government, authority or organi	porated portion of the county by a single service provider. (If this box is checked, eation providing the service.)	

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Ч	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in
	unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

 ☐ Yes ☑ No

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

runding Method:
State Funds, County General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
The strategy will not alter delivery of this service.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Ivanie.	Contracting Parties:	Effective and Ending Dates.
. What other mechanisms (if any) wil	l be used to implement the strategy for this service	ce (e.g., ordinances, resolutions, local acts of the
	ges, etc.), and when will they take effect?	Michigan State of the State of
General Assembly, tate of fee chang	ges, etc.), and when with they take effect?	
7. Person completing form: Edward	R. Halbig	
		99
7. Person completing form: Edward Phone number: (912) 264-7363	R. Halbig Date completed: 5/15/9	99
Phone number: (912) 264-7363	Date completed: 5/15/9	
Phone number: (912) 264-7363 3. Is this the person who should be con	Date completed: 5/15/5	
Phone number: (912) 264-7363 8. Is this the person who should be conconsistent with the service delivery	Date completed: 5/15/9 ntacted by state agencies when evaluating whether strategy? □ Yes ☑ No	
Phone number: (912) 264-7363 8. Is this the person who should be consistent with the service delivery	Date completed: 5/15/5	



PAGE 2

Instructions:

County: McIntosh	Service: Development Auth., Downtown
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
	ide this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
	I, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, were Yes No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas o).
	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Darien	General Fund
4. How will the strategy change th	the previous arrangements for providing and/or funding this service within the county?
4. How will the strategy change the The Strategy will not alter de	ne previous arrangements for providing and/or funding this service within the county? livery of this service.
4. How will the strategy change the The Strategy will not alter de	ne previous arrangements for providing and/or funding this service within the county? livery of this service.
4. How will the strategy change the The Strategy will not alter de	he previous arrangements for providing and/or funding this service within the county? livery of this service.
4. How will the strategy change the The Strategy will not alter de	he previous arrangements for providing and/or funding this service within the county?
4. How will the strategy change the The Strategy will not alter del	he previous arrangements for providing and/or funding this service within the county? livery of this service.
4. How will the strategy change the The Strategy will not after del	he previous arrangements for providing and/or funding this service within the county? livery of this service.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
 What other mechanisms (if any) will be a General Assembly, rate or fee changes, e 	used to implement the strategy for this service etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
Edward P. L	la bia	
7. Person completing form: Edward R. H Phone number: (912) 264-7363	lalbig Date completed: 5/15/9	9
	Date completed: 5/15/9 ed by state agencies when evaluating whether	



PAGE 2

Instructions:

County: McIntosh Service: Development Auth., Industrial			
I. Check the box that best describe	s the agreed upon delivery arrangement for this service:		
Service will be provided coun checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)		
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)		
	box is checked, identify the government(s), authority or organization providing the service.)		
	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)		
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)		
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?		
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or		
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.		
 List each government or authoric funds, user fees, general funds, s indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded		
Local Government or Authority:	Funding Method:		
McIntosh County	General Fund		
	· · · · · · · · · · · · · · · · · · ·		
How will the strategy change the The Strategy will not alter deli	previous arrangements for providing and/or funding this service within the county? very of this service.		

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee chan	ges, etc.), and when will they take effect?	
7. Person completing form: Edward	R. Halbig	
7. Person completing form: Edward Phone number: (912) 264-7363	R. Halbig Date completed: 5/15/9	99



PAGE 2

Instructions:

County: McIntosh	Service: Emergency Management Agency
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the government	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the ser organization that will provide service within each service area.)
 In developing the strategy, were Yes ✓ No 	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	General Fund
How will the strategy change the The Strategy will not alter deli	e previous arrangements for providing and/or funding this service within the county? ivery of this service.

 List any formal service delivery agreement service: 	s or intergovernmental contracts that will be use	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc	.), and when will they take effect?	
7. Person completing form: Edward R. Ha	lbia	
Phone number: (912) 264-7363	Date completed: <u>5/15/99</u>	
Is this the person who should be contacted consistent with the service delivery strateg	by state agencies when evaluating whether propy? □ Yes ☑ No	posed local government projects are
If not, provide designated contact person(s) and phone number(s) below:	
David Earl Lane, County Chairman (9		



PAGE 2

Instructions:

County: McIntosh	Service: Emergency Medical Services
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the government	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be as it is party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	General Fund, Fees
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
The strategy will not alter deli-	very of this service.

List any formal service delivery agree service:	ments or intergovernmental contracts that will t	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
· · · · · · · · · · · · · · · · · · ·		
	be used to implement the strategy for this services, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward F	l. Halbig	Control of the second
Phone number: (912) 264-7363	Date completed: 5/15/9	99
8. Is this the person who should be cont consistent with the service delivery st	acted by state agencies when evaluating whethe trategy? Yes No	er proposed local government projects are
If not, provide designated contact per		
David Earl Lane, County Chairma	n (912) 437-4124	



PAGE 2

Instructions:

County: McIntosh	Service: Fire Protection
1. Check the box that best describ	pes the agreed upon delivery arrangement for this service:
Service will be provided cou checked, identify the govern	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ament, authority or organization providing the service.)
Service will be provided only identify the government, aut	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas, (If this	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
 One or more cities will provi unincorporated areas. (If this 	ide this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
	i, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, wen ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ander the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
	ated under the strategy, attach an implementation schedule listing each step or action that will be ensible party and the agreed upon deadline for completing it.
	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Mcintosh-Darien VFD	County and City General Funds,
	Volunteers
4. How will the strategy change the The strategy will not alter del	ne previous arrangements for providing and/or funding this service within the county? livery of this service.

