# Service Delivery Strategy

Monroe County, City of Forsyth, and City of Culloden

**JANUARY 2019** 

Previous Versions: May 1999 October 2007 October 2008

## RESOLUTION MONROE COUNTY

**WHEREAS**, during its 1997 Legislative Session, the Georgia State Legislature adopted the Service Delivery Strategy Act; and

WHEREAS, this act requires that every county within the State of Georgia adopt a Service Delivery Strategy which identifies the methods, funding sources, service provider, and geographic service area of each public service activity provided within the county; and

WHEREAS, the Service Delivery Strategy must be officially adopted and verified by the Georgia Department of Community Affairs by February 28, 2019; and

WHEREAS, city and county officials have worked diligently to prepare the county's Service Delivery Strategy; and

WHEREAS, the Chairman of the Monroe County Board of Commissioners is required to sign the requisite documents acknowledging approval of the Service Delivery Strategy.

**NOW THEREFORE, BE IT RESOLVED** by the Board of Commissioners of Monroe County that the attached Monroe County Service Delivery Strategy is hereby adopted as the official Service Delivery Strategy, to be updated from time-to-time as required in Title 36 of the Official Code of Georgia Annotated 36-70-1 et al; and

**BE IT FURTHER RESOLVED** that the Chairman of the Monroe County Board of Commissioners is hereby authorized to place the Service Delivery Strategy on the appropriate forms prescribed by the Georgia Department of Community Affairs, to execute those forms in the proper places, and to submit the Service Delivery Strategy to the Department of Community Affairs for verification in compliance with O.C.G.A. 36-70-26.

Adopted this 23 day of January 2019 at the county's commission meeting.

Chairman Greg Tapley,

Monroe County Board of Commissioners

AFFIX SEAL

Witness

## RESOLUTION CITY OF FORSYTH

WHEREAS, during its 1997 Legislative Session, the Georgia State Legislature adopted the Service Delivery Strategy Act; and

WHEREAS, this act requires that every county within the State of Georgia adopt a Service Delivery Strategy which identifies the methods, funding sources, service provider, and geographic service area of each public service activity provided within the county; and

WHEREAS, the Service Delivery Strategy must be officially adopted and verified by the Georgia Department of Community Affairs by February 28, 2019; and

WHEREAS, city and county officials have worked diligently to prepare the county's Service Delivery Strategy; and

WHEREAS, the Mayor of the City of Forsyth is required to sign the requisite documents acknowledging approval of the Service Delivery Strategy.

**NOW THEREFORE, BE IT RESOLVED** by the Mayor and Council of the City of Forsyth that the attached Monroe County Service Delivery Strategy is hereby adopted as the official Service Delivery Strategy, to be updated from time-to-time as required in Title 36 of the Official Code of Georgia Annotated 36-70-1 et al; and

**BE IT FURTHER RESOLVED** that the Mayor of the City of Forsyth is hereby authorized to place the Service Delivery Strategy on the appropriate forms prescribed by the Georgia Department of Community Affairs, to execute those forms in the proper places, and to submit the Service Delivery Strategy to the Department of Community Affairs for verification in compliance with O.C.G.A. 36-70-26.

Adopted this 22 day of January 2019 at the city's council meeting.

Mayor Eric Wilson, City of Forsyth

mue L'Hall

AFFIX SEAL

Witness







### COUNTY: MONROE COUNTY

### I. GENERAL INSTRUCTIONS:

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

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

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

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

PROCESS DESCRIBED. ABOVE.

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

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

Monroe County, City of Forsyth, City of Culloden, Forsyth Downtown Development Authority, Development Authority of Monroe County, Forsyth Convention and Visitors Bureau, Macon Water Authority

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

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

Ambulance, Child Advocacy, Coroner, Courts, Emergency Management, Health Services, Recreation, Soil Conservation

### 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.

Animal Control, Building Inspection, Cemetery, Code Enforcement, Downtown Development, Drug Task Force, E-911 Communications, Economic Development, Elections Board, Electricity, Fire Protection, Health Department, Indigent Care, Jail, Juvenile Delinquency Programs, Landfill, Law Enforcement (Police), Library, Roads and Bridges, Sewage Collection, Sewage Treatment, Social Services, Solid Waste Collection/Recycling, Street Lighting, Tax Collection, Tourism, Water Services, Yard Debris

Telecommunications has been ELIMINATED as of this SDS update as a local government responsibility Tick Control service has been ELIMINATED as of this SDS update as a local government responsibility







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

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:MONROE COUNTY	Service: ANIMAL CONTROL
1. Check <u>one</u> box that best describes the agreed upo	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): <b>MONROE COUNTY</b>
b.)  Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and cation 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, <u>a</u> overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expected to the competition of the competition cannot be expected.	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, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Monroe County	General Fund and User Fees
City of Forsyth	General Fund and User Fees
City of Culloden	General Fund and User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
The strategy updates the funding source and methods to include the cities.

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
Animal Control	City of Forsyth and Monroe County	2018 - Annually renewed
Animal Control	City of Culloden and Monroe County	2018 - Annually renewed

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?

The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

- 7. Person completing form: **Greg Boike, Middle Georgia Regional Commission**Phone number: **478-751-6160**Date completed: 1/14/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

  Yes 
  No

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649







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### Instructions:

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

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

Local Government or Author	ority Funding N	Method
Monroe County	User Fees, General Fund	
City of Forsyth	User Fees	
How will the strategy change th	ne previous arrangements for providing and/or fundi	ng this service within the county?
na etratady enlit Krilldind Inena	ction and Code Enforcement into two services and	updates the funding source and
ethods to include the City of Fo		Il be used to implement the strateg
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ethods to include the City of Formula is any formal service delivery his service:  **Agreement Name**	agreements or intergovernmental contracts that wi  Contracting Parties	Effective and Ending Da
ethods to include the City of Foundation include the City of F	agreements or intergovernmental contracts that wi  Contracting Parties	Effective and Ending Da
ethods to include the City of Formula is any formal service delivery his service:  **Agreement Name**	agreements or intergovernmental contracts that wi  Contracting Parties	Effective and Ending Da
ethods to include the City of Foundation is service:  Agreement Name  uilding Inspection Agreement	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth	Effective and Ending Da 2004 - Annually renewed
ethods to include the City of Foundation is service:  Agreement Name uilding Inspection Agreement	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth  y) will be used to implement the strategy for this serve	Effective and Ending Da 2004 - Annually renewed  vice (e.g., ordinances, resolutions,
ethods to include the City of Foundation is service:  Agreement Name uilding Inspection Agreement	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth	Effective and Ending Da 2004 - Annually renewed  vice (e.g., ordinances, resolutions, I
ethods to include the City of Foundation include the City of F	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth  y) will be used to implement the strategy for this serve	Effective and Ending Da 2004 - Annually renewed  vice (e.g., ordinances, resolutions, I
ethods to include the City of Foundation include the City of F	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth  y) will be used to implement the strategy for this serve	Effective and Ending Da 2004 - Annually renewed  vice (e.g., ordinances, resolutions, I
ethods to include the City of Foundation include the City of F	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth  y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	Effective and Ending Da 2004 - Annually renewed  vice (e.g., ordinances, resolutions, I
ethods to include the City of Foundation include the City of F	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth  y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take educed to use resolutions adopted by each governing books.	Effective and Ending Da 2004 - Annually renewed  vice (e.g., ordinances, resolutions, Iffect?
List any formal service delivery this service:  Agreement Name Building Inspection Agreement  What other mechanisms (if any acts of the General Assembly, references to the county and city have elected strategy. Provision of this service	agreements or intergovernmental contracts that wi  Contracting Parties  Monroe County and the City of Forsyth  y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, ffect?  dy to initiate the Service Delivery he governing bodies upon passage

If not, provide designated contact person(s) and phone number(s) below: JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649

projects are consistent with the service delivery strategy? ☐Yes ☒No

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government







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

Local Government or Authority	Funding M	ethod
City of Forsyth	General Fund	
City of Culloden	General Fund	
How will the strategy change the pr	evious arrangements for providing and/or fundin	g this service within the county?
he strategy updates the funding so	urce and method	
The strategy updates the furiding so	aree and method.	
_		
List any formal service delivery agrethis service:	eements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	I be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	
acts of the General Assembly, rate	or fee changes, etc.), and when will they take eff	ect?
acts of the General Assembly, rate  The county and cities have elected to Strategy. Provision of this service wi		dy to initiate the Service Delivery e governing bodies upon passage of
The county and cities have elected to Strategy. Provision of this service wi	or fee changes, etc.), and when will they take eff	dy to initiate the Service Delivery e governing bodies upon passage of
The county and cities have elected to Strategy. Provision of this service with adoption resolution. Additionally, Person completing form: Greg Boil	or fee changes, etc.), and when will they take eff	dy to initiate the Service Delivery e governing bodies upon passage of
The county and cities have elected to Strategy. Provision of this service with adoption resolution. Additionally, Person completing form: Greg Boil Phone number: 478-751-6160	or fee changes, etc.), and when will they take effort of use resolutions adopted by each governing both be carried out as outlined and authorized by the any agreements outlined above will govern the exe, Middle Georgia Regional Commission  Date completed: 1/14/19	dy to initiate the Service Delivery e governing bodies upon passage o delivery of this service.







