





## FORM 1

COUNTY: MILLER

#### I. GENERAL INSTRUCTIONS:

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

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

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

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

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

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

Miller County

City of Colquitt

Colquitt/Miller County Arts Council, INC.

Colquitt - Miller County Chamber of Commerce(CMCOC)

Colquitt - Miller County Fire & Rescue

Joint City - County Department

Joint City - County Inspection Department

Miller County Collaborative

Miller County Development Authority

Miller County Health Department

Miller County Hospital Authority

Miller County Board of Commission Recreation Services Southwest

Georgia Community Action Council (On behalf of Miller County)

Southwest Georgia Regional Library

Sowega Council on Aging, Inc. (On behalf of Miller County) Miller

County Department of Family and Children Services (DFCS)

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

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

Agricultural

**Animal Control** 

**Building Inspection** 

Code Enforcement

Courts (Other)

Courts (Traffic)

E911 & Dispatching

Elections (Mayor & Council)

Elections (Other)

**Emergency Management** 

**Emergency Medical** 

Family Connection

Fire Protection & Rescue

Gas Utilities

**Head Start Center** 

Hospital/Nursing Home

**Indigent Defense** 

Jail

Law Enforcement

Library

Planning & Zoning

Public Health Services

**Public Works** 

Road/Bridge Construction & Maintenance

Senior Center

Sewage Collection/Disposal

Social Services

Solid Waste Management/Disposal

Storm-Water Management

Tax Assessor

Tax Commissioner

**Voter Registration** 

Water Supply/Distribution

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

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

Economic Development - Revised: See box 4 of Form 2 Parks & Recreation - Revised: See box 4 of Form 2 Tourism Services - Revised: See box 4 of Form 2







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

	y that will help to pay for this service and indicate he ral funds, special service district revenues, hotel/mo	
Local Government or Author	ity Funding Me	ethod
Miller County	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
No change	greements or intergovernmental contracts that will	he used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
N/A		
7. Person completing form: <b>Kreg F</b> i Phone number: <b>229.758.4104</b>	reeman, County Commission Chairman Date completed: September 2017	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?   Yes  No  If not, provide designated contact person(s) and phone number(s) below:		
ii not, provide designated contact	person(s) and phone number(s) below.	







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

#### Instructions:

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

3. List each government or authority t enterprise funds, user fees, genera fees, bonded indebtedness, etc.).	that will help to pay for this service and indicate how the last funds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Authority	Funding Method	
City of Colquitt	General Funds	
City of Colquitt	General Funds	
4. How will the strategy change the p	revious arrangements for providing and/or funding this	service within the county?
No change  5. List any formal service delivery agr this service:	reements or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
N/A		
7. Person completing form: <b>Kreg Free</b> Phone number: <b>229.758.4104</b>	eman, County Commission Chairman Date completed: September 2017	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes ∑No		
If not, provide designated contact person(s) and phone number(s) below:		







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

	ority Funding I	Method
City of Colquitt	General Funds	
Miller County	General Funds	
How will the strategy change to	he previous arrangements for providing and/or fund	ing this service within the county?
No Change		
List any formal service delivery	y agreements or intergovernmental contracts that wi	ill be used to implement the strategy t
List any formal service delivery this service:	y agreements or intergovernmental contracts that wi	ill be used to implement the strategy t
	y agreements or intergovernmental contracts that wi	ill be used to implement the strategy the strategy of the stra
this service:		
this service:  Agreement Name	Contracting Parties	Effective and Ending Date
this service:  Agreement Name  ntergovernmental Agreement	Contracting Parties  Miller County & City of Colquitt	Effective and Ending Date Year to Year
this service:  Agreement Name  ntergovernmental Agreement	Contracting Parties  Miller County & City of Colquitt	Effective and Ending Date Year to Year
this service:  Agreement Name  ntergovernmental Agreement	Contracting Parties  Miller County & City of Colquitt	Effective and Ending Date Year to Year
this service:  Agreement Name  ntergovernmental Agreement	Contracting Parties  Miller County & City of Colquitt	Effective and Ending Date Year to Year
this service:  Agreement Name  Intergovernmental Agreement Contract Services	Contracting Parties  Miller County & City of Colquitt	Year to Year Year to Year

7. Person completing form: Kreg Freeman, County Commission Chairman
Phone number: 229.758.4104 Date completed: September 2017
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes □No
If not, provide designated contact person(s) and phone number(s) below:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MILLER	Service: Code Enforcement
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Joint City - County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>are</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be electrical to the contract of the contra	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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Local Government or Author	prity Funding	ng Method
City of Colquitt	General Funds	
Miller County	General Funds	
How will the strategy change th	ne previous arrangements for providing and/or fu	unding this service within the county?
No change		
this service:	agreements or intergovernmental contracts tha	
Agreement Name Intergovernmental Agreement	Contracting Parties  Miller County & City of Colquitt	Year to Year
Contract Services	Miller County BOC & Jerry McNease	Year to Year
	/) will be used to implement the strategy for this rate or fee changes, etc.), and when will they take	
acts of the General Assembly, r		
acts of the General Assembly, r		
acts of the General Assembly, r		







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

#### Instructions:

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

	y that will help to pay for this service and indica ral funds, special service district revenues, hote	
Local Government or Authori	tv Funding	g Method
Miller County	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or fur	nding this service within the county?
No change		
<ol><li>List any formal service delivery a this service:</li></ol>	greements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
N/A		
7. Person completing form: <b>Kreg Fr</b> Phone number: <b>229.758.4104</b>	reeman, County Commission Chairman Date completed: September 2017	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?   Yes  No  If not, provide designated contact person(s) and phone number(s) below:		
ii not, provide designated contact	person(s) and phone number(s) below:	







