





SERVICE DELIVERY STRATEGY FORM 1

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

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

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN 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.

Oconee County

Bishop

Bogart

North High Shoals

Watkinsville

Upper Oconee Basin Water Authority

Northeast Georgia Solid Waste Management 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.

Animal Control Services

Building Inspection/Code Enforcement

Child Development Services

Civic Center

Cooperative Extension Service

County Coroner

Department of Family and Children Services

Economic Development

Emergency - 911

Emergency Management

Emergency Medical Services

Fire Protection

Indigent Defense

Jail Services

Judicial/Courts

Landfill

Law Enforcement

Library Services

Planning

Public Health Services

Public Sanitary Sewage

Public Water Supply/Treatment

Recreation

Road/Bridge Maintenance

Senior Citizens Center

Solid Waste Collection

Street Lights

Tax Appraisal/Assessment

Tax Collection

Voter Registration

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.

None		

Page 2 of 2







SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

Community Affairs.	
COUNTY:OCONEE	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None identified. Joint Comprehensive Plan Update to be finalized 6/18.	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
☐ Amendments to existing comprehensive plans	If the necessary plan amendments,
	regulations, ordinances, etc. have not yet been formally adopted, indicate when
Other measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	will adopt them.
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Development of Water & Sewer Master Plan pending. Joint Comprehe sewer by Character Area.	with all applicable land use plans
4. Person completing form: Justin Kirouac, County Administrator	
Phone number: 706.769.5120 Date completed: 5.1.18	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
TYPE CONTACT NAME, TITLE & PHONE HERE	







SERVICE DELIVERY STRATEGY

FORM 5: Certifications for Extension of Existing SDS

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

If the strategy for providing **ANY** local service is being revised, FORM 5 <u>CANNOT</u> be used. When revisions are necessary, a submittal <u>MUST</u> include updates to FORM 1, FORM 2, and FORM 4 that cover ALL local services.

COUNTY: OCONEE

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

1. We have reviewed our existing Service Delivery Strategy (SDS) and have determined that it continues to accurately reflect our preferred arrangements for providing **ALL** local services throughout our county and no changes in our Strategy are needed at this time. We authorize its extension until:

Select 1 box, below	Type End-Year Below
☐ February 28,☑ June 30,☐ October 31,	2019

- 2. Each of our governing bodies (County Commission and City Councils) that are a party to this strategy have adopted resolutions agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for implementation of our service delivery strategy (O.C.G.A. 36-70-21);
- 3. Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- 4. Our service delivery strategy continues to provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 5. Our service delivery strategy continues to ensure 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));
- 6. Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A)):
- 7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- 8. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

	SDS FO	RM 5, continued		
JURISDICTION	TITLE	NAME	SIGNATURE	DATE
BISHOP	Mayor	Johnny Pritchett	Seri stenn	5/29/12
BOGART	Mayor	Terri Glenn	Jew Menn	1218
NORTH HIGH SHOALS	Mayor	Toby Bradberry	THE PARTY OF THE P	5/07/10
OCONEE COUNTY	Chairman	John Daniel	Ja Damen	
WATKINSVILLE	Mayor	Dave Shearon	Sand hums	3/1/18
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		11		



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR

Oconee

_COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS

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

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

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

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

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.

Oconee County Bishop

Bogart

North High Shoals

Watkinsville

Northeast Georgia Solid Waste Management Authority Upper Oconee Basin Water Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Animal Control Services

Building Inspection/Code Enforcement

Child Development Services

Civic Center

Cooperative Extension Service

County Coroner

Department of Family and Children Services

Economic Development

Emergency-911

Emergency Management

Emergency Medical Services

Fire Protection

Indigent Defense

Jail Services

Judicial/Courts

Landfill

Law Enforcement

Library Services

Planning

Public Health Services

Public Sanitary Sewage
Public Water Supply/Treatment
Recreation
Road/Bridge Maintenance

Senior Citizens Center Solid Waste Collection

Street Lights

Tax Appraisal/Assessment

Tax Collection

1750

Voter Registration

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

County:	Oconee		Service:	Animal Control Servi	ces
1. Check	the box that best descr	ibes the agreed upon d	elivery arrangement	for this service:	
15 (checked, identity the go	countywide (i.e., includ overnment, authority or	ing all cities and unit organization providi	ncorporated areas) by a single s	ervice provider. (If this box
☐ Se	Oconee County rvice will be provided o entify the government, a	only in the unincorpora authority or organizatio	ted portion of the cou on providing the servi	anty by a single service provide	r. (If this box is checked,
On un	ne or more cities will pr incorporated areas. (If t	ovide this service only his box is checked, ide	within their incorpor ntify the government	ated boundaries, and the servic (s), authority or organization p	e will not be provided in coviding the service.)
Or un	ne or more cities will pr incorporated areas. (If	ovide this service only this box is checked, ide	within their incorpor	ated boundaries, and the count (s), authority or organization p	will provide the service in coviding the service.)
☐ Ot	ther. (If this box is checovernment, authority, or	ked, attach a legible n other organization tha	nap delineating the s t will provide service	service area of each service po within each service area.)	rovider, and identify the
2. In de	eveloping the strategy, ves 図 no	vere overlapping servio	ce areas, unnecessary	competition and/or duplication	of this service identified?
6	conditions will continu evels of service (See O petition cannot be elimin	.C.G.A. 30-70-24(1)). (ttach an explanation	n for continuing the arrangen the duplication, or reasons tha	ent (i.e., overlapping but overlapping service areas
If these taken to	conditions will be elim eliminate them, the res	inated under the strates	gy, attach an implen agreed upon deadline	nentation schedule listing each	step or action that will be
3. List	each government or aut	hority that will help to	nay for this service a	nd indicate how the coming will	l be funded (e.g., enterprise t fees, bonded indebtedness, etc.)
Local Go		Funding Method:		, ,	massicanos, otc.
Ocone	e County	General funds			
	,				
4. How	will the strategy chang	ge the previous arrange	ments for providing a	nd/or funding this service with	in the country?
			in the same of the	me or randing this service with	in the county?
	No change				
					•
5. List a	any formal service deliv	ery agreements or inte	rgovernmental contra	cts that will be used to implem	ent the strategy for this service:
Agreemen	in Name.	Cor	stracting Parties:		Effective and Ending Dates:
Maste	r Service Delive	ry Agreement			
	at other mechanisms (if I Assembly, rate or fee one	any) will be used to im changes, etc.), and whe	plement the strategy in will they take effec	for this service (e.g., ordinance	s, resolutions, local acts of the
				•	
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7 D		77 1. 11 m . D.			
	son completing form: (706)	Wendell T. Day 769-5120		0.107.100	
			Date completed:		
are con	ns the person who shounsistent with the service provide designated con-	delivery sualegy! X	ives i ino	ating whether proposed local g	overnment projects



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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed	
and the following additional pages as necessary if the contact person for this carries distant at the house at the necessary	on page I
should be reported to the Department of Community Affairs.	nanges, thi

County:	Oconee	Service; Building Inspection/Co	de Enforcement
1. Check the box	x that best describes the a	greed upon delivery arrangement for this service:	закот сещене
Service wi	ill be provided countywid	e (i.e., including all cities and unincorporated areas) by a single se t, authority or organization providing the service.)	rvice provider. (If this box
Service wi	ill be provided only in the e government, authority	c unincorporated portion of the county by a single service provider. or organization providing the service.)	(If this box is checked,
One or mo unincorpo	ore cities will provide this rated areas. (If this box is	service only within their incorporated boundaries, and the service checked, identify the government(s), authority or organization pro	will not be provided in oviding the service.)
difficorpo	rated areas. (If this box is	service only within their incorporated boundaries, and the county checked, identify the government(s), authority or organization probagant, North High Shoals, Watkinsville	will provide the service in oviding the service.)
Other. (If governme	this box is checked, attac nt, authority, or other org	ch a legible map delineating the service area of each service pro anization that will provide service within each service area.)	ovider, and identify the
☐ yes K	no	apping service areas, unnecessary competition and/or duplication	
or competition	cannot be eliminated).	ne strategy, attach an explanation for continuing the arrangeme 6-70-24(1)), overriding benefits of the duplication, or reasons that	overlapping service areas
If these condition taken to eliminate	ons will be eliminated un ate them, the responsible	der the strategy, attach an implementation schedule listing each of party and the agreed upon deadline for completing it.	step or action that will be
3. List each go funds, user fee	vernment or authority tha s, general funds, special s	t will help to pay for this service and indicate how the service will ervice district revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)
Local Government	or Authority: Funding M		, = ===================================
Oconee Cour	nty Gener	cal funds, User fees	
Bishop	Gene	cal funds, User fees	
Bogart		cal funds	
North High Watkinsvill		al funds	
		al funds	
	e strategy change the pre-	vious arrangements for providing and/or funding this service within	the county?
No change			
5 List any form	nal service delivery corre	manta antique	
Agreement Name:	mai service derivery agree	ments or intergovernmental contracts that will be used to implement Contracting Parties:	
Master Ser	vice Delivery Agr		Effective and Ending Dates:
	vice belivery Agr	eement	
6. What other General Assem	mechanisms (if any) will bly, rate or fee changes,	be used to implement the strategy for this service (e.g., ordinances etc.), and when will they take effect?	, resolutions, local acts of the
None			
7. Person com		ndell T. Dawson	
Phone number	:(706) 769–5	120 Date completed: 8/24/98	-
8. Is this the p	erson who should be con	acted by state agencies when evaluating whether proposed local go	Vernment projects
	with the service delivery	suategy (K yes X no	
Mayor Nadra	Tohnson Part -	n(s) and phone number(s) below: Wendell T. Dawson, Cl	hairman (706) 769-5120
Mayor Jeff	Thomas North Hia	(/UD) /09-5387 Mayor Roy Norris Passer (770)	705 7060
J JOLL		Shoals (706) 769 4289; Mayor Sammy Sanders,	Watkinsville