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Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: MONROE COUNTY	Service: CODE ENFORCEMENT
Check <u>one</u> box that best describes the agreed upo	, .
<ul> <li>a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut</li> </ul>	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum  ☑ <b>No</b>	entation as described, below)
	ttoch an avalanction for continuing the arrangement (i.e.
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.
	Page 1 of 2

	that will help to pay for this service and indica al funds, special service district revenues, hote	
Local Government or Authori	y Funding	g Method
Monroe County	General Fund	
City of Forsyth	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or fur	nding this service within the county?
The strategy splits Building Inspectmethods.	tion and Code Enforcement into two services a	and updates the funding sources and
5. List any formal service delivery a this service:	greements or intergovernmental contracts that	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 see or fee changes, etc.), and when will they take	
Strategy. Provision of this service	I to use resolutions adopted by each governing will be carried out as outlined and authorized by, any agreements outlined above will govern t	y the governing bodies upon passage of
7. Person completing form: <b>Greg B</b> Phone number: <b>478-751-6160</b>	oike, Middle Georgia Regional Commission Date completed: 1/14/2019	
	contacted by state agencies when evaluating vervice delivery strategy? ☐Yes ☒No	whether proposed local government
If not, provide designated contact JIM HEDGES, COUNTY MANAG LISA ELDER, CULLODEN CITY JANICE HALL, FORSYTH CITY	CLERK: 478-885-2249,	







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

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

	eral func	vill help to pay for this service and indicate how the ls, special service district revenues, hotel/motel tax	
Local Government or Author	rity	Funding Method	
Downtown Development Author		Revenues from the City of Forsyth, Grants	
City of Forsyth		General Fund & Hotel/Motel Tax, Grants	
,		·	
4. How will the strategy change th	ie previoi	us arrangements for providing and/or funding this s	service within the county?
The strategy separates downtow updates the funding source and		pment, economic development, and tourism, upda	ites the authorities listed, and
List any formal service delivery this service:	agreeme	ents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Agreement Name		Contracting Farties	Effective and Ending Dates
Agreement Name		Contracting Farties	Effective and Ending Dates
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Agreement Name		Contracting Farties	Enective and Ending Dates
Agreement Name		Contracting Farties	Enective and Ending Dates
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6. What other mechanisms (if any		used to implement the strategy for this service (e.g. e changes, etc.), and when will they take effect?	
6. What other mechanisms (if any acts of the General Assembly, r  The county and cities have elect Strategy. Provision of this service	ed to use will be	used to implement the strategy for this service (e.g	., ordinances, resolutions, local litiate the Service Delivery rning bodies upon passage of
6. What other mechanisms (if any acts of the General Assembly, r  The county and cities have elect Strategy. Provision of this service the adoption resolution. Addition	ed to use will be ally, any	used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?  e resolutions adopted by each governing body to incarried out as outlined and authorized by the gove	., ordinances, resolutions, local litiate the Service Delivery rning bodies upon passage of
6. What other mechanisms (if any acts of the General Assembly, r  The county and cities have elect Strategy. Provision of this service the adoption resolution. Addition  7. Person completing form: Greg Phone number: 478-751-6160	ed to use e will be ally, any  Boike, N  Date	used to implement the strategy for this service (e.g. e changes, etc.), and when will they take effect?  e resolutions adopted by each governing body to incarried out as outlined and authorized by the gove agreements outlined above will govern the delivery liddle Georgia Regional Commission e completed: 1/14/19	., ordinances, resolutions, local nitiate the Service Delivery roing bodies upon passage of y of this service.

LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY: MONROE COUNTY	Service: DRUG TASK FORCE	
Check <u>one</u> box that best describes the agreed upon     N Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider.	
(If this box is checked, identify the government, aut	thority or organization providing the service.): <b>Monroe County</b> porated portion of the county by a single service provider. (If this box is	
checked, identify the government, authority or orga		
	ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum   ☐ No	nentation as described, below)	
If these conditions will continue under this strategy, a	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, impact
	fees, bonded indebtedness, etc.).

Manroa County	ity Funding I	Method
Monroe County	Seized Funds and State and Federal Gran	ts
City of Forsyth	Seized Funds	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
The strategy updates the funding	source and methods.	
this service:  Agreement Name	Contracting Parties	Effective and Ending Date
	Monroe County and City of Forsyth	2019 - Renewed Annually
rug ruok roroo rox	wormed deality and enty of the legiti	2010 Renewed Amindany
l l		
	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take e	ffect?
acts of the General Assembly, ra  The county and cities have electe	te or fee changes, etc.), and when will they take e	ody to initiate the Service Delivery
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service	te or fee changes, etc.), and when will they take e	ody to initiate the Service Delivery he governing bodies upon passage of
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service	te or fee changes, etc.), and when will they take e d to use resolutions adopted by each governing b will be carried out as outlined and authorized by t	ody to initiate the Service Delivery he governing bodies upon passage of
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service	te or fee changes, etc.), and when will they take e d to use resolutions adopted by each governing b will be carried out as outlined and authorized by t	ody to initiate the Service Delivery he governing bodies upon passage of
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service the adoption resolution. Additiona	te or fee changes, etc.), and when will they take e d to use resolutions adopted by each governing b will be carried out as outlined and authorized by t	ody to initiate the Service Delivery he governing bodies upon passage of

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

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: MONROE COUNTY	Service: E-911 COMMUNICATIONS
1. Check one box that best describes the agreed upo	
	cluding all cities and unincorporated areas) by a single service provider. Ithority or organization providing the service.): <b>Monroe County</b>
b.) Service will be provided only in the unincorporated checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation 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., overlapping service areas or competition cannot be expected to the competition of the service areas or competition cannot be expected.	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

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 Aut	hority	Funding I	Method
Monroe County	General Fund and	d User Fees	
City of Forsyth	General Fund - fe	es paid to county	
. How will the strategy change	the previous arrangements	for providing and/or fund	ing this service within the county?
The strategy updates the fund	ing source and methods.		
List any formal continue delities	ary agreements or intergeres	nmental contracts that w	ill be used to implement the strategy
this service:	ry agreements or intergover	illilental contracts that w	iii be used to implement the strategy
Agreement Name	Contra	ncting Parties	Effective and Ending Date
E-911 IGA	Monroe County & City of		2017 - Renewed Annually
Miles testing a second as a second of the		till a starter for the same	
acts of the General Assembly			vice (e.g., ordinances, resolutions, lo effect?
The county and cities have ele	ected to use resolutions ador	oted by each governing b	ody to initiate the Service Delivery
Strategy. Provision of this ser	vice will be carried out as out	lined and authorized by t	the governing bodies upon passage
the adoption resolution. Additi	onally, any agreements outli	ned above will govern the	e delivery of this service.
. Person completing form: Gre	eg Boike, Middle Georgia R	egional Commission	
Phone number: <b>478-751-616</b>			
lo this the nerson when the set	I ha contacted by state assess	olog whon avaluating	other proposed less!
is this the person who should projects are consistent with the			ether proposed local government
If not, provide designated cor		ımber(s) below:	
If not, provide designated cor JIM HEDGES, COUNTY MA LISA ELDER, CULLODEN O	NAGER: 478-994-7000,	• •	







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY: MONROE COUNTY	Service: ECONOMIC DEVELOPMENT	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): <b>Monroe County /</b>	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Dave 4 of 2	

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Autho	ritv	Funding Method	
Monroe County		General Fund & Sales Tax	
Development Authority		Monroe County Revenues, Bond Issues, Grants	
Development Addressly		Worker County Nevertace, Bena leeded, Crane	
How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
		elopment, economic development, and tourism, upda ds. Monroe County now provides funding to the Dev	
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.çíee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Strategy. Provision of this service	e will b	se resolutions adopted by each governing body to in e carried out as outlined and authorized by the gove by agreements outlined above will govern the deliver	erning bodies upon passage of
Phone number: <b>478-751-6160</b>	D	Middle Georgia Regional Commission ate completed: 1/14/2019 acted by state agencies when evaluating whether pr	oposed local government
		e delivery strategy?   Yes   No	oposed local government
If not, provide designated conta JIM HEDGES, COUNTY MANA LISA ELDER, CULLODEN CIT JANICE HALL, FORSYTH CIT	GER: Y CLE	RK: 478-885-2249,	







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY: MONROE COUNTY	Service: ELECTIONS BOARD	
Check one box that best describes the agreed upon.      Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider.	
(If this box is checked, identify the government, aut	thority or organization providing the service.): <b>Monroe County</b> porated portion of the county by a single service provider. (If this box is	
checked, identify the government, authority or orga		
	ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	the map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum   ☒ No	entation as described, below)	
If these conditions will continue under this strategy, a	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, impact
	fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Monroe County	General Fund
City of Forsyth	General Fund
City of Culloden	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
The strategy updates the funding methods and delivery arrangement for this service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Elections Board IGA	Monroe County, City of Culloden, City of Forsyth	2019 - Renewed Annually

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?