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MILLER	Service: Courts (Traffic)	
Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
⊠One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Colquitt		
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, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
☐ <b>Yes</b> (if "Yes," you must attach additional documentation as described, below)		
⊠No		
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
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Legal Carramanant an Authorite	F !'	
Local Government or Authority City of Colquitt	General Funds	Wetnod
City of Colquitt	General Funds	
How will the strategy change the provi	ious arrangements for providing and/or fund	ling this corvice within the county?
Thow will the strategy change the prev	lous arrangements for providing and/or fund	ing this service within the county?
No change		
List any formal service delivery agree	ments or intergovernmental contracts that w	rill he used to implement the strategy fo
this service:	ments of intergovernmental solutions that w	in be used to implement the strategy to
		1
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any) will b	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b		rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will b acts of the General Assembly, rate or N/A  . Person completing form: Kreg Freem Phone number: 229.758.4104  . Is this the person who should be contained.	e used to implement the strategy for this ser fee changes, etc.), and when will they take earn, County Commission Chairman ate completed: September 2017	rvice (e.g., ordinances, resolutions, loc effect?
. What other mechanisms (if any) will b acts of the General Assembly, rate or N/A  . Person completing form: <b>Kreg Freem</b> Phone number: <b>229.758.4104</b>	e used to implement the strategy for this ser fee changes, etc.), and when will they take earn, County Commission Chairman ate completed: September 2017	rvice (e.g., ordinances, resolutions, loc effect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MILLER	Service: E911 & Dispatching	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Miller County</b>	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that sliminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
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	eral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Covernment or Author	vit.	Funding Mothod	
Local Government or Authority  Miller County		General Funds	
City of Colquitt		General Funds	
Only of Colquit		Contrain and	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
No change			
this service:	agreer	nents or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
Contract for Services	Miller	County & City of Colquitt	July 1 - June 30; Ongoing
Contract for Cervices			
Contract for Services			cary carrie co, chiganing
Contract for Scrivices			
Contract for Scrivices			
Contract for Scrytices			
6. What other mechanisms (if any	) will be	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	
6. What other mechanisms (if any	) will be	e used to implement the strategy for this service (e.g	
6. What other mechanisms (if any acts of the General Assembly, r	) will be ate or f	e used to implement the strategy for this service (e.g	
6. What other mechanisms (if any acts of the General Assembly, r  N/A  7. Person completing form: Kreg Phone number: 229.758.4104  8. Is this the person who should be	) will be ate or f	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

<ol><li>List each</li></ol>	ch government or au	thority that will	help to pay for	this service and ir	ndicate how the ser	vice will be funded (e.g.,
enterpri	ise funds, user fees,	general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impact
fees, bo	onded indebtedness	, etc.).				

Local Government or Authority	Funding Method
Development Authority	User Fees
Miller County	General Funds
City of Colquitt	General Funds
CMCOC	Donations & Dues

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change.Please note the name change of the service provider; however, there is no change in services being provided.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Contract for Services	Chamber & Miller County	July 1 - June 30; Ongoing
Contract for Services	Chamber & City of Colquitt	July 1 - June 30; Ongoing

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
N/A

7. Person completing form: **Kreg Freeman, County Commission Chairman**Phone number: **229.758.4104**Date completed: September 2017

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

Yes 
No

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







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:Miller	Service: Elections (Mayor & Council)	
1. Check the box that best describes the agreed upon  Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	ity that will help to pay for this service and indica eral funds, special service district revenues, hote ).	
Local Government or Autho	rity Funding	g Method
City of Colquitt	General Funds	<b>y</b>
4. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
No change		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any	) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any	) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loca
6. What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loca
6. What other mechanisms (if any acts of the General Assembly, r. N/A  7. Person completing form: <b>Kreg I</b> Phone number: <b>229.758.4104</b> 8. Is this the person who should be	) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, locale effect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

	y that will help to pay for this service and indicate he ral funds, special service district revenues, hotel/mo	
Local Government or Author	ity Funding Me	ethod
Miller County	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
No change	greements or intergovernmental contracts that will	he used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take effort	
N/A		
7. Person completing form: <b>Kreg F</b> i Phone number: <b>229.758.4104</b>	reeman, County Commission Chairman Date completed: September 2017	
projects are consistent with the se	contacted by state agencies when evaluating whethervice delivery strategy?   Yes  No	ner proposed local government
ii not, provide designated contact	person(s) and phone number(s) below:	







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

#### Instructions:

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

	y that will help to pay for this service and indicate he ral funds, special service district revenues, hotel/mo	
Local Government or Author	ity Funding Me	ethod
Miller County	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
No change	greements or intergovernmental contracts that will	he used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take effort	
N/A		
7. Person completing form: <b>Kreg F</b> i Phone number: <b>229.758.4104</b>	reeman, County Commission Chairman Date completed: September 2017	
projects are consistent with the se	contacted by state agencies when evaluating whethervice delivery strategy?   Yes  No	ner proposed local government
ii not, provide designated contact	person(s) and phone number(s) below:	







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

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:Miller	Service: Emergency Medical			
Check the box that best describes the agreed upor	a delivery arrangement for this service:			
1. Check the box that best describes the agreed upor	ruelivery arrangement for this service.			
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): <b>Miller County</b>				
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
<del></del>	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional documentation as described, below)				
⊠No				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
If these conditions will be eliminated under the strategy, 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.				
	Page 1 of 2			