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Count	y: Oconee		Service:	Child Development	
1. Che	eck the box that best desc	ribes the agreed upon del	ivery arrangement for th	is service:	
X	is checked, identify the g	countywide (i.e., including overnment, authority or o	ng all cities and unincorp organization providing th	porated areas) by a single service provider. (If this box are service.)	
	ACTION, Inc. Service will be provided identify the government,	only in the unincorporate authority or organization	d portion of the county be providing the service.)	by a single service provider. (If this box is checked,	
	One or more cities will p unincorporated areas. (If	rovide this service only we this box is checked, iden	vithin their incorporated tify the government(s), a	boundaries, and the service will not be provided in authority or organization providing the service.)	*
1	One or more cities will p unincorporated areas. (If	rovide this service only we this box is checked, iden	vithin their incorporated tify the government(s), a	boundaries, and the county will provide the service in authority or organization providing the service.)	
	Other. (If this box is che government, authority, o	cked, attach a legible mar r other organization that v	p delineating the service with	ce area of each service provider, and identify the in each service area.)	
2. In	developing the strategy,] yes [X] no	were overlapping service	areas, unnecessary comp	petition and/or duplication of this service identified?	
nighei	se conditions will continu r levels of service (See C npetition cannot be elimi	.C.G.A. 36-70-24(1)), ov	ach an explanation for erriding benefits of the d	continuing the arrangement (i.e., overlapping but luplication, or reasons that overlapping service areas	
If thes	se conditions will be elin to eliminate them, the re	inated under the strategy sponsible party and the ag	, attach an implementa greed upon deadline for o	tion schedule listing each step or action that will be completing it.	
3. Lis	st each government or au s, user fees, general funds	thority that will help to pa , special service district r	ay for this service and incevenues, hotel/motel tax	dicate how the service will be funded (e.g., enterprise es, franchise taxes, impact fees, bonded indebtedness, e	tc.
	Government or Authority:	Funding Method:			
0co	nee County	General funds			
					4
<u> </u>	44.000.00				\dashv
					\dashv
4. Ho	ow will the strategy chan	ge the previous arrangeme	ents for providing and/or	funding this service within the county?	_'
	No change				
	•				
5. Lis	t any formal service deli nent Name:	very agreements or interg	overnmental contracts th	at will be used to implement the strategy for this service	e:
	ter Service Deliv	γ	acting Parties:	Effective and Ending Dates:	7
11113	ter berviet berry	ery Agreement			\dashv
					\dashv
	And the second s				\neg
6. Wi	hat other mechanisms (if ral Assembly, rate or fee	any) will be used to impl changes, etc.), and when	ement the strategy for th will they take effect?	is service (e.g., ordinances, resolutions, local acts of the	 ;
	None				
	erson completing form:	Wendell T. Da		***	
	e number:(706) 76		Date completed:8/2		
are co	onsistent with the service	ld be contacted by state a delivery strategy? X y act person(s) and phone i	es no	whether proposed local government projects	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Oconee County		Service:	Civic Center	
1. Check the box that best descri		Nefeliarationalisate		Additional and the second and the se
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.)				
Oconee County Service will be provided o identify the government, a	nly in the unincorporated uthority or organization p	portion of the couroviding the servi	anty by a single service providence.)	er. (If this box is checked,
One or more cities will pro unincorporated areas. (If the	ovide this service only wit his box is checked, identif	hin their incorpor y the government	ated boundaries, and the servic (s), authority or organization p	e will not be provided in roviding the service.)
One or more cities will prounincorporated areas. (If the	ovide this service only wit nis box is checked, identif	hin their incorpor y the government	ated boundaries, and the count (s), authority or organization p	y will provide the service in roviding the service.)
Other. (If this box is check government, authority, or	ted, attach a legible map other organization that wi	delineating the s	ervice area of each service provided within each service area.)	rovider, and identify the
2. In developing the strategy, w yes 🗓 you	ere overlapping service ar	eas, unnecessary	competition and/or duplication	of this service identified?
If these conditions will continue higher levels of service (See O.0 or competition cannot be elimin	C.G.A. 36-70-24(1)), over	h an explanation riding benefits of	for continuing the arrangementhe duplication, or reasons that	nent (i.e., overlapping but toverlapping service areas
If these conditions will be elimitaken to eliminate them, the resp	nated under the strategy, a consible party and the agre	ttach an implem eed upon deadline	entation schedule listing each for completing it.	step or action that will be
3. List each government or auth funds, user fees, general funds,	ority that will help to pay special service district rev	for this service ar enues, hotel/mote	nd indicate how the service wil el taxes, franchise taxes, impac	l be funded (e.g., enterprise t fees, bonded indebtedness, etc.)
T	unding Method:			
Oconee County	General funds, U	ser fees	- MATERIAL STATE OF THE STATE O	
		West Washington		
4. How will the strategy change	the previous arrangemen	ts for providing a	nd/or funding this service with	in the county?
No change			-	•
•				
5. List any formal service delive Agreement Name:	ery agreements or intergov	ernmental contracting Parties:	cts that will be use i to impleme	
Master Service Delive		ing raties.		Effective and Ending Dates:
6. What other mechanisms (if a General Assembly, rate or fee co	ny) will be used to implen hanges, etc.), and when wi	nent the strategy fill they take effect	or this service (e.g., ordinance.?	s, resolutions, local acts of the
None				
7. Person completing form:	Wendell T. Daws		0/2//00	_
		te completed:		_
8. Is this the person who should are consistent with the service d If not, provide designated conta	elivery strategy? 🗶 yes	no	aung wnether proposed local g	overnment projects
****			- Andrew Control of the Control of t	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Count	ty: Oconee	Service: Coo	operative Extension Service
1. Ch	eck the box that best desc	ribes the agreed upon delivery arrangement for th	
X	Service will be provided is checked, identify the g		porated areas) by a single service provider (If this hox
	Oconee County Service will be provided identify the government,	only in the unincorporated portion of the county lauthority or organization providing the service.)	by a single service provider. (If this box is checked,
	One or more cities will punincorporated areas. (If	ovide this service only within their incorporated this box is checked, identify the government(s), a	boundaries, and the service will not be provided in authority or organization providing the service.)
	One or more cities will p unincorporated areas. (If	ovide this service only within their incorporated this box is checked, identify the government(s), a	boundaries, and the county will provide the service in authority or organization providing the service.)
	Other. (If this box is chec government, authority, or	ked, attach a legible map delineating the servior other organization that will provide service with	ce area of each service provider, and identify the in each service area.)
2. In	developing the strategy,	vere overlapping service areas, unnecessary com	petition and/or duplication of this service identified?
mgne	se conditions will continu or levels of service (See O mpetition cannot be elimi	C.G.A. 36-70-24(1)), overriding benefits of the c	continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas
If the	se conditions will be elim	•	tion schedule listing each step or action that will be completing it.
3. Lis	st each government or aut s, user fees, general funds	nority that will help to pay for this service and in	dicate how the service will be funded (e.g., enterprise es, franchise taxes, impact fees, bonded indebtedness, etc.)
		Funding Method:	
UCU	onee County	General funds	
<u> </u>			
4. Ho	ow will the strategy chang No change	e the previous arrangements for providing and/or	funding this service within the county?
5. Lis	t any formal service deliv	ery agreements or intergovernmental contracts th	nat will be used to implement the strategy for this service:
Agreen	nent Name:	Contracting Parties:	Effective and Ending Dates:
Mas	ster Service Deliv	ery Agreement	
- 417			
6. wa	hat other mechanisms (11 ral Assembly, rate or fee	any) will be used to implement the strategy for the hanges, etc.), and when will they take effect?	is service (e.g., ordinances, resolutions, local acts of the
	None		
		Wendell T. Dawson	
	e number: (706) 769		
are co	onsistent with the service	d be contacted by state agencies when evaluating delivery strategy?	whether proposed local government projects
	<u> </u>	* * * * * * * * * * * * * * * * * * * *	
			

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

 Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this is checked, identify the government, authority or organization providing the service.) 	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this is checked, identify the government, authority or organization providing the service.)	
Oconee County	s box
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)	ed,
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the serv unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	ice in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify t government, authority, or other organization that will provide service within each service area.)	he
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identification of the service iden	ed?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service a or competition cannot be eliminated).	but reas
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	l be
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enter funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebted	prise Iness, etc.)
Local Government or Authority: Funding Method:	
Oconee County General funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this	service:
Agreement Name: Contracting Parties: Effective and Ending Date	
Master Service Delivery Agreement	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local act General Assembly, rate or fee changes, etc.), and when will they take effect?	s of the
None	
7. Person completing form: Wendell T. Dawson	
Phone number:(706) 769-5120 Date completed: 8/24/98	
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? X yes no If not, provide designated contact person(s) and phone number(s) below:	



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

County: _	Oconee		Service:	Department of	Family and	d Children Services
1. Check	the box that best descr	ribes the agreed upo	n delivery arrangem	ent for this service:		
is ci	necked, identify the go	countywide (i.e., incovernment, authority	cluding all cities and y or organization pro	unincorporated areas viding the service.)) by a single so	ervice provider. (If this box
☐ Serv	onee County vice will be provided outify the government, a	only in the unincorp authority or organiza	orated portion of the ation providing the s	county by a single secretice.)	ervice provide	r. (If this box is checked,
One unin	or more cities will pracorporated areas. (If	ovide this service of this box is checked,	nly within their inco identify the governr	rporated boundaries, and the control of the control	and the service organization pr	e will not be provided in oviding the service.)
One unir	or more cities will pracorporated areas. (If	ovide this service o this box is checked,	nly within their inco identify the governi	rporated boundaries, nent(s), authority or c	and the county organization pr	will provide the service in coviding the service.)
Oth gov	er. (If this box is chec ernment, authority, or	ked, attach a legibl other organization	le map delineating that will provide ser	the service area of eavice within each servi	ach service pr ice area.)	ovider, and identify the
2. In dev ☐ yes	eloping the strategy, v	were overlapping se	rvice areas, unneces	sary competition and/	or duplication	of this service identified?
mgner ie	onditions will continuvels of service (See O. tition cannot be elimin	.C.G.A. 36-70-24(1)	, attach an explana)), overriding benefi	tion for continuing at the duplication, of	the arrangem or reasons that	ent (i.e., overlapping but overlapping service areas
If these co	onditions will be elim climinate them, the res	inated under the stra ponsible party and	ategy, attach an imp the agreed upon dead	olementation schedu	le listing each t.	step or action that will be
3. List ea funds, us	ach government or aut er fees, general funds	hority that will help , special service dist	to pay for this servi	ce and indicate how the motel taxes, franchise	he service will taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)
		Funding Method:				•
Ocone	e County	General fun	ds			
4. How v	will the strategy chang	e the previous arran	gements for providi	ng and/or funding this	a agentia a triali:	- Al-
	o change	,	.goments for providi	ing and/or randing tills	s service within	n the county?
	o onungo					
5. List an	y formal service deliv	ery agreements or i	ntergovernmental co	ntracts that will be us	ed to impleme	ent the strategy for this service:
Agreement	Name:		Contracting Parties:			Effective and Ending Dates:
Master	Service Delive	ry Agreement				
6. What General A	other mechanisms (if Assembly, rate or fee	any) will be used to changes, etc.), and v	implement the strat when will they take o	egy for this service (e	.g., ordinances	s, resolutions, local acts of the
Non	e					
7 Derson	n completing form:	Wendell T.	Daricon			
	imber: (706) 769		Date completed:	8/2//08	u	
are consi	s the person who shou istent with the service rovide designated cont	delivery strategy?	X ves no		pposed local go	overnment projects

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

County:	0conee	Service: Economic Developme	nt
1. Check	the box that best descr	ribes the agreed upon delivery arrangement for this service:	
🛚 Ser	vice will be provided on the good the g	countywide (i.e., including all cities and unincorporated areas) by a sing overnment, authority or organization providing the service.)	le service provider. (If this box
☐ Ser ide	Oconee County vice will be provided on tify the government,	only in the unincorporated portion of the county by a single service provauthority or organization providing the service.)	rider. (If this box is checked,
One uni	e or more cities will pr ncorporated areas. (If	ovide this service only within their incorporated boundaries, and the senths box is checked, identify the government(s), authority or organization	vice will not be provided in n providing the service.)
One uni	e or more cities will pr ncorporated areas. (If	rovide this service only within their incorporated boundaries, and the cothis box is checked, identify the government(s), authority or organization	unty will provide the service in n providing the service.)
Otl gov	ner. (If this box is chec vernment, authority, or	ked, attach a legible map delineating the service area of each service other organization that will provide service within each service area.)	e provider, and identify the
2. In dev	veloping the strategy, ves 区 no	were overlapping service areas, unnecessary competition and/or duplica	tion of this service identified?
maner re	conditions will continuvels of service (See O. etition cannot be elimin	e under the strategy, attach an explanation for continuing the arrange. C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons nated).	gement (i.e., overlapping but that overlapping service areas
If these of taken to	conditions will be elim eliminate them, the res	inated under the strategy, attach an implementation schedule listing esponsible party and the agreed upon deadline for completing it.	ach step or action that will be
3. List efunds, us	ach government or aut ser fees, general funds	hority that will help to pay for this service and indicate how the service, special service district revenues, hotel/motel taxes, franchise taxes, im	will be funded (e.g., enterprise
		Funding Method:	, , , , , , , , , , , , , , , , , , , ,
Ocone	e County	General funds	
ļ			
	1000		
4. How	will the strategy chang	e the previous arrangements for providing and/or funding this service w	ishing all and a
	No change	The state of the s	
5. List an	ny formal service deliv	rery agreements or intergovernmental contracts that will be used to impl	
	Service Delive	Contracting Parties:	Effective and Ending Dates:
		Ty ingreement	
6. What General	other mechanisms (if Assembly, rate or fee	any) will be used to implement the strategy for this service (e.g., ordinar changes, etc.), and when will they take effect?	nces, resolutions, local acts of the
N	one		
		\	
<i>a b</i>			
	on completing form:	Wendell T. Dawson 59-5120 Date completed: 8/24/98	
			·
arc cons	iscent with the service	Id be contacted by state agencies when evaluating whether proposed loca delivery strategy? 区 yes □ no act person(s) and phone number(s) below:	al government projects
-			