The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

- 7. Person completing form: **Greg Boike, Middle Georgia Regional Commission**Phone number: **478-751-6160**Date completed: 1/14/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649







## FORM 2: Summary of Service Delivery Arrangements

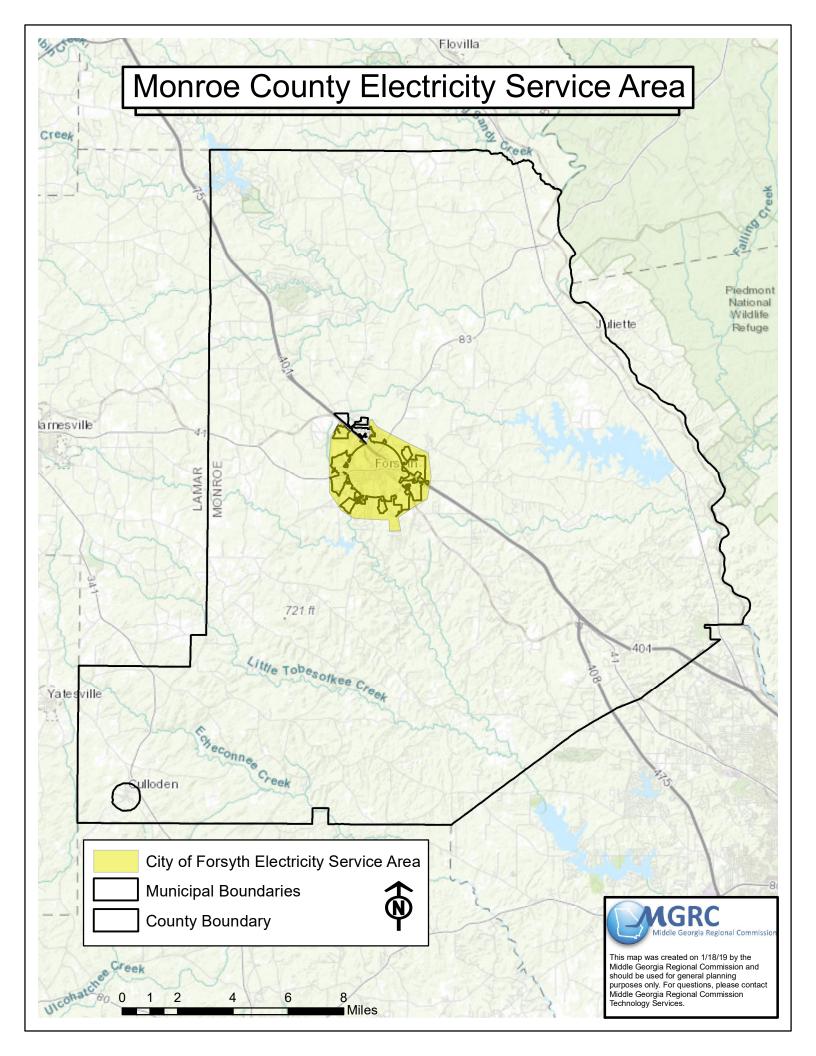
### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: MONROE COUNTY	Service: ELECTRICITY	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Forsyth	
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.	
	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, gen fees, bonded indebtedness, etc		nds, special service district revenues, hotel/motel tax	xes, franchise taxes, impact
Local Government or Author	ritv	Funding Method	
City of Forsyth	<u>-</u>	Enterprise Fund	
		·	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?
The strategy updates the service	e area i	тар.	
List any formal service delivery this service:	agreei	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Strategy. Provision of this servic	e will b	use resolutions adopted by each governing body to in the carried out as outlined and authorized by the gove the govern the deliver	rning bodies upon passage of
7. Person completing form: <b>Greg</b> Phone number: <b>478-751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019	
		acted by state agencies when evaluating whether probe delivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government
If not, provide designated conta JIM HEDGES, COUNTY MANA LISA ELDER, CULLODEN CIT JANICE HALL, FORSYTH CIT	GER: Y CLE	RK: 478-885-2249,	









## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

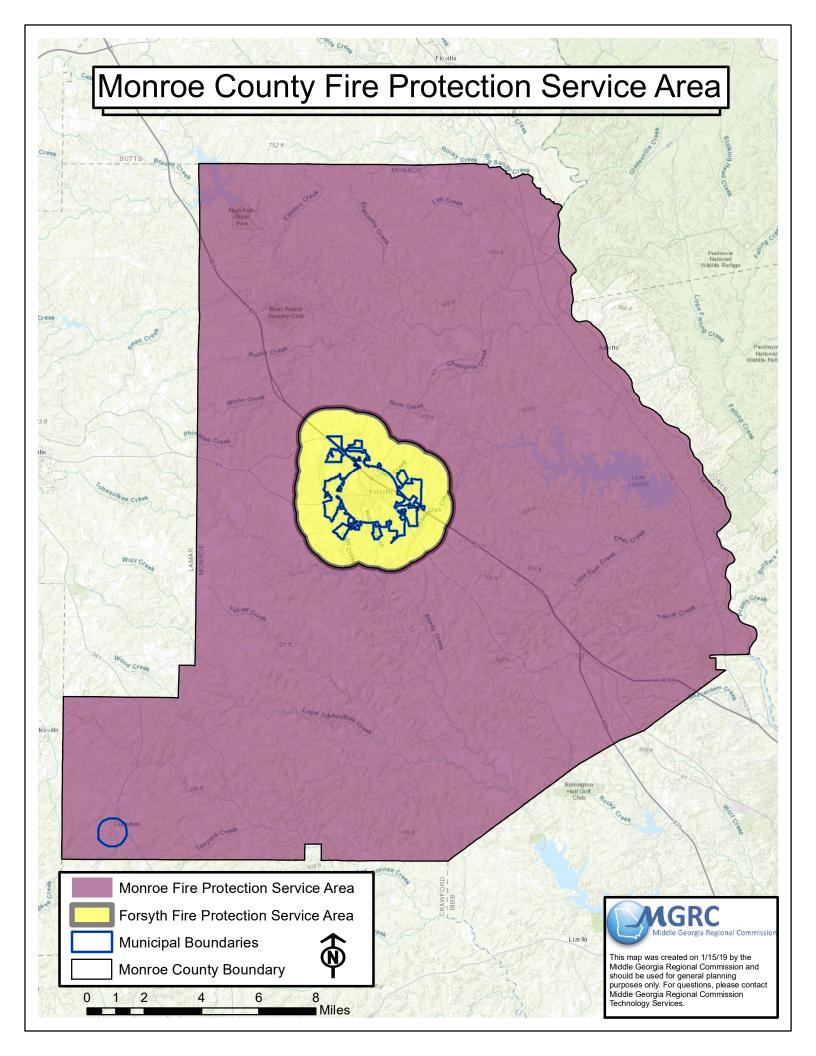
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

COUNTY: MONROE COUNTY Service: FIRE PROTECTION
Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:
a.) 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.) 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.):
c.)  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
e.)   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.): <b>Monroe County, City of Forsyth</b>
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.

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	ity Funding I	Method
Monroe County	General Fund and Insurance Premium Tax	
City of Forsyth	General Fund	
City of Culloden General Fund		
How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
The strategy updates the funding	methods.	
<ul> <li>List any formal service delivery a this service:</li> </ul>	greements or intergovernmental contracts that wi	Il be used to implement the strategy to
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
Mutual Aid Agreement	Monroe County and the City of Forsyth	2012 - Annually renewed
	will be used to implement the strategy for this ser	
	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take e	ffect?
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service	te or fee changes, etc.), and when will they take e  d to use resolutions adopted by each governing by will be carried out as outlined and authorized by t	ody to initiate the Service Delivery he governing bodies upon passage of
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service	te or fee changes, etc.), and when will they take e	ody to initiate the Service Delivery he governing bodies upon passage of
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service	te or fee changes, etc.), and when will they take e  d to use resolutions adopted by each governing by will be carried out as outlined and authorized by t	ody to initiate the Service Delivery he governing bodies upon passage of
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service the adoption resolution. Additiona	te or fee changes, etc.), and when will they take e d to use resolutions adopted by each governing b will be carried out as outlined and authorized by t lly, any agreements outlined above will govern the	ody to initiate the Service Delivery he governing bodies upon passage of
acts of the General Assembly, ra  The county and cities have electe Strategy. Provision of this service the adoption resolution. Additiona  Person completing form: Greg B	te or fee changes, etc.), and when will they take e d to use resolutions adopted by each governing b will be carried out as outlined and authorized by t lly, any agreements outlined above will govern the	ody to initiate the Service Delivery he governing bodies upon passage of
The county and cities have electe Strategy. Provision of this service the adoption resolution. Additional Person completing form: Greg B Phone number: 478-751-6160	te or fee changes, etc.), and when will they take e d to use resolutions adopted by each governing b will be carried out as outlined and authorized by t lly, any agreements outlined above will govern the coike, Middle Georgia Regional Commission Date completed: 1/14/2019	ody to initiate the Service Delivery he governing bodies upon passage of edelivery of this service.
The county and cities have electe Strategy. Provision of this service the adoption resolution. Additiona  Person completing form: Greg B Phone number: 478-751-6160  Is this the person who should be	te or fee changes, etc.), and when will they take e d to use resolutions adopted by each governing b will be carried out as outlined and authorized by t lly, any agreements outlined above will govern the	ody to initiate the Service Delivery he governing bodies upon passage of edelivery of this service.