Local Government or Aut	horitv	Funding	Method
Miller County		General Funds & User Fees	
·			
How will the strategy change	the previ	ous arrangements for providing and/or fund	ling this service within the county?
No change			
this service:	ery agreen	nents or intergovernmental contracts that w	
Agreement Name	011	Contracting Parties	Effective and Ending Dates
ndigent Care Agreement	City of	f Colquitt & Miller County	Year to Year
			•
		e used to implement the strategy for this se ee changes, etc.), and when will they take	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Local Government or Autli liller County	· · · · · · · · · · · · · · · · · · ·	Funding Method	
	General Funds		
	20101011 21102		
ow will the strategy change	the previous arrangements for providing and/or fundin	g this service within the county?	
change			
onango			
ist any formal service delive	ry agreements or intergovernmental contracts that will	be used to implement the strategy	
	ry agreements or intergovernmental contracts that will	be used to implement the strategy	
is service:			
is service:  Agreement Name	Contracting Parties	Effective and Ending Da	
is service:  Agreement Name			
is service:  Agreement Name	Contracting Parties	Effective and Ending Da	
is service:  Agreement Name	Contracting Parties	Effective and Ending Da	
is service:  Agreement Name	Contracting Parties	Effective and Ending Da	
is service:  Agreement Name	Contracting Parties	Effective and Ending Da	
is service:  Agreement Name	Contracting Parties	Effective and Ending Da	
Agreement Name ontract	Contracting Parties  Collaborative & Miller County	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name ontract  /hat other mechanisms (if a	Contracting Parties	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name ontract  Vhat other mechanisms (if a	Contracting Parties  Collaborative & Miller County  ny) will be used to implement the strategy for this servi	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name Ontract  What other mechanisms (if a	Contracting Parties  Collaborative & Miller County  ny) will be used to implement the strategy for this servi	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name Ontract  What other mechanisms (if acts of the General Assembly	Contracting Parties  Collaborative & Miller County  ny) will be used to implement the strategy for this servi	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name Ontract  What other mechanisms (if acts of the General Assembly	Contracting Parties  Collaborative & Miller County  ny) will be used to implement the strategy for this servi	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name Ontract  What other mechanisms (if acts of the General Assembly	Contracting Parties  Collaborative & Miller County  ny) will be used to implement the strategy for this servi	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name Ontract  What other mechanisms (if a	Contracting Parties  Collaborative & Miller County  ny) will be used to implement the strategy for this servi	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name ontract  Vhat other mechanisms (if acts of the General Assembly	Contracting Parties  Collaborative & Miller County  The property of the strategy for this serving rate or fee changes, etc.), and when will they take effective or fee changes.	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name Intract  That other mechanisms (if and its of the General Assembly  Agreement Name  That other mechanisms (if and its of the General Assembly)  Agreement Name	Contracting Parties  Collaborative & Miller County  The property of the strategy for this serving rate or fee changes, etc.), and when will they take effect of the strategy for this serving rate or fee changes, etc.)	Effective and Ending Da July 1 - June 30; Ongoing	
Agreement Name Intract  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  Agreement Name  That other mechanisms (if and the General Assembly  That other mechanisms (if and the General Assembly)  That other mechanisms (if and the General Assembly)	Contracting Parties  Collaborative & Miller County  The property of the strategy for this serving rate or fee changes, etc.), and when will they take effect of the strategy for this serving rate or fee changes, etc.)	Effective and Ending Da July 1 - June 30; Ongoing  ice (e.g., ordinances, resolutions, Ifect?	







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

#### Instructions:

Toda be reported to the Department of Community Arians.	
COUNTY:Miller	Service: Fire Protection & Rescue
. Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Colquitt - Miller County Fire
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	D 4 60

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

Local Government or Autho	rity Funding	Method
Miller County	General Funds & SPLOST	
City of Colquitt	General Funds	
4. How will the strategy change th	e previous arrangements for providing and/or fun	ding this service within the county?
No change		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement	Miller - Colquitt	July 1 - June 30; Ongoing
	) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: <b>Kreg I</b> Phone number: <b>229.758.4104</b>	Freeman, County Commission Chairman Date completed: September 2017	
	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact	et person(s) and phone number(s) below:	







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

#### Instructions:

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

	ral fun	will help to pay for this service and indicate how the ads, special service district revenues, hotel/motel tax	
Local Government or Author	ity	Funding Method	
City of Colquitt	_	Enterprise funds	
ony or our quite			
4. How will the strategy change the	previo	ous arrangements for providing and/or funding this s	service within the county?
No change			
5. List any formal service delivery a this service:	agreem	nents or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	., ordinances, resolutions, local
N/A			
7. Person completing form: <b>Kreg F</b> in Phone number: <b>229.758.4104</b>		nn, County Commission Chairman te completed: August 2017	
8. Is this the person who should be projects are consistent with the se		cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	posed local government
If not, provide designated contact	t perso	on(s) and phone number(s) below:	







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:Miller	Service: Head Start Center	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): <b>SWGA Community Action Council, Inc.(On behalf of Miller County)</b>		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G. <i>i</i> , overlapping service areas or competition cannot be expressed in the service areas or competition cannot be expressed in the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		

	y that will help to pay for this service and indic ral funds, special service district revenues, ho		
Local Government or Authori	ty Fundii	ng Method	
SWGA CAC	Grant Funds		
STOREST STATE	- Crant Fanas		
4. How will the strategy change the	previous arrangements for providing and/or fu	unding this service within the county?	
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
N/A			
7. Person completing form: <b>Kreg Fr</b> Phone number: <b>229.758.4104</b>	eeman, County Commission Chairman Date completed: August 2017		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:			







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MILLER	Service: Hospital/Nursing Home	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
⊠ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): <b>Miller County Hospital Authority</b>		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the contract of the service areas or competition cannot be expressed to the contract of the co	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strategy, 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, impa	act
fees, bonded indebtedness, etc.).	