Agreement Name: Contracting Parties: 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/15/99 8. Is this the person who should be contacted by state agencies when evaluating whether proposes.	to implement the strategy for this
7. Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/15/99 8. Is this the person who should be contacted by state agencies when evaluating whether proposes	Effective and Ending Dates:
7. Person completing form: Edward R. Halbig Phone number: (912) 264-7363 Date completed: 5/15/99 8. Is this the person who should be contacted by state agencies when evaluating whether proposes	
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Phone number: (912) 264-7363 Date completed: 5/15/99 8. Is this the person who should be contacted by state agencies when evaluating whether proposes	ordinances, resolutions, local acts of the
Phone number: (912) 264-7363 Date completed: 5/15/99 8. Is this the person who should be contacted by state agencies when evaluating whether proposes	
consistent with the service delivery strategy? Yes No	ed local government projects are
If not, provide designated contact person(s) and phone number(s) below:	
David Earl Lane, County Chairman (912) 437-4124	Resident Military Ing Made August 190



PAGE 2

Instructions:

County: McIntosh	Service: Health Department
1. Check the box that best describe	es the agreed upon delivery arrangement for this service;
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas on.
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	State Funds, County General Fund
How will the strategy change the The strategy will not alter del	ne previous arrangements for providing and/or funding this service within the county? ivery of this service.

List any formal service delivery agreement service:	its or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, et		(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward R. Ha	albig	
Phone number: (912) 264-7363	Date completed: 5/15/99	
8. Is this the person who should be contacted consistent with the service delivery strate	d by state agencies when evaluating whether gy? ☐ Yes ☑ No	proposed local government projects are
If not, provide designated contact person(
David Earl Lane, County Chairman (912) 437-4124	



PAGE 2

Instructions:

County: McIntosh	Service: Landfill
I. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
Service will be provided cou checked, identify the govern	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nment, authority or organization providing the service.)
☐ Service will be provided onl identify the government, au	y in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will prov unincorporated areas. (If thi	ride this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will prov unincorporated areas. (If thi	ride this service only within their incorporated boundaries, and the county will provide the service in is box is checked, identify the government(s), authority or organization providing the service.)
	d, attach a legible map delineating the service area of each service provider, and identify the ther organization that will provide service within each service area.)
 In developing the strategy, wer Yes ✓ No 	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue thigher levels of service (See O.C. competition cannot be eliminated	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or l.).
	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	General Fund, Tipping Fees, SPLOST
	Fees for Tires
4. How will the strategy change the Strategy will not alter de	he previous arrangements for providing and/or funding this service within the county? livery of this service.

List any formal service delivery agreeme service:	nts or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, e	ec.), and when will they take effect?	
7. Person completing form: Edward R. H	lalbig	
Phone number: (912) 264-7363	Date completed: 5/15/	99
Is this the person who should be contacted consistent with the service delivery strate. If not, provide designated contact person.	egy? ☐ Yes ☑ No	er proposed local government projects are
David Earl Lane, County Chairman		



PAGE 2

Instructions:

County: MCIntosh	Service: Library
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the govern	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, aud	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in sbox is checked, identify the government(s), authority or organization providing the service.)
	I, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas o).
	ated under the strategy, attach an implementation schedule listing each step or action that will be insible party and the agreed upon deadline for completing it.
funds, user fees, general funds, indebtedness, etc.).	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Mcintosh County	County General Fund; Darien General Fund
4. How will the strategy change the	ne previous arrangements for providing and/or funding this service within the county? ivery of this service.

List any formal service delivery agreemen service:	nts or intergovernmental contracts that will be used to	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		<u></u>
4		
 What other mechanisms (if any) will be used to be used to be described as a constant of the changes, et 	ised to implement the strategy for this service (e.g., tc.), and when will they take effect?	ordinances, resolutions, local acts of th
7. Person completing form: Edward R. Ha	albig	
Phone number: (912) 264-7363	Date completed: 5/15/99	
8. Is this the person who should be contacted consistent with the service delivery strate	ed by state agencies when evaluating whether proposegy? • Yes No	sed local government projects are
If not, provide designated contact person(
David Earl Lane, County Chairman (



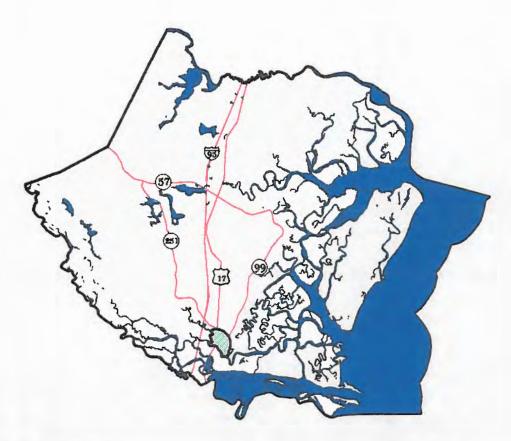
Instructions:

County: McIntosh	Service: Mosquito Spraying
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
 Service will be provided conchecked, identify the govern 	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nment, authority or organization providing the service.)
Service will be provided onlidentify the government, au	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
	vide this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization providing the service.)
	vide this service only within their incorporated boundaries, and the county will provide the service in is box is checked, identify the government(s), authority or organization providing the service.)
	ed, attach a legible map delineating the service area of each service provider, and identify the ther organization that will provide service within each service area.)
 In developing the strategy, wer Yes □ No 	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas of the duplication.
	nated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	ority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	General Fund
Darien	General Fund
 How will the strategy change t The strategy will not alter de 	the previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties	s:	Effective and Ending Dates:
7			
	if any) will be used to implement the strate r fee changes, etc.), and when will they tal		dinances, resolutions, local acts of t
	recondinged, etc.), and when will they an	e chect.	
7. Person completing form: Phone number: (912) 20	Edward R. Halbig	:ompleted: <u>5/15/99</u>	

MOSQUITO SPRAYING SERVICE DELIVERY AREAS

McIntosh County, Georgia





Source: County boundary compliant from 1990 US Bureau of the Census TIGEN/June Files.

Mandatops boundary from 1995 US Bureau of the Census TIGEN/June File.

Roads and highways defeate from GDOT, 1997.

Disclaimer: This map is inlanded for general planning purposes only.



Planning & Government Services Department, 199



EXPLANATION FOR CONTINUED ARRANGEMENT

Service: Mosquito Spraying

A higher level of service is achieved through overlapping service areas.

McIntosh County provides mosquito spraying throughout the county (including within the city limits of Darien), and it is funded through the county's general fund. The whole county contributes to and benefits from the service.

The City of Darien provides additional mosquito spraying within its city limits; the service is funded by the city's general fund. The city contributes to and benefits from the service. The city's additional investment is manifest in a higher level of service.



PAGE 2

Instructions:

County: McIntosh	Service: Planning and Zoning
I. Check the box that best de	scribes the agreed upon delivery arrangement for this service:
☐ Service will be provided checked, identify the go	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is vernment, authority or organization providing the service.)
☐ Service will be provided identify the government	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
One or more cities will punincorporated areas. (I	provide this service only within their incorporated boundaries, and the service will not be provided in f this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will p unincorporated areas. (I	provide this service only within their incorporated boundaries, and the county will provide the service in f this box is checked, identify the government(s), authority or organization providing the service.)
	cked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
2. In developing the strategy, ☐ Yes ☑ No	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ated).
	minated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it.
	athority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ands, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Author	ity: Funding Method:
McIntosh County	General Fund
Darien	General Fund
4. How will the strategy chan The strategy will not alter	ge the previous arrangements for providing and/or funding this service within the county? r delivery of this service.

service:	nents or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
(8)		
General Assembly, rate or fee changes	s, etc.), and when will they take effect?	
7. Person completing form: Edward R	. Halbig	
7. Person completing form: Edward R Phone number: (912) 264-7363	. Halbig Date completed: 5/15/9	99
Phone number: (912) 264-7363	Date completed: 5/15/9	
Phone number: (912) 264-7363 8. Is this the person who should be conta	Date completed: 5/15/9 acted by state agencies when evaluating whetherategy? Yes No	



PAGE 2

Instructions:

County: McIntosh	Service: Police
1. Check the box that best	t describes the agreed upon delivery arrangement for this service:
 Service will be provice checked, identify the 	ided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is a government, authority or organization providing the service.)
☐ Service will be provi identify the government	ided only in the unincorporated portion of the county by a single service provider. (If this box is checked, nent, authority or organization providing the service.)
One or more cities w unincorporated areas	vill provide this service only within their incorporated boundaries, and the service will not be provided in s. (If this box is checked, identify the government(s), authority or organization providing the service.)
	vill provide this service only within their incorporated boundaries, and the county will provide the service in s. (If this box is checked, identify the government(s), authority or organization providing the service.)
	checked, attach a legible map delineating the service area of each service provider, and identify the ty, or other organization that will provide service within each service area.)
2. In developing the strate ☐ Yes ☑ No	egy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ontinue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or minated).
	e eliminated under the strategy, attach an implementation schedule listing each step or action that will be the responsible party and the agreed upon deadline for completing it.
	or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise all funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Aut	hority: Funding Method:
Darien	General Fund
	hange the previous arrangements for providing and/or funding this service within the county?
The strategy will not a	Ilter delivery of this service.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	ill be used to implement the strategy for this servic nges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of
7. Person completing form: <u>Edwal</u> Phone number: <u>(912) 264-7363</u>		9



PAGE 2

Instructions:

County: McIntosh	Service: Recreation/Leisure Services
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or i.
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	General Fund, Fees, SPLOST
4. How will the strategy change the The strategy will not alter deli	ne previous arrangements for providing and/or funding this service within the county? ivery of this service.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
i. What other mechanisms (if any) will General Assembly, rate or fee change	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
7. Person completing form: Edward F		
7. Person completing form: Edward F Phone number: (912) 264-7363		99
Phone number: (912) 264-7363	Palbig Date completed: 5/15/9 tacted by state agencies when evaluating whether trategy? □ Yes ☑ No	1-26



PAGE 2

Instructions:

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

ce (clean/mow)
by a single service provider. (If this box is
vice provider. (If this box is checked,
nd the service will not be provided in ganization providing the service.)
nd the county will provide the service in ganization providing the service.)
ch service provider, and identify the e area.)
r duplication of this service identified?
ne arrangement (i.e., overlapping but r reasons that overlapping service areas o
e listing each step or action that will be
e service will be funded (e.g., enterprise se taxes, impact fees, bonded
- 14
service within the county?

List any formal service delivery agreen service:	nents or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	11-0-	
7. Person completing form: Edward R.	Halbig	
Phone number: (912) 264-7363	Date completed: 5/15/9	99
consistent with the service delivery str		r proposed local government projects are
If not, provide designated contact person		
David Earl Lane, County Chairman	(912) 437-4124	

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Listroctions:

County: McIntosh	Service: Road Maintenance (repair)
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the roganization that will provide service within each service area.)
 In developing the strategy, were of Yes □ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	ler the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be libble party and the agreed upon deadline for completing it.
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
	Funding Method:
Mointosh County	General Fund
Darien	General Fund
1	
	previous arrangements for providing and/or funding this service within the county?
The strategy will not alter deliv	ery of this service.
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PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching 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: McIntosh	Servic	e: Road Maintenance (repair)
1. Check the box that best describe	es the agreed upon delivery arrangem	ent for this service:
	ntywide (i.e., including all cities and onent, authority or organization provide	unincorporated areas) by a single service provider. (If this box is ding the service.)
	in the unincorporated portion of the nority or organization providing the s	county by a single service provider. (If this box is checked, ervice.)
		porated boundaries, and the service will not be provided in nent(s), authority or organization providing the service.)
		porated boundaries, and the county will provide the service in nent(s), authority or organization providing the service.)
	, attach a legible map delineating t ler organization that will provide serv	he service area of each service provider, and identify the vice within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecess	ary competition and/or duplication of this service identified?
If these conditions will continue us higher levels of service (See O.C.) competition cannot be eliminated)	G.A. 36-70-24(1)), overriding benéfi	tion for continuing the arrangement (i.e., overlapping but its of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an impossible party and the agreed upon dear	plementation schedule listing each step or action that will be dline for completing it.
		ce and indicate how the service will be funded (e.g., enterprise el/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
McIntosh County	General Fund	
Darien	General Fund	
	<u> </u>	
	/	
		W.
How will the strategy change the The strategy will not alter del		ng and/or funding this service within the county?

Revised

service:	greements or intergovernmental contracts that w	vill be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: Edwar	d R. Halbig	
7. Person completing form: Edwar Phone number: (912) 264-7363	The state of the s	15/99
8. Is this the person who should be consistent with the service deliver	Date completed: 5/2 contacted by state agencies when evaluating who ry strategy? ☐ Yes ☑ No	
8. Is this the person who should be consistent with the service deliver	Date completed: 5/ contacted by state agencies when evaluating who ry strategy? ☐ Yes ☑ No person(s) and phone number(s) below:	

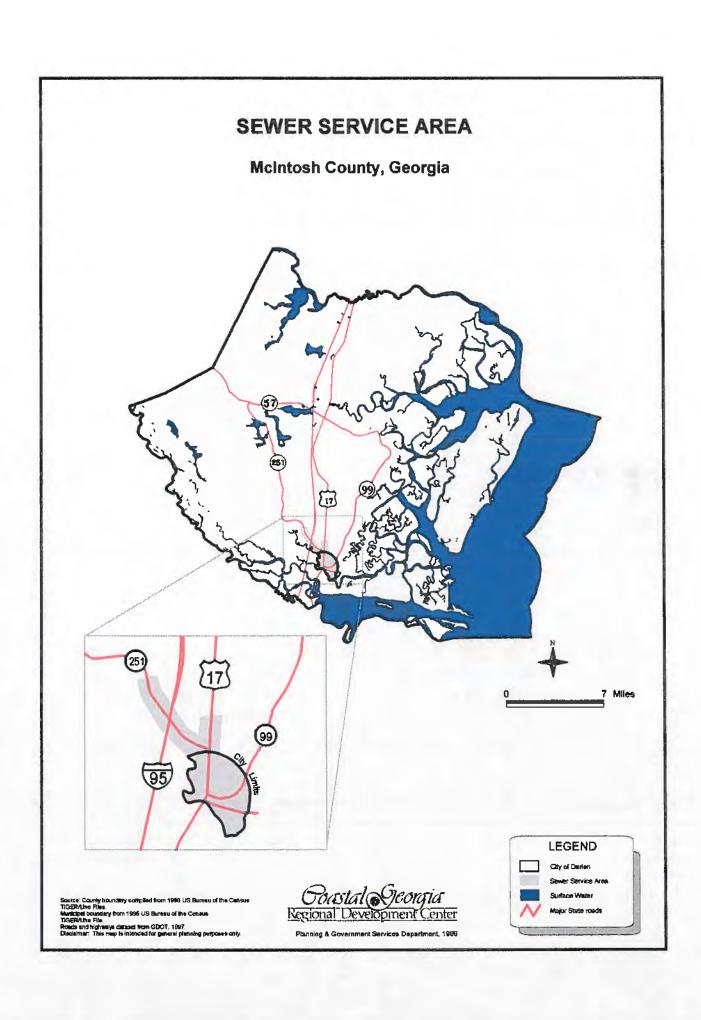


PAGE 2

Instructions:

changes, this should	e reported to the Department of Community Afrairs.	
County: McIntosh	Service: Sewer	
1. Check the box that best describ	s the agreed upon delivery arrangement for this service:	red to be a
Service will be provided counchecked, identify the govern	tywide (i.e., including all cities and unincorporated areas) by a sinent, authority or organization providing the service.)	ingle service provider. (If this box is
	in the unincorporated portion of the county by a single service pority or organization providing the service.)	rovider. (If this box is checked.
	e this service only within their incorporated boundaries, and the box is checked, identify the government(s), authority or organiza	
	the this service only within their incorporated boundaries, and the box is checked, identify the government(s), authority or organization.	
	attach a legible map delineating the service area of each server organization that will provide service within each service area.	
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or dupli	cation of this service identified?
	der the strategy, attach an explanation for continuing the arra G.A. 36-70-24(1)), overriding benefits of the duplication, or reason	
	ed under the strategy, attach an implementation schedule listin sible party and the agreed upon deadline for completing it.	g each step or action that will be
	ty that will help to pay for this service and indicate how the service pecial service district revenues, hotel/motel taxes, franchise taxes	
Local Government or Authority:	Funding Method:	
Darien	Sewer Revenues	
How will the strategy change the The strategy will not alter deligentations.	previous arrangements for providing and/or funding this service very of this service.	e within the county?

List any formal service delivery agreeme service:	ents or intergovernmental contracts that will b	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be General Assembly, rate or fee changes,		e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward R. I	Halbig	
Phone number: (912) 264-7363	Date completed: 5/15/9	99
Is this the person who should be contact consistent with the service delivery strategy.	ed by state agencies when evaluating whether tegy? Yes No	r proposed local government projects are
If not, provide designated contact person		
David Earl Lane, County Chairman	(912) 437-4124	





County: McIntosh

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching 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.

Service: Sheriff

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this be checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service. One or more cities will provide this service only within their incorporated boundaries, and the county will provide this service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service within each service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified Yes No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping bubighter levels of service (Sec O.C.O.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service are competition cannot be eliminated. If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. List each government or authority. Funding Method:	1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
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McIntosh County General Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	funds, user fees, general funds,	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	Local Government or Authority:	Funding Method:
	McIntosh County	General Fund
	THE RESERVE OF THE PARTY OF THE	
The strategy will not alter delivery of this service.	4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?
	The strategy will not alter deli	very of this service.

Ausnament Nama	Contraction Parties	Effective and Ending Dates
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Control of the Control of the Control		
General Assembly, rate or fee changes, e	tc.), and when will they take effect?	
General Assembly, rate or rec changes, e	tc.), and when will they take effect?	
7. Person completing form: Edward R. H		
7. Person completing form: Edward R. H Phone number: (912) 264-7363	albig Date completed: 5/15/99 d by state agencies when evaluating whether proporty	sed local government projects are

PAGE 2

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: McIntosh	Service: Solid Waste Collection
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the govern	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box ment, authority or organization providing the service.)
	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
	I, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas).
	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
McIntosh County	General Fund, Collection Fees
Darien	General Fund
4. How will the strategy change th	ne previous arrangements for providing and/or funding this service within the county?

List any formal service delivery agre service;	ements or intergovernmental contracts that will b	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		1
	be used to implement the strategy for this service es, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward	R. Halbig	
Phone number: (912) 264-7363	Date completed: 5/15/9	99
8. Is this the person who should be conconsistent with the service delivery	ntacted by state agencies when evaluating whether strategy? Yes No	r proposed local government projects are
If not, provide designated contact pe	erson(s) and phone number(s) below:	
David Earl Lane, County Chairm	an (912) 437-4124	



PAGE 2

Instructions:

County: McIntosh	Service: Tax Assessor
1. Check the box that best descri	ribes the agreed upon delivery arrangement for this service:
	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is rnment, authority or organization providing the service.)
Service will be provided of identify the government, a	nly in the unincorporated portion of the county by a single service provider. (If this box is checked, uthority or organization providing the service.)
One or more cities will pro- unincorporated areas. (If the	ovide this service only within their incorporated boundaries, and the service will not be provided in his box is checked, identify the government(s), authority or organization providing the service.)
	ovide this service only within their incorporated boundaries, and the county will provide the service in his box is checked, identify the government(s), authority or organization providing the service.)
	ed, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
2. In developing the strategy, w ☐ Yes ☑ No	ere overlapping service areas, unnecessary competition and/or duplication of this service identified?
	e under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ed).
	nated under the strategy, attach an implementation schedule listing each step or action that will be ponsible party and the agreed upon deadline for completing it.
	ority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise is, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	: Funding Method:
McIntosh County	General Fund
How will the strategy change The strategy will not alter d	the previous arrangements for providing and/or funding this service within the county? Belivery of this service.