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649









## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

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

Local Government or Authority		Funding Method	
Monroe County		General Fund, Grants	
. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
The strategy updates the funding Social Services to ensure available		ods and delivery arrangement for this service. This s grant funds.	service is clarified from other
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Strategy. Provision of this service	e will b	se resolutions adopted by each governing body to in e carried out as outlined and authorized by the gove by agreements outlined above will govern the deliver	rning bodies upon passage of
7. Person completing form: <b>Greg</b> l Phone number: <b>478-751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019	
		acted by state agencies when evaluating whether probe delivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government
If not, provide designated contact JIM HEDGES, COUNTY MANA LISA ELDER, CULLODEN CITY JANICE HALL, FORSYTH CITY	GER: Y CLE	RK: 478-885-2249,	







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: MONROE COUNTY	Service: INDIGENT CARE	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): <b>Monroe County</b>	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping 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, <b>a</b> 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.	
	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, ger fees, bonded indebtedness, etc		nds, special service district revenues, hotel/motel tax	xes, franchise taxes, impact
Local Government or Author	ritv	Funding Method	
Monroe County	<u>-</u>	General Fund	
4. How will the strategy change th	e prev	ous arrangements for providing and/or funding this	service within the county?
The strategy updates the funding	g meth	ods.	
5. List any formal service delivery this service:	agreei	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Strategy. Provision of this service	e will b	se resolutions adopted by each governing body to in e carried out as outlined and authorized by the gove ny agreements outlined above will govern the deliver	rning bodies upon passage of
7. Person completing form: <b>Greg</b> Phone number: <b>478-751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019	
		acted by state agencies when evaluating whether proede delivery strategy?   Yes   No	oposed local government
If not, provide designated conta JIM HEDGES, COUNTY MANA LISA ELDER, CULLODEN CIT JANICE HALL, FORSYTH CIT	GER: Y CLE	RK: 478-885-2249,	







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: MONROE COUNTY	Service: JAIL	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): <b>Monroe County</b>	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If 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 e	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 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	

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

Local Government or Authority	Funding Method	
Monroe County	General Fund & Jail Fine Fund	
City of Forsyth	Jail Fees & General Fund	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
The strategy updates the funding methods and delivery arrangement for this service.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for		

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
Jail Services IGA	City of Forsyth and Monroe County	2019 - Renewed Annually

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?

The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

- 7. Person completing form: **Greg Boike, Middle Georgia Regional Commission**Phone number: **478-751-6160**Date completed: 1/14/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: MONROE COUNTY	Service: JUVENILE DELINQUENCY PROGRAMS
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider.
	thority or organization providing the service.): <b>Monroe County</b>
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	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

	ty Funding I	Method
Monroe County	General Fund, fees from fines, State Gran	ts (as available)
_		
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
h	and the second s	and the complete
he strategy updates the delivery	arrangement to reflect the current status of the p	rovision of the service.
List any formal service delivery a his service:	greements or intergovernmental contracts that w	ill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	
acts of the General Assembly, rat	e or fee changes, etc.), and when will they take e	effect?
acts of the General Assembly, rate	d to use resolutions adopted by each governing by will be carried out as outlined and authorized by	effect?  body to initiate the Service Delivery the governing bodies upon passage of
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take e	effect?  body to initiate the Service Delivery the governing bodies upon passage of
he county and cities have elected trategy. Provision of this service he adoption resolution. Additional	d to use resolutions adopted by each governing be will be carried out as outlined and authorized by ly, any agreements outlined above will govern the	effect?  body to initiate the Service Delivery the governing bodies upon passage of
The county and cities have elected strategy. Provision of this service he adoption resolution. Additional Person completing form: Greg B	d to use resolutions adopted by each governing by will be carried out as outlined and authorized by	effect?  body to initiate the Service Delivery the governing bodies upon passage of
he county and cities have elected trategy. Provision of this service he adoption resolution. Additional Person completing form: Greg B Phone number: 478-751-6160	d to use resolutions adopted by each governing by will be carried out as outlined and authorized by ly, any agreements outlined above will govern the oike, Middle Georgia Regional Commission	effect?  body to initiate the Service Delivery the governing bodies upon passage of e delivery of this service.
The county and cities have elected strategy. Provision of this service he adoption resolution. Additional Person completing form: Greg B Phone number: 478-751-6160  Is this the person who should be projects are consistent with the second	d to use resolutions adopted by each governing by will be carried out as outlined and authorized by aly, any agreements outlined above will govern the oike, Middle Georgia Regional Commission  Date completed: 1/14/2019  contacted by state agencies when evaluating wherevice delivery strategy?   Person(s) and phone number(s) below:	effect?  body to initiate the Service Delivery the governing bodies upon passage o e delivery of this service.







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: MONROE COUNTY	Service: LANDFILL			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): <b>Monroe County</b>			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠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 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			

	rity that will help to pay for this service and indica neral funds, special service district revenues, hoto .).	
Local Government or Author	rity Funding	g Method
Monroe County	General Fund and User Fees	
	ne previous arrangements for providing and/or fur	adia a thia a an isa within the account O
The strategy updates the funding  5. List any formal service delivery this service:	g method.  agreements 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	y) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, local
The county and cities have elect Strategy. Provision of this service	rate or fee changes, etc.), and when will they take the carried out as outlined and authorized by ally, any agreements outlined above will govern	g body to initiate the Service Delivery y the governing bodies upon passage of
	Boike, Middle Georgia Regional Commission Date completed: 1/14/2019	·
projects are consistent with the	Y CLERK: 478-885-2249,	whether proposed local government







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY: MONROE	Service: Law Enforcement (Police)			
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			
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.):			
<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 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 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			

1 1 0		=	NA - (1 - 1
Local Government or Autho		Funding	Method
City of Forsyth		General Fund, Grants	
How will the strategy change the	e previou	us arrangements for providing and/or fund	ding this service within the county?
		police services, though the City of Cullode only, as Sheriff is not required to be listed in	
List any formal service delivery this service:	agreeme	ents or intergovernmental contracts that w	vill be used to implement the strategy
Agreement Name		Contracting Parties	Effective and Ending Da
		used to implement the strategy for this se e changes, etc.), and when will they take	
		adopted by each local government will for ciated intergovernmental agreements liste	
Person completing form: <b>Greg</b> Phone number: <b>(478) 751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019	
Is this the person who should be projects are consistent with the		cted by state agencies when evaluating wh delivery strategy?  ☐Yes  ☑No	nether proposed local government







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: MONROE COUNTY	Service: LIBRARY			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): <b>Monroe County</b>			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
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.			
	Page 1 of 2			

General Fund, User Fees, Revenues from General Fund	Board of Education & City of Forsyt
General Fund	
ous arrangements for providing and/or fund	ing this service within the county?
ments or intergovernmental contracts that w	Il be used to implement the strategy
Contracting Parties	Effective and Ending Dat
a used to implement the strategy for this ser	vice (e.g. ordinances resolutions lo
e used to implement the strategy for this ser	
)	ngement for this service to reflect countywide d section, and updates the agreement section parties, and that previous agreements were comments or intergovernmental contracts that wi

7. Person completing form: **Greg Boike, Middle Georgia Regional Commission**Phone number: **478-751-6160**Date completed: 1/14/2019

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

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: MONROE COUNTY	Service: ROADS AND BRIDGES			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organiza County, City of Forsyth, City of Culloden	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Monroe			
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	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.			

3. List each government or authority that will help to pay for this service and indicate how the se	rvice 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
Monroe County	General Fund, SPLOST, Federal, and State Funding
City of Forsyth	General Fund, State Funds, SPLOST, LMIG
City of Culloden	General Fund, State Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the count	4	How will the strategy	change the previous arrai	ngements for providing:	and/or funding	this service within the cour	ntv?
--	---	-----------------------	---------------------------	-------------------------	----------------	------------------------------	------

The strategy updates the funding methods and delivery arrangement for this service. A map was included to highlight areas of primary service responsibility. Monroe County assists with secondary service responsibility on some projects within the City of Forsyth and City of Culloden on the basis of funding allocations.