Local Government or Author	ority Funding M	lethod
Hospital Authority	Bonded Indebtedness & user fees	
Miller County	General Funds	
4. How will the strategy change th	ne previous arrangements for providing and/or fundir	ng this service within the county?
No change		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Indigent Care Contract	Miller County & Hospital Authority	July 1 - June 30; Ongoing
Indigent Care Contract	Colquitt & Hospital Authority	July 1 - June 30; Ongoing
	v) will be used to implement the strategy for this serv rate or fee changes, etc.), and when will they take ef	
N/A		
Phone number: <b>229.758.4104</b>	Freeman, County Commission Chairman Date completed: September 2017	
<ol> <li>Is this the person who should be projects are consistent with the</li> </ol>	be contacted by state agencies when evaluating when service delivery strategy? ⊠Yes □No	ther proposed local government
If not, provide designated contact person(s) and phone number(s) below:		







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).				
Local Government or Authori	ty Funding Me	thod		
Miller County	General Funds			
miner ecunity				
4. How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?		
No change				
5. List any formal service delivery a this service:	greements or intergovernmental contracts that will b	, ,		
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
N/A				
7. Person completing form: <b>Kreg F</b> ine Phone number: <b>229.758.4104</b>	eeman, County Commission Chairman Date completed: September 2017			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact	If not, provide designated contact person(s) and phone number(s) below:			







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

#### Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impac	t
fees, bonded indebtedness, etc.).	

Local Government or Authority Funding Method		d	
Miller County	General Funds & SPLOST		
City of Colquitt	General Funds	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or funding this	s service within the county?	
No change			
5. List any formal service delivery a this service:	greements or intergovernmental contracts that will be u	sed to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
N/A			
7. Person completing form: <b>Kreg Freeman, County Commission Chairman</b> Phone number: <b>229.758.4104</b> Date completed: September 2017  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
projects are consistent with the service delivery strategy?   Yes  No  If not, provide designated contact person(s) and phone number(s) below:			
ii noi, provide designated contact	person(s) and phone number(s) below.		







# FORM 2: Summary of Service Delivery Arrangements

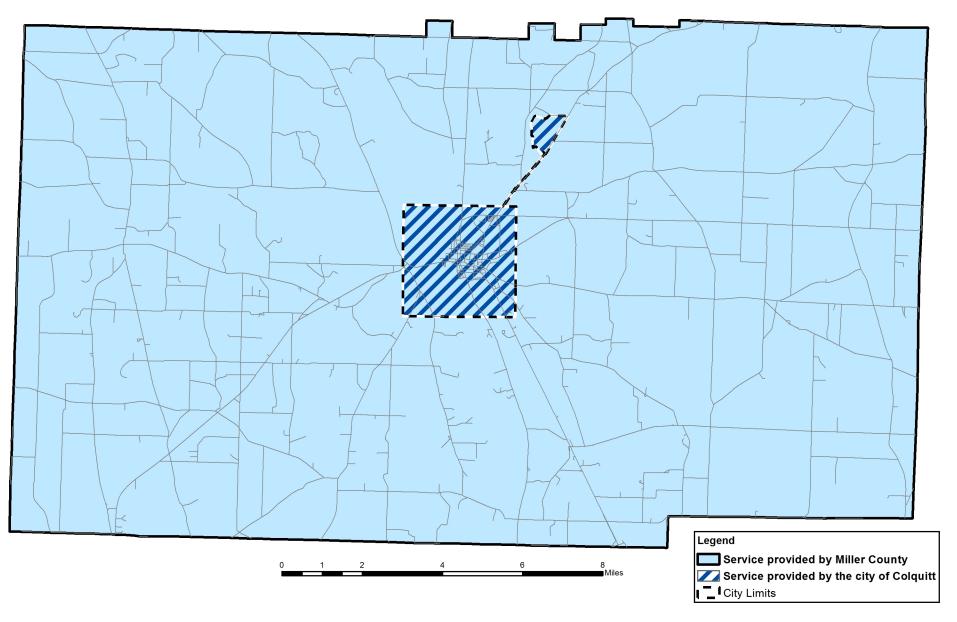
#### Instructions:

•					
COUNTY:MILLER	Service:Law Enforcement				
•					
1. Check the box that best describes the agreed upor	n delivery arrangement for this service:				
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):				
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):				
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Miller County				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☑ Yes (if "Yes," you must attach additional documents  ———————————————————————————————————	entation as described, below)				
□No					
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).				
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).			
Local Government or Author	itv	Funding Method	
Miller County	<u>y</u>	General Funds & SPLOST	
City of Colquitt		General Funds & SPLOST	
eny er eerquin			
4. How will the strategy change the	previ	ious arrangements for providing and/or funding this	service within the county?
		ce occurs within the limits of each municipality. Ever Sherriff Department is allowed to respond to emerge	
this service:	agreer	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
N/A			
7. Person completing form: <b>Kreg Freeman, County Commission Chairman</b> Phone number: <b>229.758.4104</b> Date completed: September 2017			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact	If not, provide designated contact person(s) and phone number(s) below:		

# **Miller County**

## Law Enforcement Service Area





Note: The Miller County Sheriff's Dept. provides service to the entire county and the city of Colquitt.