Instructions:

County	: Oconee		Service:	Emergency-911	
1. Chec	k the box that best desc	ribes the agreed upon deliver	y arrangemen	for this service:	
⊠ s	ervice will be provided		ll cities and un	incorporated areas) by a single s	ervice provider. (If this box
□ Se	ervice will be provided	only in the unincorporated po authority or organization pro	ortion of the co	ounty by a single service provide vice.)	r. (If this box is checked,
□ О uı	one or more cities will prining or more cities will prining or more cities will prince or more cities will be a cities will be	rovide this service only withi this box is checked, identify	n their incorpo the governmen	prated boundaries, and the servic at(s), authority or organization pr	e will not be provided in coviding the service.)
O u	One or more cities will pr nincorporated areas. (If	rovide this service only withi this box is checked, identify	n their incorpo the governmen	orated boundaries, and the county at(s), authority or organization pr	will provide the service in coviding the service.)
☐ C	Other. (If this box is checovernment, authority, or	ked, attach a legible map d other organization that will	elineating the provide servic	service area of each service pre within each service area.)	rovider, and identify the
2. In d	eveloping the strategy, v	were overlapping service area	as, unnecessar	y competition and/or duplication	of this service identified?
mgner	conditions will continu levels of service (See O petition cannot be eliminate to the contract of the contract	.C.G.A. 30-70-24(1)), overri	an explanation	on for continuing the arrangement of the duplication, or reasons that	ent (i.e., overlapping but overlapping service areas
If these taken to	e conditions will be elim o eliminate them, the res	inated under the strategy, att sponsible party and the agree	ach an imple i d upon deadlir	mentation schedule listing each ne for completing it.	step or action that will be
3. List funds,	each government or aut user fees, general funds	hority that will help to pay fo , special service district rever	or this service nues, hotel/mo	and indicate how the service will tel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)
Local Go		Funding Method:			, ,
Ocon	ee County	General funds, Us	er fees		
<u> </u>	-				
<u> </u>					
1 Hou					
4. HUV	will the strategy chang	e the previous arrangements	for providing	and/or funding this service withi	n the county?
	No change				
	no change				
5 List	any formal service deliv	ISTA COTTO OTTO OTTO OTTO			
Agreeme	ent Name:	Contracting	mmentat contr	acts that will be used to impleme	
Maste	er Service Delive		,		Effective and Ending Dates:
6. Who	at other mechanisms (if al Assembly, rate or fee	any) will be used to impleme changes, etc.), and when will	nt the strategy they take effe	for this service (e.g., ordinances	, resolutions, local acts of the
1	None				
	son completing form:	Wendell T. Dawso	<u>n</u>		
	number:(706)	Date	completed:		·
at CO	isistent with the set lice	ld be contacted by state agend delivery strategy? 図 yes act person(s) and phone num	lino	uating whether proposed local go	overnment projects
<u> </u>			(.) = · · ·		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Take copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page	<u>.</u> 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, the contact person for this service (listed at the bottom of the page) changes, the contact person for this service (listed at the bottom of the page) changes, the contact person for this service (listed at the bottom of the page) changes, the contact person for this service (listed at the bottom of the page) changes, the contact person for this service (listed at the bottom of the page) changes, the contact person for this service (listed at the bottom of the page) changes, the contact person for this service (listed at the bottom of the page) changes at the contact person for this service (listed at the bottom of the page) changes at the contact person for this service (listed at the bottom of the page) changes at the contact person for this service (listed at the bottom of the page) changes at the contact person for this service (listed at the bottom of the page) changes at the contact person for this service (listed at the bottom of the page) changes at the contact person for th	thi
hould be reported to the Department of Community Affairs.	

County	: Oconee		Service:	Emergency	Management
1. Chec	ck the box that best descri	ribes the agreed upon deliv	ery arrangement	for this service:	
X S	ervice will be provided of schecked, identify the go Oconee County	countywide (i.e., including overnment, authority or org	all cities and unganization provid	incorporated areasting the service.)	s) by a single service provider. (If this box
□ S	ervice will be provided	only in the unincorporated authority or organization p	portion of the co	ounty by a single s rice.)	service provider. (If this box is checked,
☐ C	One or more cities will pr nincorporated areas. (If	ovide this service only wit this box is checked, identif	hin their incorporty the governmen	orated boundaries, at(s), authority or	and the service will not be provided in organization providing the service.)
· 🗌 C	One or more cities will pr nincorporated areas. (If	ovide this service only wit this box is checked, identif	thin their incorporty the governmen	orated boundaries, at(s), authority or	and the county will provide the service in organization providing the service.)
☐ C	Other. (If this box is checovernment, authority, or	ked, attach a legible map other organization that wi	delineating the	service area of e e within each serv	each service provider, and identify the vice area.)
2. In d	leveloping the strategy, v	were overlapping service a	reas, unnecessary	y competition and	/or duplication of this service identified?
nigner	e conditions will continu levels of service (See O spetition cannot be elimi	.C.G.A. 36-70-24(1)), over	ch an explanation	on for continuing of the duplication,	the arrangement (i.e., overlapping but or reasons that overlapping service areas
If these taken t	e conditions will be elim to eliminate them, the res	inated under the strategy, a sponsible party and the agr	attach an implei eed upon deadlir	mentation schedune for completing	ale listing each step or action that will be it.
3. List funds,	each government or aut user fees, general funds	hority that will help to pay , special service district rev	for this service venues, hotel/mo	and indicate how tel taxes, franchis	the service will be funded (e.g., enterprise te taxes, impact fees, bonded indebtedness, etc.)
		Funding Method:			
Осо	nee County	General funds			
	,		······································		
<u> </u>					
<u> </u>		1			
4 Ho	w will the strategy change	l			
		ge uie previous arrangemer	its for providing	and/or funding th	is service within the county?
N	lo change				
5. List	any formal service deliv	very agreements or intergo	vernmental contr	acts that will be u	used to implement the strategy for this service:
Agreem	ent Name:		ting Parties:	acts that will be u	Effective and Ending Dates:
Mast	er Service Deliv	ery Agreement			
6 Wh	nat other mechanisms (if	any) will be used to imple	ment the strategy	. fa. this	
Gener	ai Assembly, rate or fee	changes, etc.), and when w	vill they take effe	ct?	e.g., ordinances, resolutions, local acts of the
	None				
7 Pa	rson completing form:	Wendell T. Daw	son		
	e number: (706)		ate completed: _	8/24/98	
			-		
are co	insistent with the service	delivery strategy? 区 ye tact ag delivery strategy? 区 ye tact person(s) and phone no	s no	luating whether pi	roposed local government projects

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

County:	Oconee		Service:	Emergency	Medical Se	rvices
1. Check the	box that best descri	ribes the agreed upo	n delivery arrangemen	t for this service:		
Service is checone Ocone Service	e will be provided of cked, identify the go ee County Resc e will be provided of	countywide (i.e., incovernment, authority ue First Respondy in the unincorp	cluding all cities and ur y or organization provi onders/St. Mary	nincorporated are ding the service.) S Hospital county by a single	as) by a single s Emergency	Medical Services or. (If this box
One o	r more cities will pr	ovide this service o		orated boundarie	s, and the servic r organization p	e will not be provided in roviding the service.)
One o	r more cities will pr orporated areas. (If	rovide this service o this box is checked,	nly within their incorpoidentify the governme	orated boundarie nt(s), authority o	s, and the county r organization p	y will provide the service in roviding the service.)
Other govern	(If this box is chec nment, authority, or	ked, attach a legible other organization	le map delineating the that will provide service	e service area of ce within each se	each service pr	rovider, and identify the
2. In develo	oping the strategy, v	were overlapping se	rvice areas, unnecessar	y competition an	d/or duplication	of this service identified?
mgner level	ditions will continu s of service (See O ion cannot be elimi	.C.G.A. 36-70-24(1	, attach an explanation)), overriding benefits o	o n for continuin of the duplication	g the arrangen	nent (i.e., overlapping but toverlapping service areas
If these con taken to elin	ditions will be elim minate them, the res	inated under the strapeonsible party and	ategy, attach an imple the agreed upon deadli	mentation sched	lule listing each g it.	step or action that will be
3. List each funds, user	n government or aut fees, general funds	hority that will help , special service dis	to pay for this service trict revenues, hotel/mo	and indicate hovotel taxes, franch	v the service wil	l be funded (e.g., enterprise t fees, bonded indebtedness, etc.)
	· · · · · · · · · · · · · · · · · · ·	Funding Method:				
Oconee	County	General fun	ds, User fees			

				action		
	ll the strategy chang hange	ge the previous arran	ngements for providing	and/or funding t	his service with	in the county?
5. List any	formal service deliv	ery agreements or i	ntergovernmental cont	racts that will be	used to implem	ent the strategy for this service:
Agreement N	ame:		Contracting Parties:			Effective and Ending Dates:
Master	Service Deliv	ery Agreement				
6. What of General As	her mechanisms (if sembly, rate or fee	any) will be used to changes, etc.), and v	implement the strateg when will they take eff	y for this service ect?	(e.g., ordinance	s, resolutions, local acts of the
Non	e					
	completing form:		ll T. Dawson	0/0//00		
are consist	he person who shou ent with the service	ld be contacted by s delivery strategy?	Date completed: tate agencies when evanual important with the second properties and the second properties are second properties. The second properties are second properties and the second properties are second properties. The second properties are second properties are second properties. The second properties are second properties are second properties. The second properties are second properties are second properties are second properties. The second properties are second properties are second properties are second properties. The second properties are second properties are second properties are second properties. The second properties are second properties are second properties are second properties are second properties. The second properties are second properties are second properties are second properties are second properties. The second properties are second properties. The second properties are second properties. The second properties are second properties ar	luating whether	proposed local g	covernment projects

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

County: Oconee	····	Service: Fire Protectio	n
1. Check the box that best descri	ribes the agreed upor	n delivery arrangement for this service:	
Service will be provided of is checked, identify the good Oconee County	countywide (i.e., incl overnment, authority	luding all cities and unincorporated areas) by a sir or organization providing the service.)	ngle service provider. (If this box
Service will be provided of	only in the unincorpo authority or organiza	orated portion of the county by a single service protion providing the service.)	ovider. (If this box is checked,
One or more cities will pr unincorporated areas. (If t	rovide this service on this box is checked, i	nly within their incorporated boundaries, and the sidentify the government(s), authority or organization	ervice will not be provided in on providing the service.)
One or more cities will pr unincorporated areas. (If t	ovide this service on this box is checked, i	nly within their incorporated boundaries, and the cidentify the government(s), authority or organization	county will provide the service in ion providing the service.)
Other. (If this box is chec government, authority, or	ked, attach a legible other organization tl	e map delineating the service area of each servi hat will provide service within each service area.)	ce provider, and identify the
2. In developing the strategy, v	were overlapping ser	vice areas, unnecessary competition and/or duplic	ation of this service identified?
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	.C.G.A. 36-70-24(1))	attach an explanation for continuing the arra), overriding benefits of the duplication, or reason	ngement (i.e., overlapping but s that overlapping service areas
If these conditions will be elim taken to eliminate them, the res	inated under the strat sponsible party and th	tegy, attach an implementation schedule listing he agreed upon deadline for completing it.	each step or action that will be
3. List each government or aut funds, user fees, general funds,	hority that will help , special service distr	to pay for this service and indicate how the servic rict revenues, hotel/motel taxes, franchise taxes, in	e will be funded (e.g., enterprise
	Funding Method:	,	representation in additional control of the control
Oconee County	General fund	l	
Bogart	General fund		
North High Shoals	General fund		
Watkinsville	General fund		
4. How will the strategy chang No change	ge the previous arrang	gements for providing and/or funding this service	within the county?
5. List any formal service deliv Agreement Name:	ery agreements or in	ntergovernmental contracts that will be used to imp	plement the strategy for this service: Effective and Ending Dates:
Master Service Delive			Zionig Dates.
6. What other mechanisms (if General Assembly, rate or fee of	any) will be used to i	implement the strategy for this service (e.g., ordin	ances, resolutions, local acts of the
None			
		l Davra en	
7. Person completing form:	Wendell T	. Dawson	
7. Person completing form: Phone number: (706) 769		Date completed: 8/24/98	
Phone number: (706) 769 8. Is this the person who should	9-5120 ld.be contacted by sta	Date completed: 8/24/98	cal government projects
Phone number: (706) 769 8. Is this the person who shoul are consistent with the service. If not, provide designated continuous cont	9-5120 Id be contacted by stadelivery strategy? act person(s) and pho	Date completed: 8/24/98 ate agencies when evaluating whether proposed lo yes no one number(s) below: Chairman Wendell	T. Dawson (706) 769-5120
Phone number: (706) 769 8. Is this the person who shoul are consistent with the service. If not, provide designated continuous cont	9-5120 Id.be contacted by statelivery strategy? act person(s) and phowatkinsville (Date completed: 8/24/98 ate agencies when evaluating whether proposed lo yes no one number(s) below: Chairman Wendell 706 769-5161; Mayor Roy Norris, Be	T. Dawson (706) 769-5120