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?

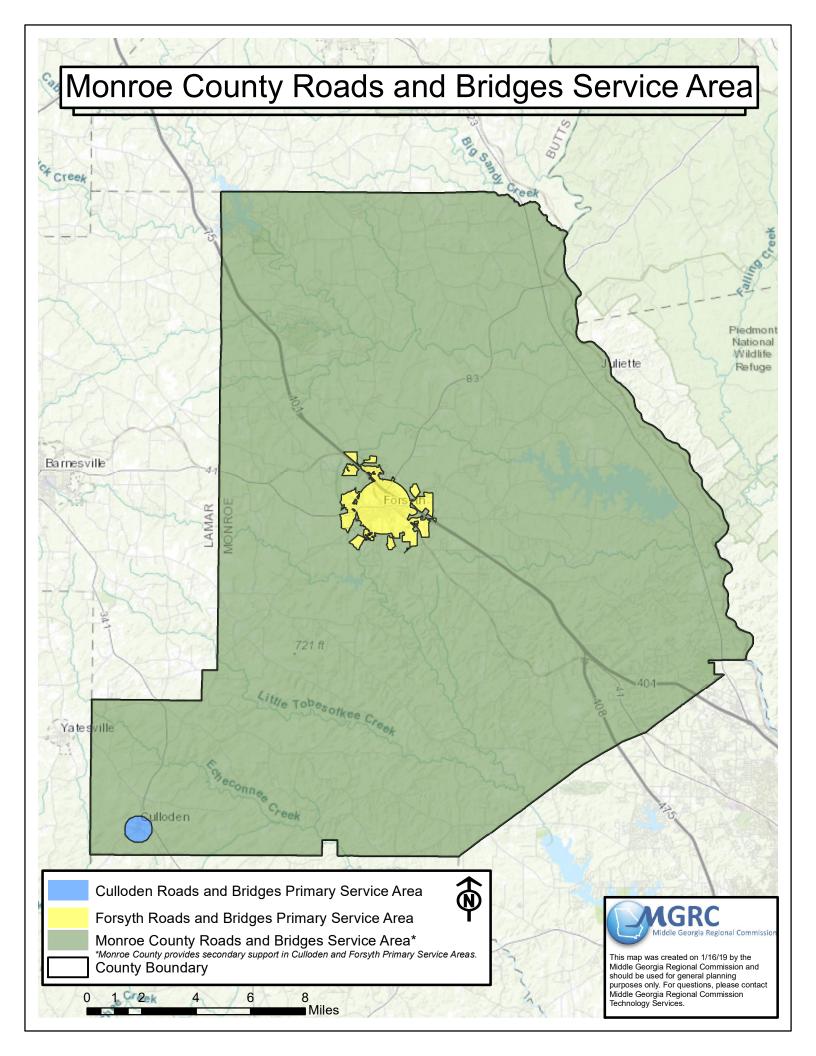
The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

- 7. Person completing form: **Greg Boike, Middle Georgia Regional Commission**Phone number: **478-751-6160**Date completed: 1/14/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

  Yes 
  No

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

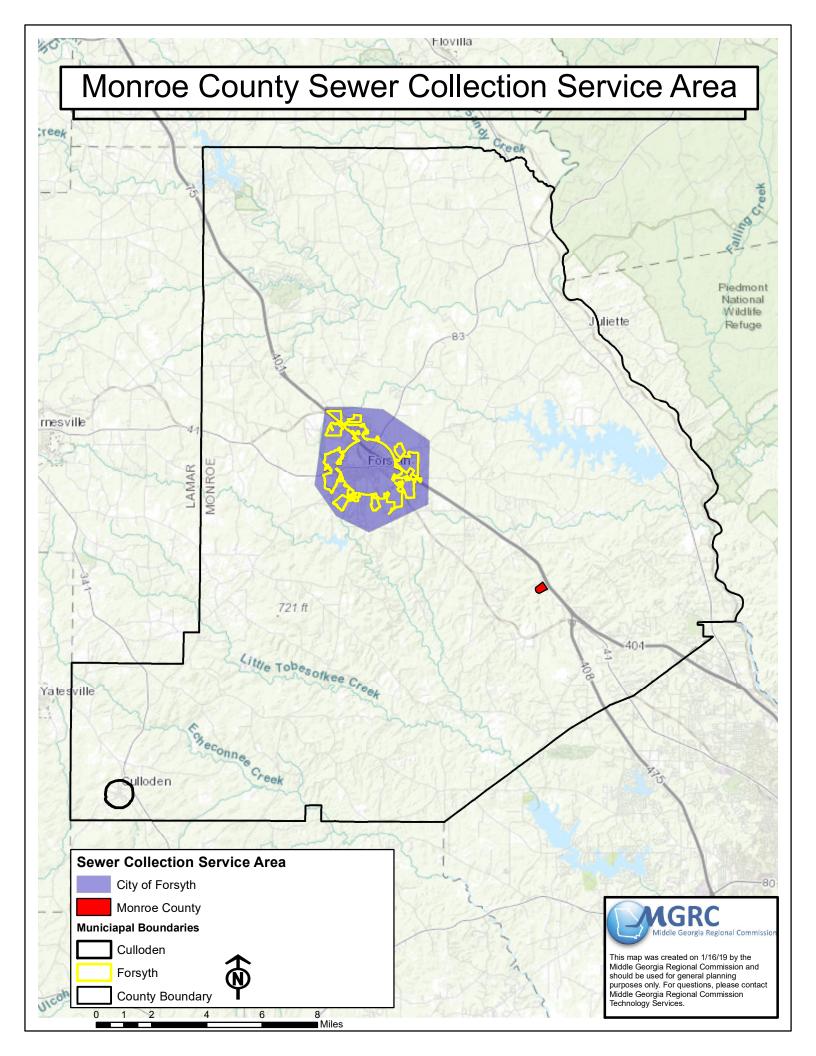
should be reported to the Department of Community Affairs.				
COUNTY: MONROE COUNTY	Service: SEWAGE COLLECTION			
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):			
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of			
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 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	e.g.,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, important	act
fees, bonded indebtedness, etc.).	

,						
Local Government or Author	rity Funding Method					
Monroe County General Fund, User Fees, SPLOST, grants						
City of Forsyth	City of Forsyth Enterprise Fund Federal Funds, Revenue Bonds, SPLOST, Federal & State Grant					
4. How will the strategy change the	previous arrangements for providing and/or funding this	service within the county?				
	The strategy updates the funding methods and delivery arrangement for this service. See attached map for service delivery area designation. Sewage Collection and Sewage Treatment have also been split.					
List any formal service delivery a this service:	agreements 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?						
The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.						
7. Person completing form: <b>Greg Boike, Middle Georgia Regional Commission</b> Phone number: <b>478-751-6160</b> Date completed: 1/14/2019						
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No						

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649

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









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY: MONROE COUNTY Service: SEWAGE TREAT	MENT			
Check <u>one</u> box that best describes the agreed upon delivery arrangement for the second content of the se	nis service:			
a.) Service will be provided countywide (i.e., including all cities and unincorp (If this box is checked, identify the government, authority or organization providing				
b.) Service will be provided only in the unincorporated portion of the county checked, identify the government, authority or organization providing the service				
c.)  One or more cities will provide this service only within their incorporated provided in unincorporated areas. (If this box is checked, identify the government service:				
d.)  One or more cities will provide this service only within their incorporated service in unincorporated areas. (If this box is checked, identify the government service.):				
e.)   Other (If this box is checked, <u>attach a legible map delineating the service</u> identify the government, authority, or other organization that will provide service Forsyth, Macon Water Authority				
2. In developing this strategy, were overlapping service areas, unnecessary comp identified?	etition 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 co</u> overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding be overlapping service areas or competition cannot be eliminated).				
If these conditions will be eliminated under the strategy, attach an implementation will be taken to eliminate them, the responsible party and the agreed upon deadling				

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, impac
fees, bonded indebtedness, etc.).

unty: General Fund, User Fees, SPLOST, grants Fund Federal Funds,Revenue Bonds,SPLOST,Federal & State Grants
Fund Federal Funds,Revenue Bonds,SPLOST,Federal & State Grants

4. How will the strategy change the previous arrangements for providing and/or funding this service within the count	4	How will the strategy	change the previous arrai	ngements for providing:	and/or funding	this service within the cour	ntv?
--	---	-----------------------	---------------------------	-------------------------	----------------	------------------------------	------

The strategy updates the funding methods and delivery arrangement for this service. See attached map for service delivery area designation. It also clarifies that Macon Water Authority provides Sewage Treatment in areas where Monroe County collects sewage. Sewage Collection and Sewage Treatment have been split for this reason.

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?