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

Local Government or Author	rity Fundi	ing Method		
Miller County	General Funds			
City of Colquitt	Utility Services	Utility Services		
4. How will the strategy change the	e previous arrangements for providing and/or f	funding this service within the county?		
No about				
No change				
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	agreements or intergovernmental contracts the	at will be used to implement the strategy for		
this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
N/A				
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>	Freeman, County Commission Chairman Date completed: September 2017			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact	ct person(s) and phone number(s) below:			
••				







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

Local Government or Authority	Funding Method
Miller County	General Funds & SPLOST
City of Colquitt	General Funds & SPLOST
Recreation Board	User Fees
Recreation Authority	Bonded Indebtedness, user fees

City of Colquitt	General Funds & SPLOST	
Recreation Board	User Fees	
Recreation Authority	Bonded Indebtedness, user fees	
4. How will the strategy change the	previous arrangements for providing and/or	funding this service within the county?
No Change.Please note the name	e change of the service provider; however, th	nere is no change in services being provided.
5. List any formal service delivery a this service:	agreements or intergovernmental contracts th	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Furties	Encouve and Enamy Dates
	will be used to implement the strategy for thi te or fee changes, etc.), and when will they to	is service (e.g., ordinances, resolutions, loca ake effect?
N/A		
<ol> <li>Person completing form: Kreg F Phone number: 229.758.4104</li> </ol>	reeman, County Commission Chairman Date completed: August 2017	
	contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes □No	g whether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MILLER	Service: Planning & Zoning	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
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<del></del> ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
Page 1 of 2		

providing and/or funding this service within the county?  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory  The ental contracts that will be used to implement the strategory and the ental contracts the ental co
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when will they take effect?
on Chairman
per 2017
when evaluating whether proposed local government
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# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

1. Check the box that best describes the agreed upon delivery arrangement for this service:  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Miller County Health Department  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):  In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes (if "Yes," you must attach additional documentation as described, below)  No  If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping service areas or competition cannot be eliminated).	should be reported to the Department of Community Affairs.	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Miller County Health Department  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):  In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes (if "Yes," you must attach additional documentation as described, below)  No  If these conditions will continue under this 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	COUNTY:MILLER	Service: Public Health Services
this box is checked, identify the government, authority or organization providing the service.): Miller County Health Department  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):  In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes (if "Yes," you must attach additional documentation as described, below)  No  If these conditions will continue under this 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	Check the box that best describes the agreed upor	n delivery arrangement for this service:
checked, identify the government, authority or organization providing the service.):  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):  In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes (if "Yes," you must attach additional documentation as described, below)  No  If these conditions will continue under this 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	this box is checked, identify the government, author	
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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  □ Yes (if "Yes," you must attach additional documentation as described, below)  □ No  If these conditions will continue under this 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		
service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):  In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes (if "Yes," you must attach additional documentation as described, below)  No  If these conditions will continue under this 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		
identify the government, authority, or other organization that will provide service within each service area.):  2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  Yes (if "Yes," you must attach additional documentation as described, below)  No  If these conditions will continue under this 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	service in unincorporated areas. (If this box is chec	
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If these conditions will continue under this 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	☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that	⊠No	
	overlapping but higher levels of service (See O.C.G.A	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that
If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
Page 1 of 2		Page 1 of 2

Local Government or Au	thority Funding Me	thod
filler County	General Funds	
low will the strategy chang	e the previous arrangements for providing and/or funding	this service within the county?
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Agreement Name Ontract for Services  What other mechanisms (if	Contracting Parties  Dept of Human Resources & Miller County  any) will be used to implement the strategy for this service	Effective and Ending Da July 1 - June 30; Ongoing  ce (e.g., ordinances, resolutions, le
Agreement Name Ontract for Services  What other mechanisms (if	Contracting Parties  Dept of Human Resources & Miller County	Effective and Ending Da July 1 - June 30; Ongoing  ce (e.g., ordinances, resolutions, le
Agreement Name Ontract for Services  What other mechanisms (if	Contracting Parties  Dept of Human Resources & Miller County  any) will be used to implement the strategy for this service	Effective and Ending Da July 1 - June 30; Ongoing  ce (e.g., ordinances, resolutions, le
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Agreement Name Ontract for Services  What other mechanisms (if cts of the General Assemb	Contracting Parties  Dept of Human Resources & Miller County  any) will be used to implement the strategy for this servicely, rate or fee changes, etc.), and when will they take effective.	Effective and Ending Da July 1 - June 30; Ongoing  ce (e.g., ordinances, resolutions, le
Agreement Name Ontract for Services  What other mechanisms (if cts of the General Assemb	Contracting Parties  Dept of Human Resources & Miller County  any) will be used to implement the strategy for this servicely, rate or fee changes, etc.), and when will they take effective the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  ce (e.g., ordinances, resolutions, le
Agreement Name Ontract for Services  What other mechanisms (if cts of the General Assemble of the Gene	any) will be used to implement the strategy for this servicely, rate or fee changes, etc.), and when will they take effective free freeman, County Commission Chairman Date completed: September 2017	Effective and Ending Da July 1 - June 30; Ongoing  ee (e.g., ordinances, resolutions, leet?
Agreement Name Contract for Services  What other mechanisms (if acts of the General Assemble)  //A  Person completing form: Kr Phone number: 229.758.410	Dept of Human Resources & Miller County  any) will be used to implement the strategy for this servicely, rate or fee changes, etc.), and when will they take effective to the complete the complete to the contacted by state agencies when evaluating whether the country to the contacted by state agencies when evaluating whether the country to the contacted by state agencies when evaluating whether the country to the countr	Effective and Ending Da July 1 - June 30; Ongoing  ee (e.g., ordinances, resolutions, leet?
Agreement Name Contract for Services  What other mechanisms (if acts of the General Assemb  I/A  Person completing form: Kr Phone number: 229.758.410  Is this the person who shou	any) will be used to implement the strategy for this servicely, rate or fee changes, etc.), and when will they take effective free freeman, County Commission Chairman Date completed: September 2017	Effective and Ending Da July 1 - June 30; Ongoing  ee (e.g., ordinances, resolutions, leet?