Instructions:

County:	Oconee C	ounty	Service:	Indigent	Defense
1. Check the	box that best de	scribes the agreed up	on delivery arrangement fo	r this service:	
is chec	ckea, identify the	government, authorit	cluding all cities and uning ty or organization providin	orporated are g the service.	eas) by a single service provider. (If this box
□ Service	Oconee Count e will be provide by the governmen	d only in the unincor	porated portion of the coun zation providing the service	ty by a single e.)	service provider. (If this box is checked,
One or uninco	more cities will orporated areas. (provide this service of this box is checked	only within their incorpora , identify the government(s	ed boundarie), authority o	s, and the service will not be provided in r organization providing the service.)
One of uninco	r more cities will orporated areas. (provide this service of this box is checked	only within their incorpora , identify the government(s	ed boundarie), authority o	s, and the county will provide the service in r organization providing the service.)
Other.	(If this box is charment, authority,	ecked, attach a legib or other organization	ole map delineating the se that will provide service v	rvice area of	each service provider, and identify the rvice area.)
2. In develo	ping the strategy	, were overlapping se	ervice areas, unnecessary c	ompetition an	nd/or duplication of this service identified?
mgner level	ditions will conti s of service (See on cannot be elir	U.C.G.A. 36-70-24(1	y, attach an explanation a	or continuin ne duplication	g the arrangement (i.e., overlapping but a, or reasons that overlapping service areas
If these con taken to elin	ditions will be eli ninate them, the	iminated under the str responsible party and	rategy, attach an impleme the agreed upon deadline	ntation sched	dule listing each step or action that will be g it.
3. List each funds, user	government or a fees, general fun	uthority that will help ds, special service dis	p to pay for this service and strict revenues, hotel/motel	l indicate how taxes, franch	v the service will be funded (e.g., enterprise ise taxes, impact fees, bonded indebtedness, etc
	nent or Authority:	Funding Method:			
<u>Oconee</u>	County	General fund	ds		·

4 How wil	I the strategy sho	ngo the new i		• • • • • • • • • • • • • • • • • • • •	
		inge the previous arra	ingements for providing an	1/or funding t	his service within the county?
No ch	ange				
5. List any	formal service de	livery agreements or	intergovernmental contract	a that will be	used to implement the strategy for this service:
Agreement Na	ıme:	it of a agreements of	Contracting Parties:	s mai win de	Effective and Ending Dates:
Master S	ervice Deli	very Agreement	***************************************		Discours and Linding Dates.
6. What oth General As	ner mechanisms (sembly, rate or fe	if any) will be used to e changes, etc.), and	o implement the strategy for when will they take effect?	r this service	(e.g., ordinances, resolutions, local acts of the
None					•
	ompleting form:		C. Dawson	-	
Phone num		769–5120	Date completed:		
are consiste	ant with the service	ce delivery strategy?	state agencies when evalua X yes no hone number(s) below:	ing whether p	proposed local government projects
		poison(s) and p	none number(2) below;		

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

County:	Oconee		Service:	Jail Services	
1. Check	the box that best descri	ribes the agreed upo	on delivery arrangement for	this service:	
is ci	mecked, identity the go	countywide (i.e., incovernment, authorit	cluding all cities and unincor y or organization providing	rporated areas) by a single the service.)	service provider. (If this box
☐ Serv	Oconee County vice will be provided on tify the government, a	only in the unincorp authority or organiz	porated portion of the county cation providing the service.)	[,] by a single service provide)	er. (If this box is checked,
One unir	e or more cities will pr ncorporated areas. (If t	ovide this service o this box is checked,	only within their incorporated, identify the government(s),	d boundaries, and the service authority or organization p	ce will not be provided in providing the service.)
One unir	e or more cities will pr ncorporated areas. (If	ovide this service o this box is checked,	only within their incorporated, identify the government(s),	d boundaries, and the count authority or organization p	ty will provide the service in providing the service.)
Oth	ner. (If this box is chector) rernment, authority, or	ked, attach a legibl other organization	le map delineating the serv that will provide service wit	vice area of each service p thin each service area.)	rovider, and identify the
2. In dev	veloping the strategy, ves 🛚 🗓 no	vere overlapping se	ervice areas, unnecessary con	npetition and/or duplication	of this service identified?
ingilor ici	conditions will continue evels of service (See O. etition cannot be elimin	.C.O.A. 30-70-24(1)	y, attach an explanation for)), overriding benefits of the	r continuing the arrangen duplication, or reasons tha	nent (i.e., overlapping but at overlapping service areas
If these co	onditions will be elimical eliminate them, the res	inated under the stra ponsible party and	ategy, attach an implement the agreed upon deadline for	ation schedule listing each	step or action that will be
3. List ea funds, us	ach government or auti ser fees, general funds	hority that will help , special service dis	to pay for this service and i trict revenues, hotel/motel ta	ndicate how the service will axes, franchise taxes, impac	Il be funded (e.g., enterprise et fees, bonded indebtedness, etc.)
		Funding Method:		-	
Oconee	e County	General funds	S		
<u> </u>	•				
4 Hows	will the strategy chang	- 41			
		e the previous arran	ngements for providing and/o	or funding this service with	in the county?
No	o change				
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5 Tietan	farmal coming delic	.			•
Agreement	ly format service denvi	ery agreements or in	ntergovernmental contracts t Contracting Parties:	that will be used to implem	ent the strategy for this service:
	r Service Delive	T	Contacting Lattes.		Effective and Ending Dates:
		ily agreement			
					· .
6. What General A	other mechanisms (if a Assembly, rate or fee o	any) will be used to changes, etc.), and v	o implement the strategy for t when will they take effect?	this service (e.g., ordinance	es, resolutions, local acts of the
Non	ne				
7. Person	on completing form:	Wendell T.	. Dawson		
Phone nu	umber: (706) 769) –5120	Date completed:8/2	24/98	
are consi	s the person who shoul istent with the service or rovide designated conta	delivery strategy?	tate agencies when evaluatin		overnment projects
		The second name of the second na			

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

Count	ty: Oconee		Service:	Judicial/Courts	1,11,11
1. Ch	eck the box that best desc	ribes the agreed upo	n delivery arrangement	for this service:	
X	Service will be provided is checked, identify the g	countywide (i.e., inc	luding all cities and un	incorporated areas) by a single s	ervice provider. (If this box
	Oconee County Service will be provided identify the government,	only in the unincorpo authority or organiza	orated portion of the co	ounty by a single service provide	r. (If this box is checked,
	One or more cities will prunincorporated areas. (If	rovide this service or this box is checked,	nly within their incorpo	rated boundaries, and the servic t(s), authority or organization pr	e will not be provided in roviding the service.)
. 🗆	One or more cities will punincorporated areas. (If	rovide this service or this box is checked,	nly within their incorpo identify the governmer	erated boundaries, and the county	y will provide the service in roviding the service.)
	Other. (If this box is chec government, authority, or	ked, attach a legibl other organization t	e map delineating the hat will provide service	service area of each service pre within each service area.)	rovider, and identify the
2. In	developing the strategy,	were overlapping ser	vice areas, unnecessary	competition and/or duplication	of this service identified?
mgne	se conditions will continu or levels of service (See O mpetition cannot be elimi	.C.G.A. 30-70-24(1)	attach an explanation), overriding benefits o	n for continuing the arrangem f the duplication, or reasons that	nent (i.e., overlapping but a overlapping service areas
If the taken	se conditions will be elim to eliminate them, the re	inated under the stra sponsible party and t	itegy, attach an impler he agreed upon deadlir	mentation schedule listing each e for completing it.	step or action that will be
3. List	st each government or auts, user fees, general funds	hority that will help, special service dist	to pay for this service rict revenues, hotel/mo	and indicate how the service will tel taxes, franchise taxes, impact	l be funded (e.g., enterprise t fees, bonded indebtedness, etc.)
		Funding Method:			·
<u> 0cc</u>	onee County	General funds	s, User fees		
4. Ho	ow will the strategy chang	ge the previous arran	gements for providing	and/or funding this service withi	in the country?
	No change	-	· · ·	and or randing time sorvice within	in the county:
	J				
					•
5. Lis	st any formal service deliv	ery agreements or ir	ntergovernmental contr	acts that will be used to impleme	ent the strategy for this service:
Agreer	ment Name:	(Contracting Parties:		Effective and Ending Dates:
Mas	ster Service Deliv	ery Agreement			
<u> </u>					
6. W Gene	hat other mechanisms (if ral Assembly, rate or fee	any) will be used to changes, etc.), and w	implement the strategy then will they take effe	for this service (e.g., ordinances	s, resolutions, local acts of the
	None				
	erson completing form:		Dawson		
	e number: <u>(706)</u> 76		Date completed: _		
ale c	ousistent with the service	delivery strategy?	X yes no	uating whether proposed local go	overnment projects
no II	t, provide designated conf	act person(s) and ph	one number(s) below:		

Instructions:

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

County:	Oconee	Service:	Landfill
1. Check the	box that best describes the agre	eed upon delivery arrangement for the	nis service:
X Service is check	ted, identify the government, a	(i.e., including all cities and unincorpauthority or organization providing the	porated areas) by a single service provider. (If this box ne service.)
☐ Service identify	Oconee County will be provided only in the u the government, authority or	nincorporated portion of the county lorganization providing the service.)	by a single service provider. (If this box is checked,
One or unincor	more cities will provide this se porated areas. (If this box is ch	ervice only within their incorporated hecked, identify the government(s), a	boundaries, and the service will not be provided in authority or organization providing the service.)
One or unincor	more cities will provide this se porated areas. (If this box is cl	ervice only within their incorporated hecked, identify the government(s), a	boundaries, and the county will provide the service in authority or organization providing the service.)
Other. (If this box is checked, attach ment, authority, or other organ	a legible map delineating the servi	ce area of each service provider, and identify the in each service area.)
2. In develop ☐ yes [ping the strategy, were overlap	oping service areas, unnecessary com	petition and/or duplication of this service identified?
If these cond higher levels	itions will continue under the s	strategy, attach an explanation for 70-24(1)), overriding benefits of the o	continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas
If these cond taken to elim	itions will be eliminated under inate them, the responsible par	r the strategy, attach an implementa rty and the agreed upon deadline for	ation schedule listing each step or action that will be completing it.
3. List each funds, user f	government or authority that wees, general funds, special serv	will help to pay for this service and in vice district revenues, hotel/motel tax	dicate how the service will be funded (e.g., enterprise tes, franchise taxes, impact fees, bonded indebtedness, etc.)
	ent or Authority: Funding Metho		, , , , , , , , , , , , , , , , , , , ,
Oconee (County Gener	cal funds, User fees	

4. How will	the strategy change the previo	ous arrangements for providing and/o	r funding this service within the county?
No chang	re		
no enang	5 C		
	•		
F. T			·
Agreement Nat	ormai service delivery agreeme	ents or intergovernmental contracts the Contracting Parties:	nat will be used to implement the strategy for this service:
·· -			Effective and Ending Dates:
	e <u>rnmental Agreement f</u> pal Solid Waste	or Oconee County and A	Athens-Clarke County 7/1/95 through 12/31
	ernmental Agreement	for Oconee County and C	October a Court
	ruction and Demolitic		ogiethorpe County
6. What oth General Ass	er mechanisms (if any) will be		nis service (e.g., ordinances, resolutions, local acts of the
None			
		ell T. Dawson	0/0//00
Phone numb		Date completed	8/24/98
are consister	e person who should be contact not with the service delivery stra de designated contact person(s	ategy? X yes no	g whether proposed local government projects

454...