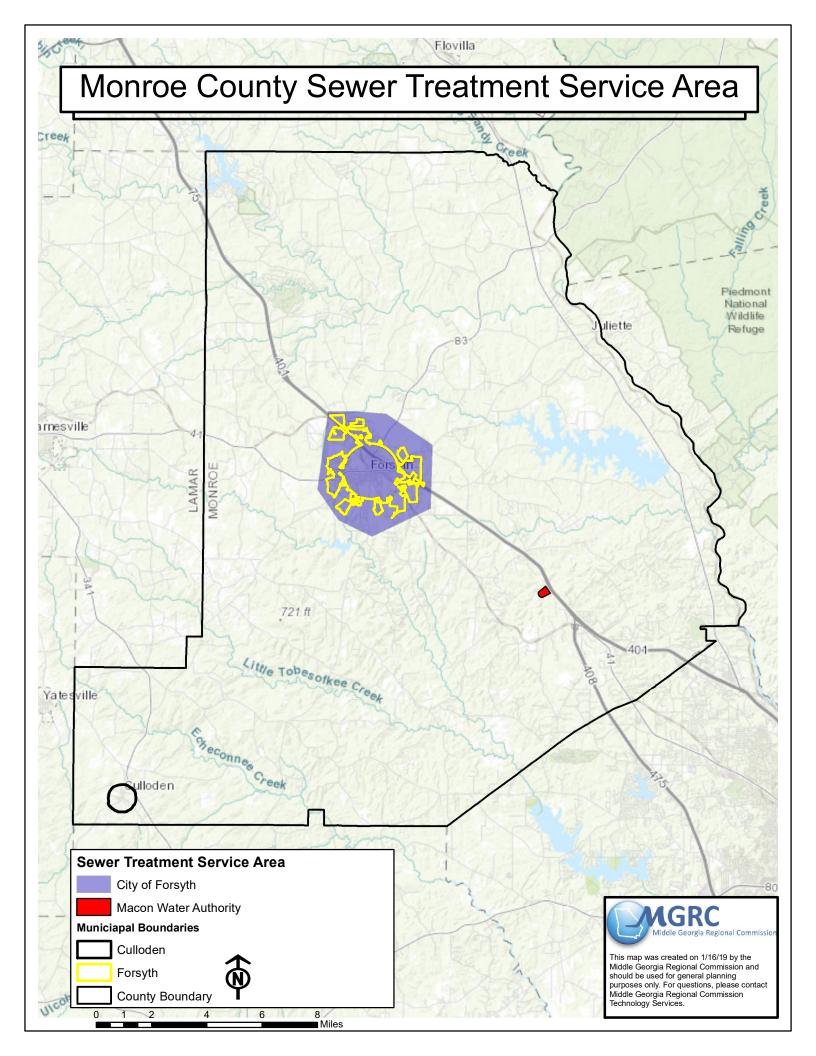
The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

- 7. Person completing form: **Greg Boike, Middle Georgia Regional Commission**Phone number: **478-751-6160**Date completed: 1/14/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

  Yes 
  No

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

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							
Monroe County		General Fund, Grants					
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?				
The strategy updates the funding	g meth	ods and delivery arrangement for this service.					
List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for				
Agreement Name		Contracting Parties	Effective and Ending Dates				
		e used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	,, ordinances, resolutions, local				
The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.							
7. Person completing form: <b>Greg</b> Phone number: <b>478-751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019					
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No							
If not, provide designated contact person(s) and phone number(s) below: JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649							







# FORM 2: Summary of Service Delivery Arrangements

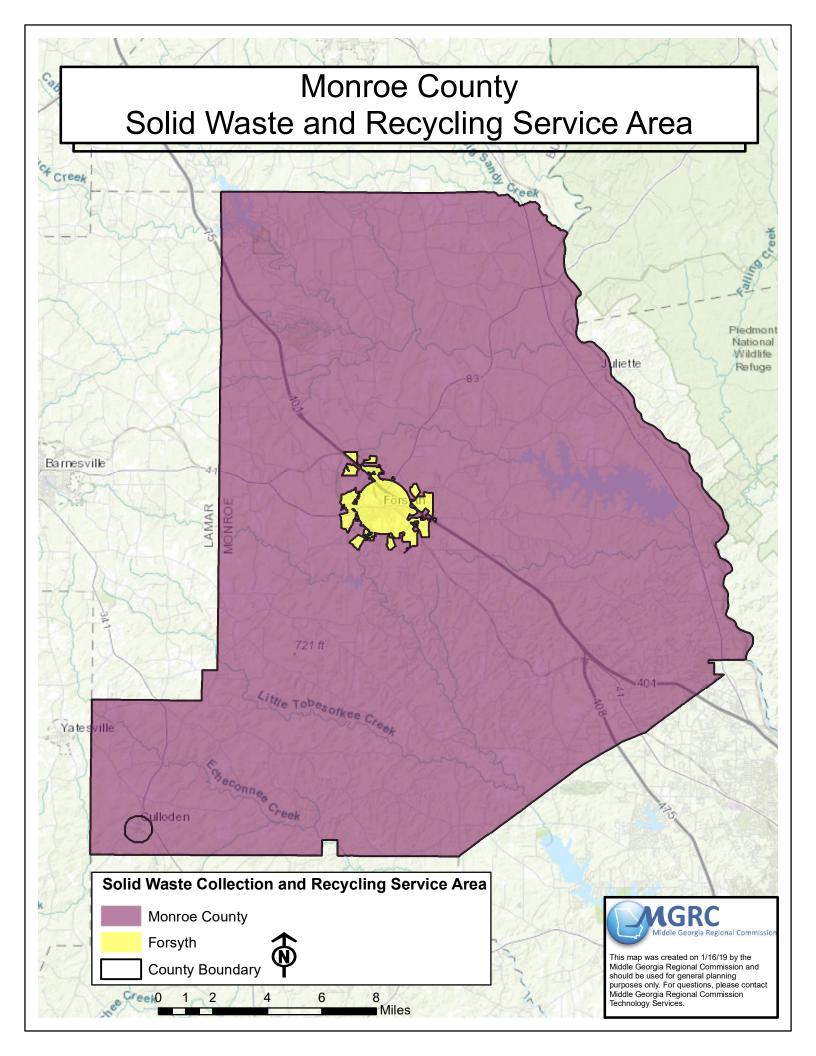
#### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: MONROE COUNTY	Service: SOLID WASTE COLLECTION/RECYCLING
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.)  Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiza County, City of Forsyth	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Monroe
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	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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).						
Local Government or Author	itv	Funding Method				
Monroe County	<b>,</b>	General Fund and User Fees				
City of Forsyth		General Fund and User Fees (contract with private	e company)			
	constant and coordinate many private company)					
4. How will the strategy change the	e previ	ious arrangements for providing and/or funding this	service within the county?			
The strategy updates the funding methods and delivery arrangement for this service. See attached map.						
this service:	agreer	ments 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.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local			
The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.						
7. Person completing form: <b>Greg B</b> Phone number: <b>478-751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No						
If not, provide designated contact person(s) and phone number(s) below:  JIM HEDGES, COUNTY MANAGER: 478-994-7000,						

LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649









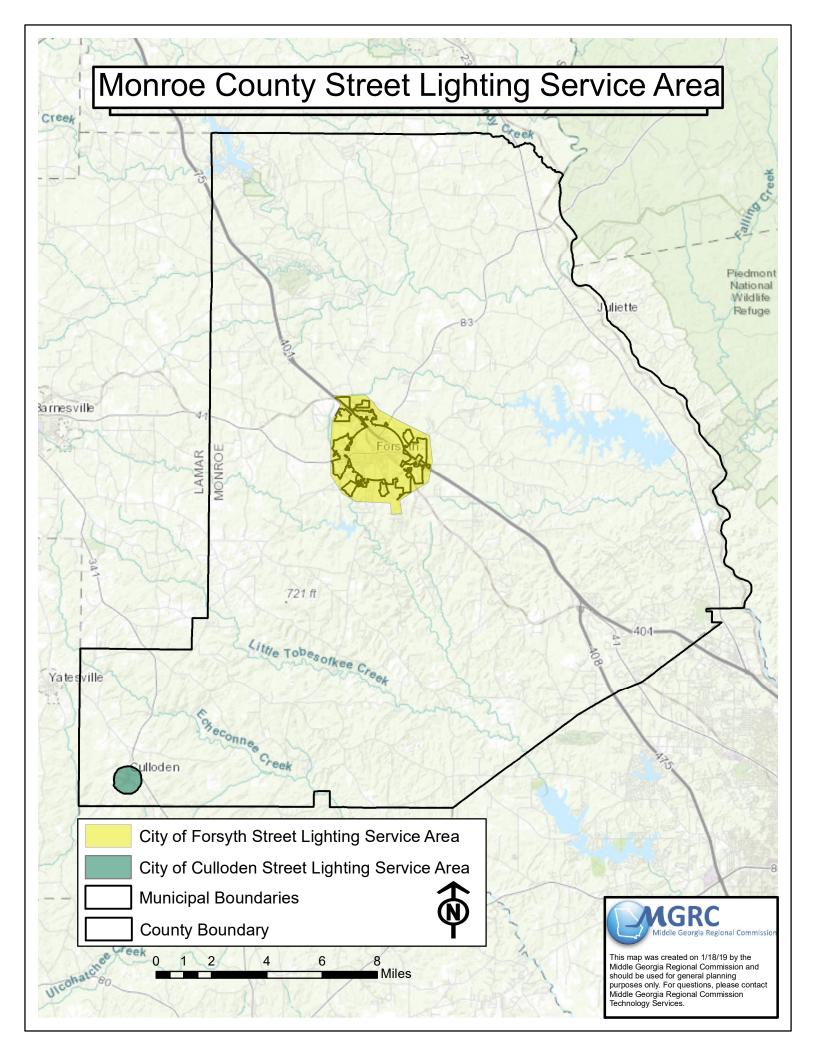
# FORM 2: Summary of Service Delivery Arrangements