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

#### Instructions:

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

	y that will help to pay for this service and indicate ral funds, special service district revenues, hotel/n	
Local Government or Author	ity Funding N	Method
City of Colquitt	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
No change		
<ol><li>List any formal service delivery a this service:</li></ol>	agreements or intergovernmental contracts that wil	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this servete or fee changes, etc.), and when will they take ex	
N/A		
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>	reeman, County Commission Chairman Date completed: September 2017	
projects are consistent with the s	contacted by state agencies when evaluating whe ervice delivery strategy?  Yes  No	ther proposed local government
ii riot, provide designated contact	person(s) and phone number(s) below:	







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

#### Instructions:

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

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

Local Government or Author		ling Method
Miller County	General Funds & SPLOST	
City of Colquitt	General Funds	
4. How will the strategy change the	e previous arrangements for providing and/or	funding this service within the county?
No Change		
5. List any formal service delivery this service:	agreements or intergovernmental contracts th	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ate or fee changes, etc.), and when will they to	
N/A		
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>	reeman, County Commission Chairman Date completed: September 2017	
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	g whether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	







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

#### Instructions:

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

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

Local Government or Author	rity Fundi	ng Method
Miller County	General Funds & SPLOST	
City of Colquitt	General Funds	
4. How will the strategy change the	e previous arrangements for providing and/or f	unding this service within the county?
No Change		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts tha	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ate or fee changes, etc.), and when will they tal	
N/A		
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>	reeman, County Commission Chairman Date completed: August 2017	
	e contacted by state agencies when evaluating service delivery strategy?   Yes  No	whether proposed local government
If not, provide designated contac	t person(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

liller County	General Funds	
low will the strategy change	the previous arrangements for providing and/or fundi	ing this service within the county?
change		
ist any formal service delive	ry agreements or intergovernmental contracts that wi	ill be used to implement the strategy
	ry agreements or intergovernmental contracts that wi	ill be used to implement the strategy
is service:		
is service:  Agreement Name	Contracting Parties	Effective and Ending Da
is service:  Agreement Name		
is service:  Agreement Name	Contracting Parties	Effective and Ending Da
is service:  Agreement Name	Contracting Parties	Effective and Ending Da
is service:  Agreement Name	Contracting Parties	Effective and Ending Da
is service:  Agreement Name	Contracting Parties	Effective and Ending Da
is service:  Agreement Name	Contracting Parties	Effective and Ending Da
is service:  Agreement Name	Contracting Parties	Effective and Ending Da
Agreement Name ontract for Services	Contracting Parties Sowega Council & Miller County	Effective and Ending Da July 1 - June 30; Ongoing
Agreement Name ontract for Services  /hat other mechanisms (if all	Contracting Parties	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name ontract for Services  Vhat other mechanisms (if all	Contracting Parties  Sowega Council & Miller County  any) will be used to implement the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name Ontract for Services  What other mechanisms (if all	Contracting Parties  Sowega Council & Miller County  any) will be used to implement the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name Ontract for Services  What other mechanisms (if all	Contracting Parties  Sowega Council & Miller County  any) will be used to implement the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name Ontract for Services  What other mechanisms (if another of the General Assembly	Contracting Parties  Sowega Council & Miller County  any) will be used to implement the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name ontract for Services  What other mechanisms (if another of the General Assembly	Contracting Parties  Sowega Council & Miller County  any) will be used to implement the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name Ontract for Services  What other mechanisms (if another of the General Assembly	Contracting Parties  Sowega Council & Miller County  any) will be used to implement the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name Ontract for Services  What other mechanisms (if all	Contracting Parties  Sowega Council & Miller County  any) will be used to implement the strategy for this service.	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name ontract for Services  What other mechanisms (if and other of the General Assembly  Person completing form: Kree	Contracting Parties  Sowega Council & Miller County  The strategy for this service or fee changes, etc.), and when will they take experience of the county of the strategy for this service or fee changes, etc.), and when will they take experience of the county for this service or fee changes, etc.)	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name Intract for Services  /hat other mechanisms (if and the General Assembly)  A erson completing form: Kreen	Contracting Parties  Sowega Council & Miller County  The strategy for this service or fee changes, etc.), and when will they take experience of the county of the strategy for this service or fee changes, etc.), and when will they take experience of the county for this service or fee changes, etc.)	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, I
Agreement Name ontract for Services  What other mechanisms (if and the General Assembly)  A  Person completing form: Kreen the Name of the General Assembly the Name of the	Contracting Parties  Sowega Council & Miller County  The strategy for this service or fee changes, etc.), and when will they take experience of the county of the strategy for this service or fee changes, etc.), and when will they take experience of the county for this service or fee changes, etc.)	Effective and Ending Da July 1 - June 30; Ongoing  vice (e.g., ordinances, resolutions, leffect?