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page	1
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the should be reported to the December of Green and San	
should be reported to the Department of Community Affairs	.113

County:	Осопее		Service:	Law Enforcement			
1. Check the	e box that best descr	ibes the agreed upon	delivery arrangement for	this service:			
Service is check	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)						
☐ Service identifier	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)						
One o	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)						
One o	r more cities will propressed areas. (If t	ovide this service on his box is checked, i	ly within their incorporated dentify the government(s),	d boundaries, and the county authority or organization pr	will provide the service in coviding the service.)		
aw enfor the City Through a funding t	nment, authority, or cement is prov of Watkinsvill contractual a o receive enha oring the strategy, w	other organization the countywide countywister funds and state of the county with the county of the	out will provide service will be by Sheriff's Debtaffs a Police Deptaff's Deptaff's Deptaff's Deptaff	rice area of each service pr hin each service area) partment. Opting f artment to serve it artment, the remain s Department. npetition and/or duplication	or enhanced service, s corporate limits. ing cities provide		
If these con higher level	ditions will continue	C.G.A. 36-70-24(1))	attach an explanation fo , overriding benefits of the	r continuing the arrangem duplication, or reasons that	ent (i.e., overlapping but overlapping service areas		
If these con	ditions will be elimi	nated under the strat	egy, attach an implement e agreed upon deadline fo	ation schedule listing each completing it.	step or action that will be		
runus, usci	rees, general lunus,	nority that will help t special service distr	o pay for this service and i	ndicate how the service will ixes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)		
Local Governs	ment or Authority:	Funding Method:					
Oconee	County	General funds					
Bishop		General funds					
Bogart		General funds	5				
1	igh Shoals	General funds					
Watkins		General funds					
4. How wil	If the strategy change	e the previous arrang	ements for providing and/	or funding this service withi	n the county?		
N	o change						
5. List any	formal service delive	ery agreements or in	tergovernmental contracts	that will be used to impleme	ent the strategy for this service:		
Agreeme	nt for Provisi	····	Sheriff's Departm	ent with	Effective and Ending Dates:		
	ment Services		Municipalities	CHE WICH	7/1/86 through termination		
					Colminacion		
6. What ot	her mechanisms (if a	any) will be used to i	mplement the strategy for	this service (e.g., ordinances	, resolutions, local acts of the		
General As	sembly, rate or fee c	hanges, etc.), and wl	nen will they take effect?		, seeds de life		
	completing form: _		T. Dawson				
Phone num	ber:(706) 76	9-5120	_ Date completed:	8/24/98			
If not, prov	ide designated conta	ict person(s) and pho	K] yes X no ne number(s) below:	g whether proposed local go	Chairman (706) 760_512		
Mayor Ne	edra Johnson,	Bishop (706)76	9-5382, Mayor Roy	Norris, Bogart (77)	0) 725-7386		
_cayor_le	-ii inomas, No	rrn High Shoal	s ((706) 769-4289	Mayor Sammy Sande	rs, Watkinsville		

Instructions:

County: _	Осопее		Service:	Library Ser	vices		
1. Check th	ne box that best descri	ribes the agreed upo	on delivery arrangeme				
X Servi	ecked, identify the go	overnment, authorit	cluding all cities and u y or organization prov	nincorporated are viding the service.	eas) by a single se	ervice provider. (If this box	
Servi ident	Oconee County ce will be provided of ify the government,	only in the unincorp	orated portion of the ation providing the se	county by a single rvice.)	service provider.	. (If this box is checked,	
One of uninc	or more cities will preorporated areas. (If	ovide this service o this box is checked,	nly within their incor identify the governm	porated boundarie ent(s), authority o	s, and the service r organization pro	will not be provided in oviding the service.)	
One o	or more cities will pr corporated areas. (If	rovide this service of this box is checked,	nly within their incor identify the governm	porated boundarie ent(s), authority o	es, and the county or organization pro	will provide the service in oviding the service.)	
Other gover	r. (If this box is chec rnment, authority, or	ked, attach a legib other organization	le map delineating the	ne service area of ice within each se	each service pro	ovider, and identify the	
2. In deve	loping the strategy, v	were overlapping se	rvice areas, unnecessa	ary competition an	nd/or duplication o	of this service identified?	
mgner leve	nditions will continuels of service (See O tion cannot be elimin	.C.G.A. 30-70-24(1	, attach an explanat)), overriding benefits	ion for continuin of the duplication	ng the arrangement, or reasons that	ent (i.e., overlapping but overlapping service areas	
If these contaken to eli	nditions will be elim iminate them, the res	inated under the str sponsible party and	ategy, attach an impl the agreed upon dead	ementation sched	dule listing each s g it.	step or action that will be	
3. List eac funds, use	h government or aut r fees, general funds	hority that will help , special service dis	to pay for this servic trict revenues, hotel/n	e and indicate hov	v the service will ise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, et	c.)
		Funding Method:					
Ocone	County	General fund	5				
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							1
	AANAA						
		ge the previous arrai	ngements for providin	g and/or funding t	this service within	the county?	
No	change						
		•					
						•	
5. List any	formal service deliv	ery agreements or i	ntergovernmental cor	tracts that will be	used to implemen	nt the strategy for this service	:
Agreement	Name:		Contracting Parties:	*****		Effective and Ending Dates:	
Master	Service Delive	ery Agreement					1
		,					$\frac{1}{2}$
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6. What o General A	ther mechanisms (if ssembly, rate or fee	any) will be used to changes, etc.), and	implement the strate when will they take ef	gy for this service fect?	(e.g., ordinances,	resolutions, local acts of the	Ţ
	None						
7 D		YY_ 1 44 -	r n.				
	completing form:			8/2///00		_	
			Date completed:			_	
are consis	tent with the service	delivery strategy?	tate agencies when ever the control of the control		proposed local go	vernment projects	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County: Oconee		Service:	Planning			
1. Check the box that best descr	ibes the agreed upon deliver	y arrangemen	t for this service:			
is checked, identify the go	vernment, authority or organ	ll cities and un nization provi	incorporated areas) by a single ser ding the service.)	vice provider. (If this box		
Service will be provided o	Oconee County Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)					
One or more cities will pro- unincorporated areas. (If t	ovide this service only within his box is checked, identify	n their incorpo the governmen	orated boundaries, and the service nt(s), authority or organization pro	will not be provided in viding the service.)		
One or more cities will pro unincorporated areas. (If t	ovide this service only withi his box is checked, identify	n their incorpo	orated boundaries, and the county ont(s), authority or organization pro	will provide the service in viding the service.)		
Other. (If this box is check government, authority, or	ked, attach a legible map d other organization that will	elineating the provide servic	service area of each service pro e within each service area.)	vider, and identify the		
2. In developing the strategy, w ☐ yes ☒ no	vere overlapping service area	as, unnecessar	y competition and/or duplication o	f this service identified?		
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)), overri	an explanation ding benefits of	on for continuing the arrangement of the duplication, or reasons that c	nt (i.e., overlapping but overlapping service areas		
If these conditions will be elimitaken to eliminate them, the res	nated under the strategy, att ponsible party and the agree	ta <mark>ch an imple</mark> d upon deadli	mentation schedule listing each some for completing it.	tep or action that will be		
3. List each government or auth funds, user fees, general funds,	nority that will help to pay for special service district reve	or this service nues, hotel/mo	and indicate how the service will be tel taxes, franchise taxes, impact f	pe funded (e.g., enterprise ees, bonded indebtedness, etc.)		
	Funding Method:					
Oconee County	General funds, Use	er fees				
Bishop	General funds					
Bogart	General funds					
North High Shoals	General funds					
Watkinsville	General funds					
4. How will the strategy change	e the previous arrangements	for providing	and/or funding this service within	the county?		
No change			3	touning .		
5 List any formal service deliv	ery agreements or intercove		and the City			
Agreement Name:	Contracting	rmmemar com p Parties:	acts that will be used to implemen			
Master Service Delive		9 1 - 1 1 1 2 1		Effective and Ending Dates:		
Master Service Derive	Iy Agreement					

				,		
6. What other mechanisms (if a General Assembly, rate or fee of	any) will be used to implement than ges, etc.), and when will	ent the strategy I they take effe	of for this service (e.g., ordinances, ect?	resolutions, local acts of the		
None			•			
	;					
7. Person completing form:	Wendell T. Daw	son				
Phone number: (706) 76	_	completec ^t .	8/24/98	_		
		•		_		
are consistent with the service	delivery strategy? X vec	no	luating whether proposed local gov	ernment projects		
If not, provide designated containing Mayor Nedra Johnson,	act person(s) and phone num B ishop (706) 769 –53	ber(s) below: 82; Mayor	Roy Norris, Bogart (770			
Mayor JEff Thomas, No.	rth High Shoals (70	6) 769 428	89; Mayor Sammy Sanders,	Watkinsville		

Instructions:

County:	Oconee Oconee		Service:	Public Health	Services
1. Check	the box that best descri	ribes the agreed upor	n delivery arrangeme	nt for this service:	
🗴 Ser	vice will be provided on the good checked, identify the go	countywide (i.e., incl	luding all cities and u	inincorporated areas)	by a single service provider. (If this box
☐ Ser ider	Oconee County vice will be provided on the government, a	only in the unincorposauthority or organiza	prated portion of the station providing the se	county by a single ser	vice provider. (If this box is checked,
One uni	e or more cities will pr incorporated areas. (If t	ovide this service on this box is checked, i	aly within their incorpidentify the governm	porated boundaries, and ent(s), authority or or	nd the service will not be provided in ganization providing the service.)
One uni	e or more cities will pr incorporated areas. (If t	ovide this service on this box is checked, i	aly within their incornidentify the governm	porated boundaries, a ent(s), authority or or	d the county will provide the service in ganization providing the service.)
Oth	ner. (If this box is chec vernment, authority, or	ked, attach a legible other organization t	e map delineating the hat will provide serv	ne service area of each	h service provider, and identify the e area.)
2. In dev	veloping the strategy, ves 🗓 no	vere overlapping ser	vice areas, unnecessa	ry competition and/o	duplication of this service identified?
mgner ie	conditions will continu- evels of service (See O. etition cannot be elimin	C.G.A. 30-70-24(1)	attach an explanat), overriding benefits	ion for continuing the of the duplication, or	e arrangement (i.e., overlapping but reasons that overlapping service areas
If these c	conditions will be eliminate them, the res	inated under the stra ponsible party and th	tegy, <mark>attach an impl</mark> he agreed upon deadl	ementation schedule ine for completing it.	listing each step or action that will be
3. List ea funds, us	ach government or aut ser fees, general funds,	hority that will help , special service distr	to pay for this service	e and indicate how the totel taxes, franchise t	e service will be funded (e.g., enterprise axes, impact fees, bonded indebtedness, etc.
Local Gove	ernment or Authority:	Funding Method:			
Ocone	e County	General fund	S		
	,				