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

Answer each question below, attaching additional pages as necess 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: MONROE COUNTY	Service: STREET LIGHTING
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of
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.

	nat will help to pay for this service and indicate how th funds, special service district revenues, hotel/motel to	
Local Government or Authority	Funding Method	1
City of Culloden	General Fund	
City of Forsyth	Enterprise Fund	
4. How will the strategy change the pr	evious arrangements for providing and/or funding this	service within the county?
The strategy updates the funding me included.	thods and delivery arrangement for this service. A ne	w service area map is also
this service:	eements or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e. or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Strategy. Provision of this service wi	o use resolutions adopted by each governing body to I be carried out as outlined and authorized by the gov any agreements outlined above will govern the delive	erning bodies upon passage of
Phone number: 478-751-6160	ke, Middle Georgia Regional Commission Date completed: 1/14/2019 ntacted by state agencies when evaluating whether p	roposed local government
projects are consistent with the serv	ice delivery strategy? ☐Yes ☒No erson(s) and phone number(s) below:	government
LISA ELDER, CULLODEN CITY C	_ERK: 478-885-2249,	









# FORM 2: Summary of Service Delivery Arrangements

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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: MONROE COUNTY	Service: TAX COLLECTION
Check <u>one</u> box that best describes the agreed upo     a.) Service will be provided countywide (i.e., inc	on delivery arrangement for this service:
(If this box is checked, identify the government, aut	chority or organization providing the service.): <b>Monroe County</b> borated portion of the county by a single service provider. (If this box is
c.)  One or more cities will provide this service of	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	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

	neral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta		
Local Government or Author	ority	Funding Method		
Monroe County		General Fund		
City of Forsyth		General Fund		
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?	
		ods and delivery arrangement for this service.  ments or intergovernmental contracts that will be use	ed to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
Tax Collection Agreement	City o	f Forsyth and the Tax Commissioner	2004 - Annually renewed	
9	,	•	,	
		e used to implement the strategy for this service (e.çiee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
Strategy. Provision of this service	e will b	se resolutions adopted by each governing body to in e carried out as outlined and authorized by the gove by agreements outlined above will govern the deliver	erning bodies upon passage of	
7. Person completing form: <b>Greg</b> Phone number: <b>478-751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019		
		acted by state agencies when evaluating whether predelivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government	
If not, provide designated conta JIM HEDGES, COUNTY MANA LISA ELDER, CULLODEN CIT JANICE HALL, FORSYTH CIT	AGER: 4 Y CLEI	RK: 478-885-2249,		







# FORM 2: Summary of Service Delivery Arrangements

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

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Local Government or Author	ity Funding	Method
. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
Service has been ELIMINATED.		
Service has been Echivilina LED.		
List any formal service delivery a	agreements or intergovernmental contracts that w	vill be used to implement the strategy fo
this service:	ignoomonic of intorgovormional contracto that w	in so doed to implement the strategy to
Agreement Name	Contracting Parties	Effective and Ending Dates
, and the second	<u> </u>	
	When the Lands are the control of the state	rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any)	will be used to implement the strategy for this se	
	te or fee changes, etc.), and when will they take	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take o	
acts of the General Assembly, ra		
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take o	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take of the changes of the changes.	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take o	
Person completing form: Greg B Phone number: 478-751-6160  Is this the person who should be	Will take effect immediately upon adoption.  Boike, Middle Georgia Regional Commission	effect?
Service has been ELIMINATED. Vol. 1. Person completing form: Greg B Phone number: 478-751-6160  Is this the person who should be projects are consistent with the s	Will take effect immediately upon adoption.  Boike, Middle Georgia Regional Commission Date completed: 1/14/2019  contacted by state agencies when evaluating whervice delivery strategy? □Yes ☑No  t person(s) and phone number(s) below:	effect?







# FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: MONROE COUNTY	Service: TICK CONTROL
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
<ul> <li>a.)  Service will be provided countywide (i.e., inc</li> <li>(If this box is checked, identify the government, aut</li> </ul>	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping 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, <b>a</b> 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.
	Page 1 of 2

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	<b>3 0</b> 1		COM		ued
	•				

Local Government or Author	ority	Funding	Method
1. How will the strategy change th	e previous	s arrangements for providing and/or fund	ling this service within the county?
Comice has been ELIMINIATED			
Service has been ELIMINATED.			
List on formal carries delivery	o aro o mon	oto or interger or mental contracts that u	ill be used to implement the stretegy.
this service:	agreemer	nts or intergovernmental contracts that w	ill be used to implement the strategy
Agraamant Nama		Contracting Parties	Effective and Ending Date
Agreement Name		Contracting Parties	Effective and Ending Date
			I
		sed to implement the strategy for this se	
	oto or foo	changes ata ) and when will they take	
	ate or fee	changes, etc.), and when will they take	enect?
	ate or fee	changes, etc.), and when will they take	enect?
acts of the General Assembly, r			enect?
acts of the General Assembly, r		effect immediately upon adoption.	enect?
acts of the General Assembly, r			enect?
acts of the General Assembly, r	Will take e	effect immediately upon adoption.	enect?
acts of the General Assembly, r	Will take o		enect?
acts of the General Assembly, reservice has been ELIMINATED.  7. Person completing form: Greg Phone number: 478-751-6160	Will take of Boike, Mic Date se contacte	effect immediately upon adoption.  ddle Georgia Regional Commission completed: 1/14/2019  ed by state agencies when evaluating whether the state agencies where the state agencies when evaluating whether the state agencies where agencie	
acts of the General Assembly, research as been ELIMINATED.  7. Person completing form: Greg Phone number: 478-751-6160  8. Is this the person who should be	Boike, Mic Date be contacted service de	effect immediately upon adoption.  ddle Georgia Regional Commission completed: 1/14/2019  ed by state agencies when evaluating whelivery strategy?   Yes  No	
acts of the General Assembly, research as been ELIMINATED.  7. Person completing form: Greg Phone number: 478-751-6160  8. Is this the person who should be projects are consistent with the	Boike, Mic Date be contacte service de ct person(:	effect immediately upon adoption.  ddle Georgia Regional Commission completed: 1/14/2019  ed by state agencies when evaluating whelivery strategy?   Yes  No  s) and phone number(s) below: 3-994-7000,	







# FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.				
COUNTY:MONROE COUNTY	Service: TOURISM			
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): <b>Forsyth Convention and</b>			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Dave 4 of 2			

	eral fu	nds, special service district revenues, hotel/motel tax			
Local Government or Author	rity	Funding Method			
Convention and Visitors Bureau		Hotel/Motel Tax, Grants			
4. How will the strategy change th	ne previ	ious arrangements for providing and/or funding this	service within the county?		
The strategy separates downtow updates the funding source and		elopment, economic development, and tourism, updads.	ates the authorities listed, and		
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for		
Agreement Name		Contracting Parties	Effective and Ending Dates		
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	., ordinances, resolutions, local		
The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.					
7. Person completing form: <b>Greg</b> Phone number: <b>478-751-6160</b>		Middle Georgia Regional Commission ate completed: 1/14/2019			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No					
If not, provide designated contact person(s) and phone number(s) below:  JIM HEDGES, COUNTY MANAGER: 478-994-7000,  LISA ELDER, CULLODEN CITY CLERK: 478-885-2249,  JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649					







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY: MONROE COUNTY  Service: WATER SERVICES		
Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:		
a.) 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.) 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.):		
c.)  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
e.)   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.): <b>Monroe County, City of Forsyth, City of Culloden</b>		
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.		

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
Monroe County	General Fund, User Fees, Enterprise Fund, SPLOST, Revenue Bonds
City of Forsyth Enterprise Fund, SPLOST, Revenue Fund, Federal Grants, GEFA loan	
City of Culloden	Enterprise Fund, SPLOST

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
The strategy updates the funding methods and delivery arrangement for this service. See attached map.