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

#### Instructions:

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

fees, bonded indebtedness, etc.).	, op	motel taxes, franchise taxes, impact
Local Government or Authority	Funding I	Method
City of Colquitt	Enterprise Funds	иептоа
City of Colquitt	Litterprise i drius	
I. How will the strategy change the pre	vious arrangements for providing and/or fund	ing this service within the county?
No change		
Ŭ		
<ul><li>i. List any formal service delivery agre this service:</li></ul>	ements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		
acts of the General Assembly, rate o  N/A  7. Person completing form: <b>Kreg Freer</b>		
N/A  Person completing form: Kreg Freer Phone number: 229.758.4104	nan, County Commission Chairman Date completed: August 2017 Itacted by state agencies when evaluating who	effect?
N/A  N/A  Person completing form: Kreg Freer Phone number: 229.758.4104  Is this the person who should be core	nan, County Commission Chairman Date completed: August 2017 Itacted by state agencies when evaluating whose delivery strategy?	effect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Local Government or Author	prity Funding Metho	od
Miller County	General Funds	
How will the strategy change th	ne previous arrangements for providing and/or funding the	nis service within the county?
o change		
3.		
	agreements or intergovernmental contracts that will be	used to implement the strategy
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties  Department of Human Resources & Miller County	Effective and Ending Date July 1 - June 30; Ongoing
Agreement Name		
Agreement Name ontract for Services	Department of Human Resources & Miller County	July 1 - June 30; Ongoing
Agreement Name ontract for Services  What other mechanisms (if any	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name ontract for Services  What other mechanisms (if any	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name Contract for Services  What other mechanisms (if any	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name Contract for Services  What other mechanisms (if any	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name Contract for Services  What other mechanisms (if any acts of the General Assembly, r	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name Contract for Services  What other mechanisms (if any acts of the General Assembly, r	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name contract for Services  What other mechanisms (if any acts of the General Assembly, reconstructions)	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name Contract for Services  What other mechanisms (if any acts of the General Assembly, r	Department of Human Resources & Miller County	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name ontract for Services  What other mechanisms (if any acts of the General Assembly, received to the General Assembly of the General Assem	Department of Human Resources & Miller County  (i) will be used to implement the strategy for this service (rate or fee changes, etc.), and when will they take effect.  Freeman, Coutny Commission Chairman	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name Ontract for Services  What other mechanisms (if any other of the General Assembly, received assembly, received assembly of the General Assembly, received assembly of the General Assembly, received assembly of the General Assembly, received as the General Assembly of the General Assembly, received as the General Assembly of th	Department of Human Resources & Miller County  (v) will be used to implement the strategy for this service (rate or fee changes, etc.), and when will they take effect	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo
Agreement Name Contract for Services  What other mechanisms (if any acts of the General Assembly, response to the General Assembly).  What other mechanisms (if any acts of the General Assembly, response to the General Assembly).	Department of Human Resources & Miller County  (i) will be used to implement the strategy for this service (rate or fee changes, etc.), and when will they take effect.  Freeman, Coutny Commission Chairman Date completed: September 2017	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo?
What other mechanisms (if any acts of the General Assembly, response to the General Person completing form: Kreg Phone number: 229.758.4104	Department of Human Resources & Miller County  (i) will be used to implement the strategy for this service (rate or fee changes, etc.), and when will they take effect  Freeman, Coutny Commission Chairman Date completed: September 2017  Description of the contacted by state agencies when evaluating whether	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo?
Agreement Name Contract for Services  What other mechanisms (if any acts of the General Assembly, response to the General Assembly, response to the Completing form: Kreg Phone number: 229.758.4104  Is this the person who should be	Department of Human Resources & Miller County  (i) will be used to implement the strategy for this service (rate or fee changes, etc.), and when will they take effect.  Freeman, Coutny Commission Chairman Date completed: September 2017	July 1 - June 30; Ongoing  (e.g., ordinances, resolutions, lo?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

Local Government or Author	rity Funding Me	ethod	
Miller County	General Funds & Enterprise Funds		
City of Colquitt	General Funds & Enterprise Funds	General Funds & Enterprise Funds	
4. How will the strategy change the	e previous arrangements for providing and/or fundin	g this service within the county?	
No change			
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Solid Waste Management	Miller County & City of Colquitt	July 1 - June 30; Ongoing	
	) will be used to implement the strategy for this servi ate or fee changes, etc.), and when will they take eff		
N/A			
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>	Freeman, County Commission Chairman Date completed: September 2017		
	e contacted by state agencies when evaluating whet service delivery strategy? ⊠Yes ⊡No	her proposed local government	
If not, provide designated contact	ct person(s) and phone number(s) below:		
,,	(-,		







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

#### Instructions:

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

		nd indicate how the service will be funded (e.g., ues, hotel/motel taxes, franchise taxes, impact
Local Government or Authori	V	Funding Method
City of Colquitt	General Funds	
ony or conquite	- Contrain and	
4. How will the strategy change the	previous arrangements for providing a	nd/or funding this service within the county?
No change		
5. List any formal service delivery a this service:	reements or intergovernmental contra	acts that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy fe or fee changes, etc.), and when will t	for this service (e.g., ordinances, resolutions, local they take effect?
N/A		
7. Person completing form: <b>Kreg Fr</b> Phone number: <b>229.758.4104</b>	eeman, County Commission Chairm Date completed: September 2017	nan
	contacted by state agencies when eval rvice delivery strategy? ⊠Yes ⊡No	luating whether proposed local government
If not, provide designated contact person(s) and phone number(s) below:		







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

#### Instructions:

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

	that will help to pay for this service and indicate how al funds, special service district revenues, hotel/mote	
Local Government or Author	ty Funding Metl	hod
Miller County	General Funds	
How will the strategy change the	previous arrangements for providing and/or funding t	this service within the county?
No change		
List any formal service delivery a this service:	greements or intergovernmental contracts that will be	
Agreement Name	Contracting Parties	Effective and Ending Dates
-		
	will be used to implement the strategy for this service e or fee changes, etc.), and when will they take effect	
N/A		
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>	eeman, County Commission Chairman Date completed: September 2017	
	contacted by state agencies when evaluating whethervice delivery strategy? ⊠Yes ⊡No	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:		