4. How	No change	e the previous arran _t	gements for providin	g and/or funding this	service within the county?
5. List ar	ny formal service deliv 1 Name:	ery agreements or in	itergovernmental con	tracts that will be use	to implement the strategy for this service:
			contracting Parties:		Effective and Ending Dates:
Maste	r Service Delive	ery Agreement			
6. What General	other mechanisms (if a Assembly, rate or fee o None	any) will be used to changes, etc.), and w	implement the strate; hen will they take ef	gy for this service (e.g	., ordinances, resolutions, local acts of the
7. Perso	on completing form:	Wendell T.	Dawson		
	umber: (706) 769-		Date completed:	8/24/98	
8. Is this		d be contacted by sta delivery strategy?	ate agencies when ev	aluating whether prop	osed local government projects



SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

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

SERVICE DELIVERY STRATEGY FOR	Ogonos	A
SERVICE DELIVERY STRATEGY FOR	Oconee	COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 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 (2));
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Dedra Johnson Røg F. Navus	Wendell T. Dawson	Commission Chairman	Oconee County	8/21/8
WedraJohnson	Nedra Johnson	Mayor	Bishop	8/28/98 8/27/98
Ray F. Navus	Roy Norris	Mayor	Bogart	8/27/98
// WM0//	Jeff Thomas	Mayor	North High Shoal	
Samuy Sanders	Sammy Sanders	Mayor	North High Shoal	8/27/98
	,		<i>t</i>	

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

County: <u>Oconee</u>	**************************************	Service:	Public Sanitary Se	Wage
1. Check the box that best descr	ibes the agreed upo	n delivery arrangement i	for this service:	
Service will be provided of is checked, identify the go	ountywide (i.e., inc	luding all cities and unir	acorporated areas) by a single	service provider. (If this box
Oconee County Service will be provided of identify the government, a	only in the unincorp authority or organiza	orated portion of the cou ation providing the servi	nty by a single service provid	er. (If this box is checked,
One or more cities will prounincorporated areas. (If t	ovide this service of his box is checked,	nly within their incorpor identify the government	ated boundaries, and the servi (s), authority or organization p	ce will not be provided in providing the service.)
One or more cities will prunincorporated areas. (If t	ovide this service of his box is checked,	nly within their incorpor identify the government	ated boundaries, and the coun (s), authority or organization p	ty will provide the service in providing the service.)
Other. (If this box is check government, authority, or	ced, attach a legibl other organization	e map delineating the s that will provide service	ervice area of each service p within each service area.)	rovider, and identify the
2. In developing the strategy, w ☐ yes ▼ no	vere overlapping ser	vice areas, unnecessary	competition and/or duplicatio	n of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 30-70-24(1)	attach an explanation), overriding benefits of	for continuing the arranger the duplication, or reasons tha	ment (i.e., overlapping but at overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	nated under the stra ponsible party and t	itegy, attach an implem he agreed upon deadline	entation schedule listing each for completing it.	h step or action that will be
3. List each government or auth funds, user fees, general funds,	nority that will help special service dist	to pay for this service ar	nd indicate how the service wi	ll be funded (e.g., enterprise ct fees, bonded indebtedness, etc.)
	unding Method:		•	,,
Oconee County	Enterprise	funds, User fees		
,				
4 77	_			
4. How will the strategy change	e the previous arran	gements for providing a	nd/or funding this service with	nin the county?
N/A				
,				
5 List any formal corvine delice				
Agreement Name:	ery agreements or in	ntergovernmental contrac Contracting Parties:	cts that will be used to implem	nent the strategy for this service:
Master Service Delive	· · · · · · · · · · · · · · · · · · ·	Turies.	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Effective and Ending Dates:
BETVICE DETIVE	Iy Agreement	The state of the s		
				-
6. What other mechanisms (if a General Assembly, rate or fee c None	any) will be used to hanges, etc.), and w	implement the strategy for the will they take effective.	for this service (e.g., ordinance)?	es, resolutions, local acts of the
7. Person completing form:	Wendell :	r. Dawson		
Phone number: (706) 76	69-5120	Date completed:	8/24/98	
8. Is this the person who shoul are consistent with the service of	d be contacted by st delivery strategy?	ate agencies when evalu		government projects
If not, provide designated conta	act person(s) and ph	one number(s) below:		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County:	Oconee		Service:	Public Water Suppl	y/Treatment
1. Check	the box that best desc	ribes the agreed upon deliv	ery arrangement for	this service:	
X Ser	vice will be provided on the good of the g	countywide (i.e., including overnment, authority or org	all cities and uninco anization providing	orporated areas) by a single the service.)	service provider. (If this box
☐ Ser ider	Oconee County vice will be provided on tify the government,	only in the unincorporated authority or organization programmed to the control of	portion of the countroviding the service.	y by a single service provid	er. (If this box is checked,
One unit	e or more cities will proncorporated areas. (If	rovide this service only with this box is checked, identify	nin their incorporate y the government(s)	ed boundaries, and the servion, authority or organization p	ce will not be provided in providing the service.)
One unii	e or more cities will pr ncorporated areas. (If	rovide this service only with this box is checked, identify	hin their incorporate y the government(s)	ed boundaries, and the count , authority or organization p	y will provide the service in providing the service.)
Oth gov	er. (If this box is chec ernment, authority, or	ked, attach a legible map other organization that wil	delineating the ser	vice area of each service p thin each service area.)	rovider, and identify the
2. In dev ☐ ye	reloping the strategy, v	were overlapping service ar	eas, unnecessary co	mpetition and/or duplication	of this service identified?
mgner ic	onditions will continu vels of service (See O tition cannot be elimi	.C.G.A. 30-70-24(1)), over	h an explanation for riding benefits of the	or continuing the arrangen e duplication, or reasons tha	nent (i.e., overlapping but t overlapping service areas
If these c taken to e	onditions will be elim eliminate them, the res	inated under the strategy, a sponsible party and the agre	ttach an implemen ed upon deadline fo	tation schedule listing each	step or action that will be
3. List ea funds, us	ach government or aut ser fees, general funds	hority that will help to pay , special service district rev	for this service and enues, hotel/motel t	indicate how the service wi axes, franchise taxes, impac	ll be funded (e.g., enterprise t fees, bonded indebtedness, etc.)
		Funding Method:		•	,,
<u>Oconee</u>	County	Enterprise fund	ls, User funds		
4. How s	will the strategy chang	te the previous arrangemen	In far : 1: 1		
		so the previous arrangemen	is for providing and	or funding this service with	in the county?
NO	change				
5. List an	y formal service deliv	ery agreements or intergov	ernmental contracts	that will be used to implem	ent the strategy for this service:
Agreement	Name:	Contracti	ng Parties:	mar will be about to implem	Effective and Ending Dates:
Master	Service Delive	ery Agreement			
6. What General A	other mechanisms (if Assembly, rate or fee	any) will be used to implen changes, etc.), and when wi	nent the strategy for ll they take effect?	this service (e.g., ordinance	s, resolutions, local acts of the
Nor					
7 5					
	n completing form: (706)	Wendell T. Daw 769-5120 Dat			·
	-		e completed: 8/2		
are consi	STORE WITH THE SELVICE	Id be contacted by state age delivery strategy? \(\overline{\text{y}}\) yes act person(s) and phone nu	i ino	ng whether proposed local g	overnment projects
·					
·····					



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County:	Oconee		Service:	Recreation	
1. Check	the box that best descri	ribes the agreed upon deliver	ry arrangement for	this service:	· · · · · · · · · · · · · · · · · · ·
☐ Ser	vice will be provided o		Il cities and unince	orporated areas) by a single s	ervice provider. (If this box
☐ Ser ider	vice will be provided ontify the government,	only in the unincorporated po authority or organization pro	ortion of the count oviding the service	y by a single service provide .)	r. (If this box is checked,
One unit	e or more cities will pr ncorporated areas. (If t	ovide this service only within this box is checked, identify	in their incorporate the government(s)	ed boundaries, and the service, authority or organization pr	e will not be provided in coviding the service.)
X One unit	e or more cities will pr ncorporated areas. (If of Oconee County,	inis box is checked, identify	in their incorporate the government(s)	ed boundaries, and the county), authority or organization pr	will provide the service in coviding the service.)
Oth gov	ner. (If this box is chec vernment, authority, or	ked, attach a legible map d other organization that will	elineating the ser provide service w	vice area of each service pr ithin each service area.)	ovider, and identify the
2. In dev ☐ ye	veloping the strategy, ves X no	vere overlapping service are	as, unnecessary co	mpetition and/or duplication	of this service identified?
mgner ie	onditions will continu vels of service (See O. stition cannot be elimin	C.G.A. 30-70-24(1)), overri	an explanation for ding benefits of the	or continuing the arrangem e duplication, or reasons that	ent (i.e., overlapping but overlapping service areas
If these c taken to e	onditions will be elimeliminate them, the res	inated under the strategy, att ponsible party and the agree	tach an implemer ed upon deadline fo	station schedule listing each or completing it.	step or action that will be
3. List ea funds, us	ach government or aut ser fees, general funds,	hority that will help to pay for special service district reve	or this service and nues, hotel/motel	indicate how the service will axes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)
		Funding Method:			,
Ocone	e County	General fund, User	fees		
Watki	nsville	General fund, User	fees		
Bisho	p	General fund, User	fees		
Bogar	t	General fund, User	fees		

4. How	will the strategy chang	e the previous arrangements	for providing and	or funding this service withi	n the county?
N	o change				
<i></i>					·
5. List an Agreement	ny formal service deliv	ery agreements or intergove	rnmental contracts	that will be used to impleme	ent the strategy for this service:
		Contractin	g Parties:		Effective and Ending Dates:
Maste	r Service Deliv	ery Agreement			
Joint	Use Agreement	for Facilities Ocon	ee County Bo	ard of Commissioners	7
				ard of Education	· · · · · · · · · · · · · · · · · · ·
6. What	other mechanisms (if				s, resolutions, local acts of the
General A	Assembly, rate or fee of	changes, etc.), and when will	they take effect?	this service (e.g., ordinances	s, resolutions, local acts of the
	None				
7 Dames		Wendell T. D	atreon		
	n completing form:	3 5100			
		Date	completed:8		
are consi	istent with the service	d be contacted by state agen delivery strategy? yes act person(s) and phone num	l Ino	ing whether proposed local go	overnment projects
				or Sammy Sanders, Wa	tkineville
		Bishop (706) 769-5.			06) 769-5161
,		onop (100) 109-3.	ooz, riayui K	y norris, bogart	70) 725_7386