List any formal service delivery agreeme service:	nts or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, e		ordinances, resolutions, local acts of the
7. Person completing form: Edward R. H	lalbig	
Phone number: (912) 264-7363	Date completed: 5/15/99	
	The state of the s	
Is this the person who should be contacted consistent with the service delivery strate	ed by state agencies when evaluating whether property? \(\simeg\) Yes \(\vec{\pi}\) No	osed local government projects are
	egy? □ Yes ☑ No	osed local government projects are

PAGE 2

Instructions:

I. Check the box that best desc		Service: Water
	ribes the agreed upon de	livery arrangement for this service:
Service will be provided confected, identify the government.	ountywide (i.e., includin ernment, authority or org	g all cities and unincorporated areas) by a single service provider. (If this box is anization providing the service.)
Service will be provided of identify the government, a	nly in the unincorporated authority or organization	providing the service.)
One or more cities will pre unincorporated areas. (If the second of t	ovide this service only w his box is checked, ident	ithin their incorporated boundaries, and the service will not be provided in ify the government(s), authority or organization providing the service.)
One or more cities will pro unincorporated areas. (If the second of t	ovide this service only while his box is checked, ident	ithin their incorporated boundaries, and the county will provide the service in ify the government(s), authority or organization providing the service.)
Other. (If this box is check government, authority, or	ted, attach a legible may other organization that v	p delineating the service area of each service provider, and identify the vill provide service within each service area.)
2. In developing the strategy, w ☐ Yes ☑ No	ere overlapping service	areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue higher levels of service (See O. competition cannot be eliminate	.C.G.A. 36-70-24(1)), ov	ch an explanation for continuing the arrangement (i.e., overlapping but erriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elimitaken to eliminate them, the res	inated under the strategy. ponsible party and the ap	attach an implementation schedule listing each step or action that will be greed upon deadline for completing it.
 List each government or auth funds, user fees, general fund indebtedness, etc.). 	ority that will help to pa is, special service distric	y for this service and indicate how the service will be funded (e.g., enterprise t revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	: Funding Method:	
McIntosh County	General Fund, Gr	ants, Fees
	User Fees	
Darien		
Darien		
4. How will the strategy change		nts for providing and/or funding this service within the county? 0% by user fees) in five years.

 List any formal service delivery agreeme service: 	ents or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
THE PROPERTY OF THE PARTY OF TH	region by the state of the stat	
		en en el en
 What other mechanisms (if any) will be General Assembly, rate or fee changes, 	used to implement the strategy for this service (e etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of the
7. Person completing form: Edward R. I	-lalbig	
Phone number: (912) 264-7363	Date completed: 5/15/99	
8. Is this the person who should be contact consistent with the service delivery strategies.	ted by state agencies when evaluating whether pr tegy? ☐ Yes ☑ No	roposed local government projects are
If not, provide designated contact person	n(s) and phone number(s) below:	
David Earl Lane, County Chairman	(912) 437-4124	

WATER SERVICE AREA McIntosh County, Georgia McIntosh Co.-Jones Comm.WA McIntosh Co.-Youngs Island Com Mointosh Co.-Cannon Bluff WA Mointosh Co.-Harris Neck McIntosh Co.-Briar Patch McIntosh Co.-Femily Med. Ctr. Mointosh Co.-Crescent Comm. Mointosh Co.-Eulonia Comm. McIntosh Co.-Meridian Comm. McIntosh Co.-Camigan Comm. 7 Miles LEGEND Coastal Cleorgia Regional Development Center Planning & Government Services Department, 1989



SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

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

McTntoch	· · · · · · · · · · · · · · · · · · ·
County: McIntosh	
 What incompatibilities or conflicts between the land use plans of local government service delivery strategy? No incompatabilities between land use plans were identified. 	s were identified in the process of developing the
2. Check the boxes indicating how these incompatibilities or conflicts were addressed 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:	l: 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.
 Summarize the process that will be used to resolve disputes when a county disagre areas to be annexed into a city. If the conflict resolution process will vary for diffe See "Service Delivery Strategy - Dispute Resolution Process" intergovernment 	erent cities in the county, summarize each process.
4. What policies, procedures and/or processes have been established by local govern that new extraterritorial water and sewer service will be consistent with all applicable. The city must obtain easements from the county prior to locating water and County determines consistency with the County Land Use Plan before grant Water and sewer rates, including those for extraterritorial service, are adopt Sewer Provision Ordinance.	e land use plans and ordinances? sewer lines outside the city limits. McIntosh ting easements.
Fdward R. Halbig, CGRDC	
5. Person completing form: Edward R. Halbig, CGRDC Phone number: (912) 264-7363 Date completed: 5/18	5/99
6. Is this the person who should be contacted by state agencies when evaluating whet consistent with land use plans of applicable jurisdictions? ☐ Yes ✔No	··· ··· ··· ··· ·· ·· ·· ·· ·· ·· ·· ··
If not, provide designated contact person(s) and phone number(s) below: David Earl Lane, County Chairman (912) 437-4124	



SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions:

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

SERVICE DELIVERY STRATEGY FOR Mointosh	COUNTY
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We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of
 a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic
 boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
- The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Dond land fane	DAVID EARL LANE	CHAIRMAN	MeINTOSH COUNTY	6/23/99
D-1 But	DAVID BLUESTEIN	MAYOR	CITY OF DARIEN	6/23/99

Appendix A Intergovernmental Agreements

RESOLUTION

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the McIntosh County Commission does hereby formally adopt the annexation dispute resolution agreements entered into with the Darien City Council as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

Date

Attest

David Earl Lane, Chairman

Dand Enl

McIntosh County Commission

RESOLUTION

To Adopt Service Delivery Strategy Dispute Resolution Process

Whereas the Georgia General Assembly has enacted legislation requiring the county and the cities within the county to adopt a Service Delivery Strategy by July 1, 1999; and

Whereas the intent of the legislation is that local governments look at the services they provide and identify overlaps or gaps in service provision; and

Whereas the local governments should develop a more rational approach to allocating delivery and funding these services; and

Whereas as part of the Service Delivery Strategy adopted by local governments a dispute resolution process for land use disputes arising from annexation must be in place by July 1, 1998; and

Whereas the county and cities within the county have met and agreed upon a procedure to be followed in regard to land use disputes arising from annexation; and

Now therefore, be it resolved that the Darien City Council does hereby formally adopt the annexation dispute resolution agreements entered into with the McIntosh County Commission as fulfilling the requirements of O.C.G.A. 36-70-24(4)(c).

June 30, 1998
Date

Light J. Mother

David Bluestein, Mayor

City of Darien

Service Delivery Strategy Dispute Resolution Process (See O.C.G.A. 36-70-24(4)(c))

The City of Darien and Melntosh County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

- Prior to initiating any formal annexation activities, the City will notify the county
 government of a proposed annexation and provide information on location of property,
 size of area, and proposed land use or zoning classification(s) (if applicable) of the
 property upon annexation. (See attached forms)
 - Within 30 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing support information, and listing any possible stipulations or conditions that would alleviate the county's objection(s):
- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 30 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- 5. If no resolution of the county's *bona fide* land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.

If the city and county reach agreement as described in step 3(a) or as a result of the
mediation, they will draft an annexation agreement for execution by the city and county
governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county, and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Angel I May ky

David Bluestein, Mayor City of Darien

بالمحاسا

David Earl Lane, Chairman McIntosh County Commission

Appendix B

Sample City Annexation Notification Form

Appendix B

SAMPLE CITY ANNEXATION NOTIFICATION FORM (to be provided to the county with annexation proposal)

Describe the location of the area to be a previously provided to the county with the	nnexed or attach a clear map indicating the location (if not a notice of proposed annexation).
	•
and the second second second second	
. How many landowners/parcels will be in	cluded?
How does the city propose to designate annexation occurs?	this area on its future land use map and/or zoning map if the
 Attach a copy of the sections of the city proposed land use classification. 	development ordinances that Identify permitted uses for this
	area proposed to be annexed (if the property owner(s) in the proposals).
	plemented or conditions of development that will be imposed tale negative impacts of the annexation proposal on
Form completed by:	
i.	How many landowners/parcels will be in How does the city propose to designate annexation occurs? Attach a copy of the sections of the city proposed land use classification. Describe the development plans for the area have initiated specific development on the properties to be annexed to mitig surrounding properties.

Appendix C

Descriptions of Services

Description of Services

Airport

The City of Darien Public Works Department maintains the local turf landing strip, cutting the grass and repairing holes. The airport is located in the unincorporated part of the county approximately three miles from Darien. The service is included within the city's general fund.

Animal Control

The City of Darien Public Works Department operates the city pound and picks up strays. The city Police Department enforces the local leash laws. The service is provided only within the city limits, and is funded through the city's general fund. McIntosh County currently provides animal control, in a limited capacity, through the Sheriffs Department. The county proposes to offer more comprehensive animal control, including a shelter, after a new county jail building is completed. The county facility and service will initially be funded through SPLOST funds.

Building Inspections

McIntosh County provides Building Inspection service for manufactured housing, as well as electrical inspections, plumbing inspections and sewer tap inspections. The Building Inspector also performs inspections for the City of Darien.

Building Permits

The McIntosh County Building Inspector's Office issues permits for the unincorporated areas. The service is funded through the county's general fund. The City of Darien City Clerk and Staff issue building permits after approval by the county-certified Building/Code Inspector. The service is provided only within the city limits, and is funded through the city's general fund.

Code Enforcement

Code Enforcement is provided by a county-certified Code Inspector. It includes on-site enforcement of State of Georgia standard codes. The service is provided throughout McIntosh County and is funded through the county's general fund.

Cooperative Extension Services (CES)

McIntosh County CES Provides assistance to farmers in matters relating to good farming practices. It provides assistance to low income families, and it manages the county's 4-H programs. The CES is funded through state funds and the county's general fund.

Department of Family and Children Services (DFACS)

McIntosh County DFACS provides a number of services to families, children and disabled adults. It investigates abuse and neglect to children and disabled adults and provides placement and adoption services for children in State custody. It provides outreach services to the elderly and disabled and needed services to families, including assistance with child care resources.

DFACS is funded through state fund and the county's general fund.

Development Authority, Downtown

The Darien Downtown Development Authority promotes the downtown and encourages re-investment by commercial interests within it. The DDA is funded through the city's general fund.

Development Authority, Industrial

The McIntosh County Industrial Development Authority is countywide and funded through the county's general fund. Its role is to encourage industrial investment within the county.

Emergency Management Agency

The Emergency Management Agency develops emergency plans including evacuation plans. The agency provides training exercises and public education; it maintains the readiness of the county's Emergency Operations Center and maintains evacuation readiness.

Emergency Medical Service (EMS)

EMS responds to emergency medical calls and provides advanced life support and emergency medical care to sick and injured patients. In addition, it provides emergency patient transport between facilities and non-emergency hospital

transports when private transport service is unavailable. It holds classes for the public in first aid, safety and CPR; provides free blood pressure and blood sugar checks and education on hypertension and diabetes. It assists the Emergency Management Agency, law enforcement and the Fire Department as needed. Finally, EMS is responsible for the repair and maintenance of its vehicles, equipment and site facilities. EMS service is countywide and is funded through the county's general fund.

Fire Protection

The Darien-McIntosh County Volunteer Fire Department provides fire suppression services to the City of Darien and unincorporated McIntosh County. They also provide education on fire safety and open burning permits. The department is staffed with volunteers and full time personnel, including the Fire Chief. The service is funded through both the county and city's general funds.

Health Department

The Health Department performs the functions to ensure public health. These include medical services such as immunizations; services to expectant mothers and newborns; and environmental services such as monitoring air and water quality. The Health Department is funded through state funds and the county's general fund.

Landfill

McIntosh County provides a landfill for municipal and unincorporated solid waste disposal. The landfill is funded through the county's general fund, tipping fees, SPLOST, fees for tires.

Library

McIntosh County operates the public library, which purchases and circulates books, videos, and tapes, answers reference questions and assists patrons, maintains reference materials, periodicals and other various documents.

Mosquito Spraying

Both McIntosh county and the City of Darien provide mosquito spraying. McIntosh County provides the service countywide, including within the city limits, and the city provides the service within its city limits for a higher level of service. Both the county and city fund the service through their general funds.

Planning/Zoning

The City of Darien Planning and Zoning Board and the Zoning Administrator are responsible for the implementation of the city's zoning ordinance and ensuring that new development abides by the ordinance. The service is provided within the City of Darien; Board members are volunteers and the administrator position is funded through the general fund.

Police

The City of Darien Police Department patrols the city, responds to calls, enforces state and local laws and issues citations within the city limits. The service is funded through the city's general fund.

Recreation and Leisure Services

The McIntosh Department of Leisure Services is responsible for providing recreation opportunities countywide. These opportunities include the following: athletic programs for ages 6 to 17, after school and day camp programs for ages 5 to 12, Easter, Halloween and "Blessing of the Fleet" activities, and general maintenance for all parks and boat ramps. The service is provided countywide and is funded through the general fund, SPLOST and user fees.

Roads Maintenance (clean/mow)

The City of Darien Public Works Department sweeps the streets and curbs, and cuts grass on right-of-ways inside of the city. The service is funded through the general fund.

Roads Maintenance (repair)

McIntosh County is responsible for road repair in the unincorporated county. The service is funded through the county's general fund. The City of Darien Public Works Department is responsible for road repair and removal of plant growth for the streets within the city. The service is funded through the general fund. The city makes use of the county's heavy equipment to provide some elements of this service.

Sewer

The City of Darien Utilities Department monitors and maintains, sewer lines, manholes, lift stations and the treatment plant for the City of Darien and bordering areas outside. The service is funded through sewer service revenues.

Sheriff

The Sheriffs Office provides countywide law enforcement through patrols, investigation and crime prevention. The office also performs public assistance through non-emergency response, Traffic control, Natural disaster assistance, rapid response for emergency medical assistance and mutual aid to other law enforcement agencies. In addition, the office is responsible for jail operations the county's E-911 system operation, court security, Marine patrol and search and rescue.

Solid Waste Collection

McIntosh County provides receptacles for solid waste and recycling, as well as drop off sites and business pickup. They deposit waste in the county-run landfill. The service is funded through the general fund, and Landfill and Tipping Fees. Darien provides household and business trash pickup within its city limits. Waste is deposited in the county-run landfill. The service is funded through the city's general fund.

Tax Assessor

McIntosh County Tax Assessor determines taxes to be collected on property within the county and assesses those taxes. The service is provided countywide. It is funded through the county's general fund.

Water

The City of Darien Utilities Department operates three wells and one water tank, in addition to one well and tank in the Industrial Authority Park at which the city monitors water quality. The service area is the City of Darien and bordering areas. The service is funded through water revenues. McIntosh County owns ten community water systems within the in the unincorporated areas. Nine of these systems are operated, managed and maintained by Woodrow Sapp Water Well Contractors. Woodrow Sapp's service is funded through user fees. The tenth system serves the McIntosh County Family Medical Center.