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

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:MILLER	Service: Tax Commissioner		
4. Oh ashaha harribat hart dasaribas tha assurad rusar			
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Miller County</b>		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
	Page 1 of 2		

	eral funds, specia	o pay for this service and indicate how al service district revenues, hotel/mote	
Local Government or Author	ritv	Funding Meth	od
Miller County	General I		
er county	- Contrain	direc	
4. How will the strategy change the	e previous arrang	gements for providing and/or funding th	nis service within the county?
No change			
this service:	agreements or in	tergovernmental contracts that will be	
Agreement Name		Contracting Parties	Effective and Ending Dates
		mplement the strategy for this service es, etc.), and when will they take effect	
N/A			
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>		y Commission Chairman ted: September 2017	
<ol><li>Is this the person who should be projects are consistent with the s</li></ol>		ate agencies when evaluating whether trategy? ⊠Yes ⊡No	r proposed local government
If not, provide designated contact			







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
		E From Made at	
Local Government or Author	ority	Funding Method	
Miller County		General Funds	
City of Colquitt		General Funds	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?
-		nge of the service provider; however, there is no cha	
this service:	agreei	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
Contract for Services		hber & Miller County	July 1 - June 30; Ongoing
Contract for Services	Chamber & City of Colquitt July 1 - June 30; Ongoing		July 1 - June 30; Ongoing
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: <b>Kreg</b> Phone number: <b>229.758.4104</b>		an, County Commission Chairman ate completed: September 2017	
		acted by state agencies when evaluating whether proede delivery strategy?  Yes No	oposed local government
If not, provide designated contact person(s) and phone number(s) below:			







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

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:MILLER	Service: Voter Registration		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Miller County			
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional documentation as described, below)			
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
	Page 1 of 2		

	that will help to pay for this service and indicate how al funds, special service district revenues, hotel/mote	
Local Government or Author	ty Funding Metl	hod
Miller County	General Funds	
How will the strategy change the	previous arrangements for providing and/or funding t	this service within the county?
No change		
List any formal service delivery a this service:	greements or intergovernmental contracts that will be	
Agreement Name	Contracting Parties	Effective and Ending Dates
-		
	will be used to implement the strategy for this service e or fee changes, etc.), and when will they take effect	
N/A		
7. Person completing form: <b>Kreg F</b> Phone number: <b>229.758.4104</b>	eeman, County Commission Chairman Date completed: September 2017	
	contacted by state agencies when evaluating whethervice delivery strategy? ⊠Yes ⊡No	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:		







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

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:MILLER	Service: Water Supply/Distribution		
Check the box that best describes the agreed upon	n delivery arrangement for this service:		
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
⊠One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  City of Colquitt			
<del></del> ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional documentation as described, below)			
⊠No			
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
	Page 1 of 2		

	at will help to pay for this service and indicate how thunds, special service district revenues, hotel/motel ta			
Local Government or Authority	Funding Method			
City of Colquitt	Enterprise funds			
ony or conquin				
	_			
		I		
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?		
No change				
List any formal service delivery agree this service:      Agreement Name	ements or intergovernmental contracts that will be us  Contracting Parties			
rig.comeration	Contracting Farties	Effective and Ending Dates		
- I gireement ruune	Contracting Farties	Effective and Ending Dates		
	Contracting Farties	Effective and Ending Dates		
	Contracting Farties	Effective and Ending Dates		
	Contracting Farties	Effective and Ending Dates		
	Contracting Farties	Effective and Ending Dates		
	Contracting Farties	Effective and Ending Dates		
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e. r fee changes, etc.), and when will they take effect?			
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e.			
6. What other mechanisms (if any) will acts of the General Assembly, rate of N/A  7. Person completing form: <b>Kreg Freer</b> Phone number: <b>229.758.2928</b>	be used to implement the strategy for this service (e. r fee changes, etc.), and when will they take effect?  man, County Commission Chairman Date completed: September 2017	g., ordinances, resolutions, local		
6. What other mechanisms (if any) will acts of the General Assembly, rate of N/A  7. Person completing form: <b>Kreg Freer</b> Phone number: <b>229.758.2928</b>	be used to implement the strategy for this service (e. r fee changes, etc.), and when will they take effect?  man, County Commission Chairman Date completed: September 2017	g., ordinances, resolutions, local		







## **FORM 3: Summary of Land Use Agreements**

#### Instructions:

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

Community Affairs.				
COUNTY:MILLER				
What incompatibilities or conflicts between the land use plans of local governments of developing the service delivery strategy?  None	were identified in the process of			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:			
☐ Amendments to existing comprehensive plans	If the necessary plan amendments,			
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when			
Other measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments will adopt them.			
If "other measures" was checked, describe these measures:				
3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? All governments will be guided by the SDS and will secure permission through resolution or from the elected body of the jurisdiction before extraterritorial services are provided. An updated SDS will be required whenever new territory or services are added to the service delivery area.				
4. Person completing form: Kimberly Brooks, Southwest Georgia Regional Commis	ssion			
Phone number: 229.522.3552 Date completed: August 2017				
5. Is this the person who should be contacted by state agencies when evaluating wheth projects are consistent with the service delivery strategy? ☐Yes ☒No	ner proposed local government			
If not, provide designated contact person(s) and phone number(s) below:				
KREG FREEMAN, MILLER COUNTY COMMISSION CHAIRMAN, 229.758.2928				







# SERVICE DELIVERY STRATEGY FORM 4: Certifications

#### Instructions:

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

**COUNTY: MILLER** 

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
LIST EACH JURISDICTION HERE, ALPHABETICALLY	List the Title of the Authorized Representative of Each Jurisdiction Here, Respectively	List the Names of the Representatives Here, Respectively		
Miller County	Kreg Freeman	County Commission Chair	Lieg Freewo	09-20
City of Colquitt	James Phillips	Mayor	Jan Phillip	9-20-17
j				