PAGE 2

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

County: Oconee		
		ge Maintenance
	ibes the agreed upon delivery arrangement for this service:	
Service will be provided of is checked, identify the go	ountywide (i.e., including all cities and unincorporated areas) to overnment, authority or organization providing the service.)	by a single service provider. (If this box
Service will be provided of identify the government, a	only in the unincorporated portion of the county by a single service on the county by a single service.)	vice provider. (If this box is checked,
One or more cities will pr unincorporated areas. (If t	ovide this service only within their incorporated boundaries, an his box is checked, identify the government(s), authority or org	d the service will not be provided in ganization providing the service.)
difficorporated areas. (II)	ovide this service only within their incorporated boundaries, an his box is checked, identify the government(s), authority or orgishop, Bogart, North High Shoals, Watkinsv	ganization providing the service.)
Other. (If this box is chec government, authority, or	ked, attach a legible map delineating the service area of each other organization that will provide service within each service	h service provider, and identify the e area.)
 In developing the strategy, v yes	vere overlapping service areas, unnecessary competition and/or	duplication of this service identified?
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	e under the strategy, attach an explanation for continuing th C.G.A. 36-70-24(1)), overriding benefits of the duplication, or nated).	e arrangement (i.e., overlapping but reasons that overlapping service areas
If these conditions will be elim taken to eliminate them, the res	inated under the strategy, attach an implementation schedule ponsible party and the agreed upon deadline for completing it.	listing each step or action that will be
3. List each government or aut funds, user fees, general funds.	hority that will help to pay for this service and indicate how the special service district revenues, hotel/motel taxes, franchise t	e service will be funded (e.g., enterprise axes, impact fees, bonded indebtedness, etc.)
• • -	Funding Method:	
Oconee County	General funds, Special Purpose Local Option	ons Sales Tax
Bishop	General funds	
Bogart	General funds	
North High Shoals	General funds	
Watkinsville	General funds	
No change	e the previous arrangements for providing and/or funding this s	service within the county?
5. List any formal service deliv	ery agreements or intergovernmental contracts that will be	
Agreement Name:	Contracting Parties:	to implement the strategy for this service:
Agreement Name: Master Service Delive	Contracting Parties:	to implement the strategy for this service: Effective and Ending Dates:
Agreement Name:	Contracting Parties:	
Agreement Name:	Contracting Parties:	
Master Service Delive 6. What other mechanisms (if	Contracting Parties: Try Agreement any) will be used to implement the strategy for this service (e.g.	Effective and Ending Dates:
Master Service Delive 6. What other mechanisms (if	Contracting Parties:	Effective and Ending Dates:
Master Service Delive 6. What other mechanisms (if General Assembly, rate or fee	Contracting Parties: Try Agreement any) will be used to implement the strategy for this service (e.g.	Effective and Ending Dates:
Master Service Delive 6. What other mechanisms (if General Assembly, rate or fee	Contracting Parties: Try Agreement any) will be used to implement the strategy for this service (e.g.	Effective and Ending Dates:
Master Service Delive 6. What other mechanisms (if General Assembly, rate or fee None 7. Person completing form: Phone number: (706) 769	Contracting Parties: Try Agreement any) will be used to implement the strategy for this service (e.g. changes, etc.), and when will they take effect? Wendell T. Dawson 1-5120 Date completed: 8/24/98	Effective and Ending Dates:
Master Service Delive 6. What other mechanisms (if General Assembly, rate or fee None 7. Person completing form: Phone number: (706) 769 8. Is this the person who shou are consistent with the service	Contracting Parties: Try Agreement any) will be used to implement the strategy for this service (e.g. changes, etc.), and when will they take effect? Wendell T. Dawson 2-5120 Date completed: 8/24/98 Id be contacted by state agencies when evaluating whether prop delivery strategy? Yes Ano	Effective and Ending Dates: ., ordinances, resolutions, local acts of the osed local government projects
Master Service Delive 6. What other mechanisms (if General Assembly, rate or fee None 7. Person completing form: Phone number: (706) 769 8. Is this the person who shou are consistent with the service If not, provide designated contains the service of the ser	Contracting Parties: Try Agreement any) will be used to implement the strategy for this service (e.g. changes, etc.), and when will they take effect? Wendell T. Dawson 1-5120 Date completed: 8/24/98 Id be contacted by state agencies when evaluating whether proposed.	estimate the second section of the section of the second section of the second section of the second section of the section of the second section of the second section of the second section of the section of the second section of the s

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

Count	y: Oconee		Service:	Senior Citizens Cen	ter
1. Ch	eck the box that best descr	ibes the agreed upo	on delivery arrangement		
X	is checked, identify the go	vernment, authority	cluding all cities and uni y or organization provid	ncorporated areas) by a single ing the service.)	service provider. (If this box
	Oconee County Service will be provided of identify the government, a	only in the unincorp	orated portion of the co ation providing the serv	anty by a single service provid	er. (If this box is checked,
	One or more cities will prunincorporated areas. (If t	ovide this service o his box is checked,	nly within their incorpo identify the governmen	rated boundaries, and the servi	ce will not be provided in providing the service.)
	One or more cities will pr unincorporated areas. (If t	ovide this service o his box is checked,	nly within their incorpo identify the governmen	rated boundaries, and the count(s), authority or organization	ty will provide the service in providing the service.)
	Other. (If this box is check government, authority, or	ked, attach a legib other organization	le map delineating the that will provide service	service area of each service p within each service area.)	provider, and identify the
2. In	developing the strategy, v] yes 区 no	vere overlapping se	rvice areas, unnecessary	competition and/or duplicatio	n of this service identified?
nigne	se conditions will continue or levels of service (See O. mpetition cannot be elimir	C.G.A. 36-70-24(1	, attach an explanation)), overriding benefits of	n for continuing the arranger the duplication, or reasons the	ment (i.e., overlapping but at overlapping service areas
If the taken	se conditions will be elimit to eliminate them, the res	inated under the str ponsible party and	ategy, attach an implen the agreed upon deadlin	nentation schedule listing eac e for completing it.	h step or action that will be
3. Li fund:	st each government or autl s, user fees, general funds,	hority that will help special service dis	to pay for this service a trict revenues, hotel/mo	nd indicate how the service w el taxes, franchise taxes, impa	ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc.)
		Funding Method:			
000	onee County	General fund	ls		
<u> </u>				A STATE OF THE STA	
	ACCUPATION OF THE PROPERTY OF				
4. H	ow will the strategy chang	e the previous arra	ngements for providing	and/or funding this service wit	hin the county?
				0	
	No change				
					•
5. Li	st any formal service deliv	ery agreements or i		acts that will be used to implen	nent the strategy for this service:
	ment Name:		Contracting Parties:		Effective and Ending Dates:
mas	ter Service Delive	ry Agreement			
6. W Gene	That other mechanisms (if eral Assembly, rate or fee	any) will be used to changes, etc.), and	o implement the strategy when will they take effe	for this service (e.g., ordinancet?	es, resolutions, local acts of the
	None			·	,
				×	
7. P	erson completing form:	Wendell T.	Dawson		
	ne number: (706) 769		Date completed:	8/24/98	To distributions
are o	s this the person who shou consistent with the service ot, provide designated cont	delivery strategy?	X yes no	uating whether proposed local	government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County: _	Oconee		Service: _	Solid Waste	Collection	
1. Check th	ne box that best descr	ibes the agreed upo	on delivery arrangemen	nt for this service:		
☐ Servi	ce will be provided o	ountywide (i.e., inc		nincorporated areas) by	a single service provider. (If this box	
Servi ident	ce will be provided of ify the government, a	only in the unincorp authority or organiz	porated portion of the cation providing the ser	county by a single servic	e provider. (If this box is checked,	
One o	or more cities will pr corporated areas. (If t	ovide this service o his box is checked,	only within their incorp identify the governme	orated boundaries, and tent(s), authority or organ	he service will not be provided in ization providing the service.)	
X One a	or more cities will pr corporated areas. (If t	ovide this service o	only within their incorp , identify the governme	oorated boundaries, and tent(s), authority or organ	he county will provide the service in ization providing the service.)	
0с	onee County, B	ogart, Watkin	sville			
Othe gove	r. (If this box is chec rnment, authority, or	ked, attach a legib other organization	le map delineating th that will provide servi	e service area of each s ce within each service a	ervice provider, and identify the ea.)	
yes	∐ no				plication of this service identified?	
6	nditions will continuels of service (See O tion cannot be elimi	.C.G.M. 30-70-24(1	y, attach an explanati)), overriding benefits	ion for continuing the a of the duplication, or rea	arrangement (i.e., overlapping but asons that overlapping service areas	
If these co taken to el	nditions will be elim iminate them, the res	inated under the str ponsible party and	ategy, attach an impl the agreed upon deadl	ementation schedule lis ine for completing it.	ting each step or action that will be	
14.00, 400	r rees, general runus	hority that will help , special service dis	o to pay for this service strict revenues, hotel/m	e and indicate how the se otel taxes, franchise taxe	rvice will be funded (e.g., enterprise es, impact fees, bonded indebtedness,	, etc.)
Local Govern	nment or Authority:	Funding Method:				
Oconee	County		funds, User fee			
Bogart Watkins			funds, User fee	es		
WACKLIIS	ATTIE	General	funds			
4 17	:11 .1	<u> </u>				
4. now w	ill the strategy chang	ge the previous arra	ngements for providing	g and/or funding this ser	vice within the county?	
	No change					
	J					
5 Liston	formal assuing deli-					
Agreement 1	viorinai service delly Name:	ery agreements or	intergovernmental con Contracting Parties:	tracts that will be used to	implement the strategy for this serv	ice:
	Service Delive	ry Agraement	Contracting Parties:		Effective and Ending Dates:	
	pervice Derive	ry Agreement				
						_
					·	\dashv
6. What of General A	ther mechanisms (if sseembly, rate or fee	any) will be used to changes, etc.), and	o implement the strates when will they take ef	gy for this service (e.g., cfect?	ordinances, resolutions, local acts of t	he
No	one					
7 5	• .• -					
	completing form:		T. Dawson			
	mber: (706)		Date completed:		**************************************	
ano consis	MOUNT WITH THE SET AICE	ucitively strategy?	Alves Alno		ed local government projects	
If not, pro	ovide designated cont	act person(s) and p	hone number(s) helow	:		
Mayor R	T. Dawson, Ch Roy Norris, Bog	iairman (706)	/69-5120; Mayor	Sammy Sanders,	Watkinsville (706) 769-51	61;
	<u> </u>		r=7-10D			



PAGE 2

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

County: _	Oconee	·		Service:	Street Lights	
1. Check th	ne box that best desc	ribes the agi	reed upon deliver	y arrangement f	or this service:	
☐ Servi		countywide	(i.e., including a	ll cities and unin	corporated areas) by a single	e service provider. (If this box
Servi ident	ce will be provided ify the government,	only in the u	nincorporated po organization pro	ortion of the cou viding the service	nty by a single service provi ce.)	der. (If this box is checked,
One o	or more cities will p corporated areas. (If	rovide this s this box is c	ervice only withi hecked, identify	n their incorpora the government(ated boundaries, and the serves), authority or organization	rice will not be provided in providing the service.)
ann	corporated areas. (II	uns box is c	necked, identify	the government(ated boundaries, and the cou (s), authority or organization ls, Watkinsville	nty will provide the service in providing the service.)
Othe gove	r. (If this box is cheernment, authority, o	cked, attach r other orgai	a legible map d	elineating the s provide service	ervice area of each service within each service area.)	provider, and identify the
2. In deve	loping the strategy,	were overla _l	pping service are	as, unnecessary	competition and/or duplicati	on of this service identified?
6.101 101	nditions will continuels of service (See Cition cannot be elimited)	.C.G.A. 30-	strategy, attach 70-24(1)), overri	an explanation ding benefits of	for continuing the arrange the duplication, or reasons the	ement (i.e., overlapping but nat overlapping service areas
If these co taken to el	nditions will be elin iminate them, the re	ninated unde sponsible pa	or the strategy, att	ta <mark>ch an implem</mark> ed upon deadline	entation schedule listing ea for completing it.	ch step or action that will be
141105, 450	r rees, general funds	thority that s	will help to pay for vice district reve	or this service ar nues, hotel/mote	nd indicate how the service v Il taxes, franchise taxes, imp	vill be funded (e.g., enterprise act fees, bonded indebtedness, etc.)
Local Govern	nment or Authority:	Funding Meth				
Oconee	County	General	funds			
Bishop		General'				
Bogart		General		•		
	ligh Shoals	General	funds			
Watkins	ville	General	funds			
4. How w	ill the strategy chan	ge the previo	ous arrangements	for providing a	nd/or funding this service wi	thin the county?
No char				. 0	2	in the county;
no chai	ige					
5. List any Agreement	[,] formal service deli _{Name:}	very agreem	ents or intergove Contracting	rnmental contrac	cts that will be used to imple	ment the strategy for this service: Effective and Ending Dates:
Master	Service Deliv	ery Agree	ement			Effective and Ending Dates.
6. What of General A	ther mechanisms (if ssembly, rate or fee	any) will be changes, etc	e used to implement.), and when will	ent the strategy f I they take effect	or this service (e.g., ordinan ?	ces, resolutions, local acts of the
None						
7. Person	completing form:	Wer	ndell T. Daw	son		
	· ·	769-5120	`	completed:	8/24/98	4
8. Is this	the person who show	ild be contact		•	ating whether proposed local	
are consis	ICHE MITH HIC DOLYICE	uchyery sir	alcov/ Alvec	IAI no		
If not, pro	vide designated con	tact person(s) and phone num	nber(s) below: w	endell T. Dawson, C oy Norris, Bogart (hairman (706) 769-5120;
Mayor J	off Thomas, No	orth High	Shoals (70	6) 769-4289	: Mayor Sammy Sande	rs. Watkinsville
		9	•			706) 760 5161