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	
Water Services Agreement	City of Forsyth and Monroe County	2016 - Renewed Annually	

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?

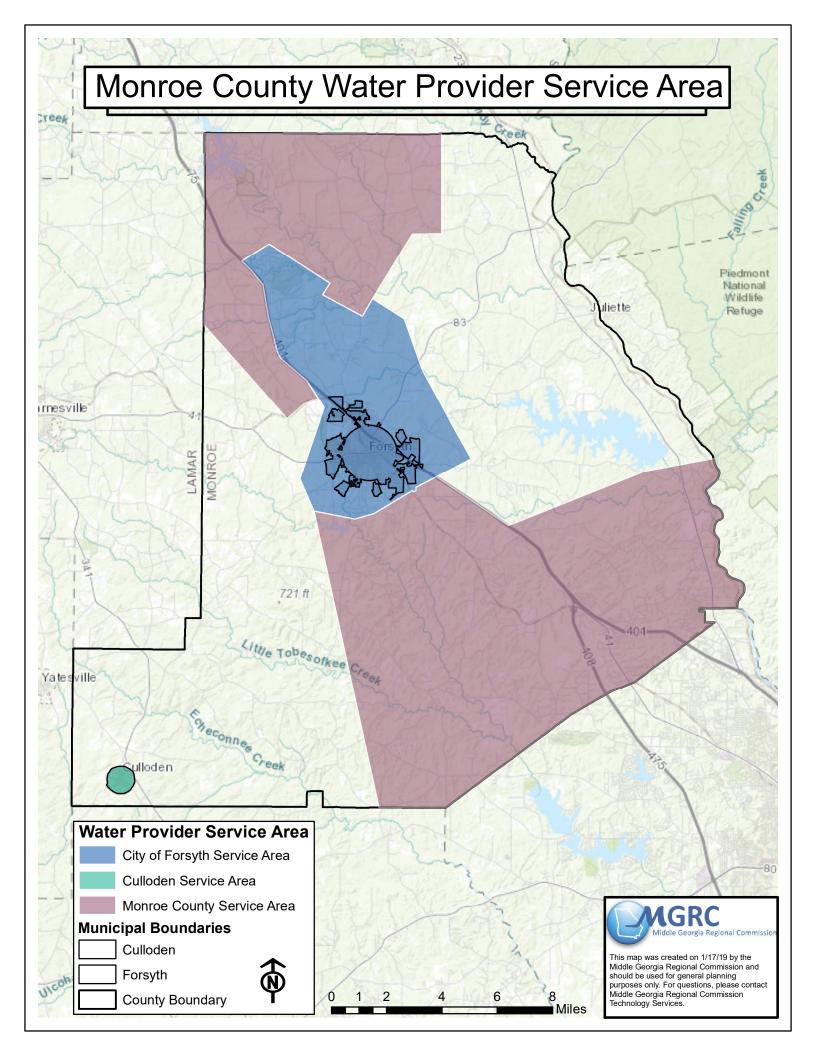
The county and cities have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provision of this service will be carried out as outlined and authorized by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

- 7. Person completing form: **Greg Boike, Middle Georgia Regional Commission**Phone number: **478-751-6160**Date completed: 1/14/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

  Yes 
  No

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

JIM HEDGES, COUNTY MANAGER: 478-994-7000, LISA ELDER, CULLODEN CITY CLERK: 478-885-2249, JANICE HALL, FORSYTH CITY MANAGER: 478-994-5649









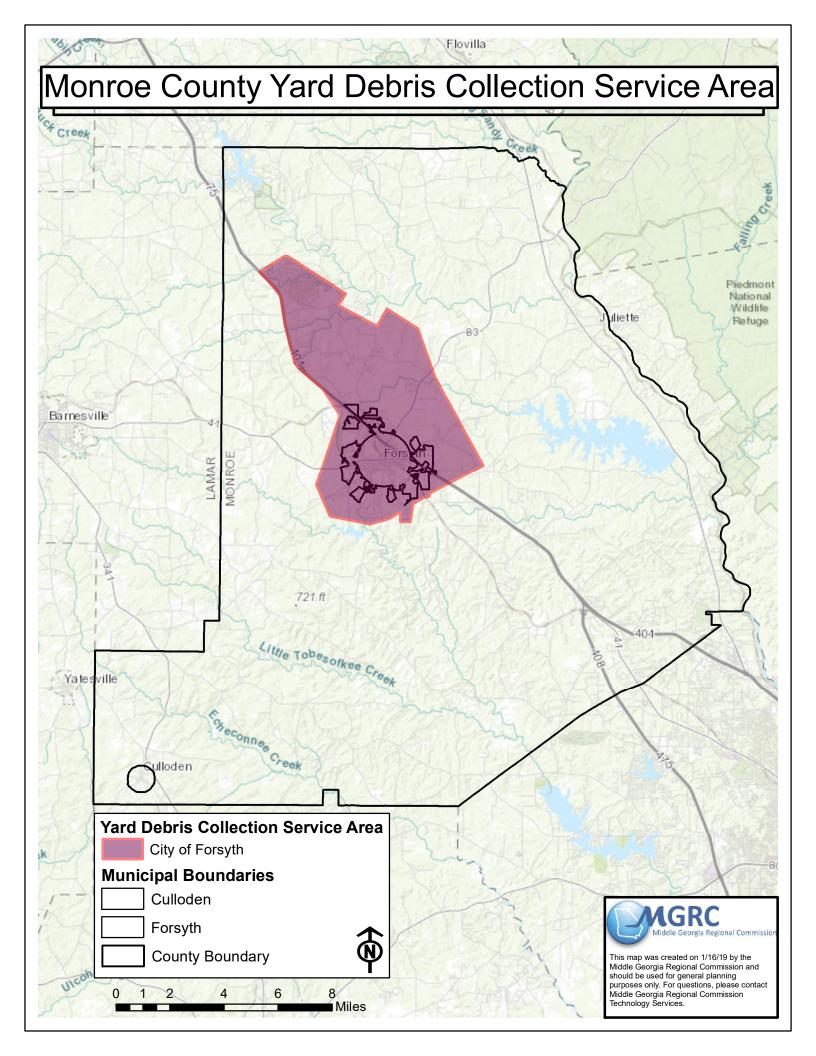
# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: MONROE COUNTY	Service: YARD DEBRIS			
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:			
<ul> <li>a.)    Service will be provided countywide (i.e., income (i.e.</li></ul>	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the			
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Forsyth			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the conditions are serviced to the conditi	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			

	y that will help to pay for this service and indicate l ral funds, special service district revenues, hotel/n			
Local Government or Author	ity Funding M	lethod		
City of Forsyth	General Fund and Service Fees			
How will the strategy change the	previous arrangements for providing and/or fundir	ng this service within the county?		
The strategy updates the funding a provider of the service. Forsyth	methods and delivery arrangement for this service will provide the service to any of their utility custom	. Monroe County is no longer listed as ners.		
<ol><li>List any formal service delivery a this service:</li></ol>	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		
	_			
	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take ef			
Strategy. Provision of this service	d to use resolutions adopted by each governing bowill be carried out as outlined and authorized by the ly, any agreements outlined above will govern the	ne governing bodies upon passage of		
7. Person completing form: <b>Greg B</b> Phone number: <b>478-751-6160</b>	oike, Middle Georgia Regional Commission Date completed: 1/14/2019			
	contacted by state agencies when evaluating whe ervice delivery strategy? $\square$ Yes $\square$ No	ether proposed local government		
If not, provide designated contact JIM HEDGES, COUNTY MANAGLISA ELDER, CULLODEN CITY JANICE HALL, FORSYTH CITY	CLERK: 478-885-2249,			









# FORM 3: Summary of Land Use Agreements

#### Instructions:

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

#### **COUNTY: MONROE COUNTY**

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

No imcompatibilities or conflicts have been identified. Monroe County, the City of Culloden, and the City of Forsyth have adopted a joint comprehensive plan that serves as a basis for land use planning decisions.

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		
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when 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?  Local governments will consult with one another to determine whether new services are compatible with existing land use documents. If needed, an intergovernmental agreement will be entered into which will outline the payment obligations of every entity involved relative to each new service.			
4. Person completing form: Greg Boike, Middle Georgia Regional Commission			
Phone number: <b>478-751-6160</b> Date completed: 1/14/2019			
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ☐Yes ☒No	r proposed local government		
If not, provide designated contact person(s) and phone number(s) below:			
JIM HEDGES, COUNTY MANAGER: 478-994-7000, JANICE HALL, FORSYTH CITY	MANAGER: 478-994-5649		







# 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: MONROE

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
MONROE COUNTY	Chairman	Greg Tapley	BMy	1/23/19
CITY OF FORSYTH	Mayor	Eric Wilson	1 2 11	1/22/19
,				
		- 2		