Make copies of this form and complete one for each service listed	on page 1 Section VII Has awards the
Answer each question below attaching additional management	on page 1, Section III. Use exactly the same service names listed on page 1
the state of the s	f the contact person for this service (listed at the bottom of the page) changes, this
should be reported to the Department of Community Affairs.	Labo, competition

County:	Oconee		Service:	Тах Ард	raisal/Assessment
1. Check the bo	x that best desc	ribes the agreed upon deliv	ery arrangement for	r this service	2:
Service w is checked	ill be provided		all cities and unine	corporated ar	eas) by a single service provider (If this box
Service w	ill be provided	only in the unincorporated authority or organization p	portion of the cour	ty by a single.)	e service provider. (If this box is checked,
One or munincorpo	ore cities will proprated areas. (If	rovide this service only wit this box is checked, identif	hin their incorpora y the government(ted boundari i), authority	es, and the service will not be provided in or organization providing the service.)
One or m	ore cities will prorated areas. (If	rovide this service only wit this box is checked, identif	hin their incorpora y the government(ted boundari s), authority	es, and the county will provide the service in or organization providing the service.)
Other. (If government	this box is checent, authority, or	ked, attach a legible map other organization that wi	delineating the se ll provide service v	rvice area o vithin each s	f each service provider, and identify the ervice area.)
2. In developing yes x	ng the strategy, v	were overlapping service ar	eas, unnecessary c	ompetition a	nd/or duplication of this service identified?
menor levels of	ons will continu f service (See O. cannot be elimin	.C.O.A. 30-70-24(1)), over	h an explanation a riding benefits of t	f or continui ne duplicatio	ng the arrangement (i.e., overlapping but n, or reasons that overlapping service areas
If these condition taken to eliminate	ons will be elim ate them, the res	inated under the strategy, a sponsible party and the agre	ttach an impleme	ntation sche	dule listing each step or action that will be
3. List each go funds, user fee	vernment or aut s, general funds	hority that will help to pay , special service district rev	for this service and renues, hotel/motel	l indicate ho taxes, francl	w the service will be funded (e.g., enterprise nise taxes, impact fees, bonded indebtedness, etc.
Local Government		Funding Method:			
Oconee C	ounty	General funds			
)				
-					
4 How will th	o otroto ou ob	- 41		······	
		e the previous arrangemen	ts for providing an	d/or funding	this service within the county?
No c	hange				
	·				
5. List any form	nal service deliv	eru agreements or interce-		.1	
Agreement Name:	nai soi vice delly	Contracti	ng Parties:	s that will be	used to implement the strategy for this service:
Master Ser	vice Delive	ry Agreement			Effective and Ending Dates:
	· · · · · · · · · · · · · · · · · · ·				
6. What other: General Assem	mechanisms (if ably, rate or fee of	any) will be used to implen changes, etc.), and when wi	nent the strategy fo ill they take effect?	r this service	e (e.g., ordinances, resolutions, local acts of the
None					
7 Person com	pleting form:	II. 1 11 m ~			
	pieting form: _ : <u>(706) 769</u>	= 1.00		0/0//00	
			te completed:		
are consistent	with the service	d be contacted by state age delivery strategy? \(\overline{X}\) yes act person(s) and phone nu	lno	ing whether	proposed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

Count	y: Oconee		Service:	Tax Collection	Mr. 4.7
1. Ch	eck the box that best descri	bes the agreed up	on delivery arrangement for	this service:	140-140-140-1
	Service will be provided co is checked, identify the go	ountywide (i.e., in vernment, authori	ncluding all cities and uninco ty or organization providing	orporated areas) by a single so the service.)	ervice provider. (If this box
	Service will be provided or identify the government, a	nly in the unincor uthority or organi	porated portion of the count zation providing the service	y by a single service provider)	r. (If this box is checked,
	One or more cities will pro unincorporated areas. (If the	ovide this service on is box is checked	only within their incorporate I, identify the government(s)	ed boundaries, and the service , authority or organization pr	e will not be provided in oviding the service.)
	unincorporated areas. (If the	nis box is checked	only within their incorporate I, identify the government(s) , North High Shoals	ed boundaries, and the county , authority or organization pr , Watkinsville	will provide the service in coviding the service.)
	Other. (If this box is check government, authority, or	ted, attach a legik other organization	ble map delineating the ser n that will provide service w	vice area of each service pr ithin each service area.)	ovider, and identify the
2. In	developing the strategy, w	ere overlapping s	ervice areas, unnecessary co	mpetition and/or duplication	of this service identified?
mgne	se conditions will continue r levels of service (See O.C mpetition cannot be elimin	J.G.A. 36-70-24()	y, attach an explanation for the state of th	or continuing the arrangem e duplication, or reasons that	ent (i.e., overlapping but overlapping service areas
If the taken	se conditions will be eliming to eliminate them, the resp	nated under the stroonsible party and	rategy, attach an implemer I the agreed upon deadline fo	tation schedule listing each or completing it.	step or action that will be
3. Li	st each government or auth s, user fees, general funds,	ority that will hel special service di	p to pay for this service and strict revenues, hotel/motel	indicate how the service will axes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)
Local	Government or Authority: F	Funding Method:			
1	ee County	General f			
Bish Boga		General f			
			- Annual Control of the Control of t		
1	h High Shoals	General f			
				or funding this service withi	n the county?
	No change				
5. Lis	st any formal service delive	ery agreements or	intergovernmental contract	shee will be seed as the state	ent the strategy for this service:
Agree	ment Name:	ory agreements of	Contracting Parties:	that will be used to impleme	ent the strategy for this service: Effective and Ending Dates:
Mast	er Service Deliver	y Agreement		***************************************	
6 33	Chan ash and a second s		<u> </u>		
Gene	ral Assembly, rate or fee c	iny) will be used thanges, etc.), and	to implement the strategy for when will they take effect?	this service (e.g., ordinances	s, resolutions, local acts of the
	None				
7. P	erson completing form: _	Wendell	T. Dawson		
Phon	e number: <u>(706)</u> 769	9–5120	Date completed:	8/24/98	
are c	onsistent with the service of	delivery strategy?	X yes X no	ing whether proposed local go ndell T. Dawson, Cha	overnment projects airman (706) 769-5120; Bishop (706) 769-5382;
					Shoals ((706) 769-4289

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

County: _	0conee		Service:	Voter Registration	
1. Check th	he box that best desc	ribes the agreed upo	on delivery arrangement	for this service:	
Servi is ch	ecked, identity the go	overnment, authorit	cluding all cities and uni y or organization provid	ncorporated areas) by a single sing the service.)	ervice provider. (If this box
Servi	Oconee Courice will be provided a cify the government,	only in the unincorp	orated portion of the co ation providing the serv	unty by a single service provide	r. (If this box is checked,
One uning	or more cities will procorporated areas. (If	rovide this service o this box is checked,	nly within their incorpo identify the governmen	rated boundaries, and the servic t(s), authority or organization p	e will not be provided in roviding the service.)
One unin	or more cities will procorporated areas. (If	rovide this service of this box is checked,	nly within their incorpo identify the governmen	rated boundaries, and the county t(s), authority or organization pages	y will provide the service in roviding the service.)
Othe gove	er. (If this box is chec ernment, authority, or	ked, attach a legib other organization	le map delineating the that will provide service	service area of each service preservice area.)	ovider, and identify the
2. In deve	eloping the strategy,	were overlapping se	rvice areas, unnecessary	competition and/or duplication	of this service identified?
mgner lev	nditions will continuels of service (See Oition cannot be elimi	.C.G.A. 30-70-24(1	, attach an explanatio)), overriding benefits o	n for continuing the arrangement of the duplication, or reasons that	nent (i.e., overlapping but overlapping service areas
If these co	nditions will be elim liminate them, the re	inated under the str sponsible party and	ategy, attach an imple r the agreed upon deadlin	nentation schedule listing each e for completing it.	step or action that will be
3. List each	ch government or aut	hority that will help, special service dis	to pay for this service a trict revenues, hotel/mo	and indicate how the service wil tel taxes, franchise taxes, impac	l be funded (e.g., enterprise tees, bonded indebtedness, etc.)
		Funding Method:			
Oconee	County	General fur	nds		
	vill the strategy chango change	ge the previous arrai	ngements for providing	and/or funding this service with	in the county?
					x - 1
5. List any	y formal service deliv	ery agreements or i	ntergovernmental contr	acts that will be used to impleme	ent the strategy for this service:
Agreement			Contracting Parties:		Effective and Ending Dates:
Master	Service Delive	ery Agreement			
6. What of General A	other mechanisms (if assembly, rate or fee	any) will be used to changes, etc.), and	implement the strategy when will they take effe	for this service (e.g., ordinance ct?	s, resolutions, local acts of the
No	one.			•	
7 5		II 1 11 m	D		
	completing form: mber: <u>(706)</u> 769	Wendell T. 9-5120		9/3//00	
			Date completed:		
are consis	stent with the service	delivery strategy?	Tate agencies when evaluate agencies when evaluate X yes \square no none number(s) below:	uating whether proposed local g	overnment projects

SERVICE DELIVERY STRATEGY 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 updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County: Uconee	
1. What incompatibilities or conflicts between the land use plans of letthe service delivery strategy?	ocal governments were identified in the process of developing
There were no incompatibilities or conflicts be identified during development of the service demunicipality participated in preparation and a Plan in 1992 and again in 1997. Any incompatitime.	elivery strategy. Oconee County and each doption of a Joint City/County Comprehensive
	•
2. Check the boxes indicating how these incompatibilities or conflicts amendments to existing comprehensive plans	s were addressed: N/A
adoption of a joint comprehensive plan	Note: If the necessary plan amendments, regulations, ordinances,
other measures (amend zoning ordinances, add environmental regulations, etc.)	etc. have not yet been formally adopted, indicate when each of the
If "other measures" was checked, describe these measures:	affected local governments will adopt them.
3. Summarize the process that will be used to resolve disputes when a areas to be annexed into a city. If the conflict resolution process will	a county disagrees with the proposed land use classification(s) for
The county and each city adopted the same processor notify county of proposed annexation, B) County C) County must notify of objection in writing CD) Committee appointed to informally negotiate mediation takes place, F) Report made to govern 4. What policies, procedures and/or processes have been established been sure that new extraterritorial water and sewer service will be consistent.	ess. To summarize: A) Municipality will y will be notified of proposed rezoning, within 45 days (or lose right to object), E) Should resolution not occur, formal ning bodies. (See Attachment A-E.)
The sole provider of water/sewer service to uni	incorporated portions of the county and the
cities is the Oconee County Board of Commission	ners through its Public Utility Department.
5. Degree constitution for the state of the	
5. Person completing form: Wendell T. Dawson Phone number: (706) 769-5120 Date completing form:	0/1/09
6. Is this the person who should be contacted by state agencies when	eted: 9/1/98
consistent with land use plans of applicable jurisdictions? X yes	no
If not, provide designated contact person(s) and phone number(s) below	ow: