





## FORM 1

### COUNTY: OGLETHORPE 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 should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and/or authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

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

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

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

PROCESS DESCRIBED, ABOVE.

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

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

Oglethorpe County; City of Arnoldsville; City of Crawford; City of Lexington; City of Maxeys; Oglethorpe County Development Authority; Lexington Downtown Development Authority; Oglethorpe County Volunteer Fire Association

## 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.

Emergency Management Agency; Emergency Medical Services; Library Services; Public Health Services; Senior Citizens' Center; Building Inspections (Building Codes); Law Enforcement; Jail Services; Landfill (C&D)(MSW); Public Sanitary Sewerage; Public Water Supply; Fire Protection; Tax Collection; Solid Waste Collection; Indigent Defense; Recreation

### 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.

Services being removed: Child Development Services; Natural Gas; Cooperative Extension Service; Solid Waste Planning; County Coroner; Department of Family and Children Services;

Service included with Public Works: Road & Bridge Maintenance

Economic Development; E911 Communications & Addressing; Parks

Planning & Zoning; Code Enforcement Officer now called Code Compliance; Public Works; Tax Appraisal/Assessment now called Tax Assessor; Voter Registration now called Elections; Judicial/Courts now called Courts.







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

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

| Local Government or Authority  | Funding Method            |
|--------------------------------|---------------------------|
| Oglethorpe County              | Permit Fees, General Fund |
| Type Gov't/Authority Name Here | Detail Funding Here       |
| Type Gov't/Authority Name Here | Detail Funding Here       |
| Type Gov't/Authority Name Here | Detail Funding Here       |
| Type Gov't/Authority Name Here | Detail Funding Here       |
| Type Gov't/Authority Name Here | Detail Funding Here       |

| Type dov thathority realine ric                                | ,10       | Detail Fullding Fiere  |               |                           |          |
|--|-----------|--|---------------|---------------------------|----------|
| Гуре Gov't/Authority Name Here Detail Funding Here             |           |  |               |                           |          |
| 4. How will the strategy change                                | the previ | ious arrangements for providing and/or fu  | nding this se | ervice within the county? | ?        |
| No Change.   |           |  |               |                           |          |
|  |           |  |               |                           |          |
| <ol><li>List any formal service delive this service:</li></ol> | ry agreer | ments or intergovernmental contracts that  | will be used  | to implement the strate   | ∍gy for  |
| Agreement Name   |           | Contracting Parties  |               | Effective and Ending I    | Dates    |
| Name Agreement Here  | List C    | ontracting Parties Here  |               | Effective - End           |          |
| Name Agreement Here  | List C    | ontracting Parties Here  |               | Effective - End           |          |
| Name Agreement Here  | List C    | ontracting Parties Here  |               | Effective - End           |          |
| Name Agreement Here  | List C    | ontracting Parties Here  |               | Effective - End           |          |
| Name Agreement Here  | List C    | ontracting Parties Here  |               | Effective - End           |          |
| Name Agreement Here  | List C    | ontracting Parties Here  |               | Effective - End           |          |
|  |           | e used to implement the strategy for this stee changes, etc.), and when will they take |               | , ordinances, resolutions | s, local |
|  |           |  |               |                           |          |
|  |           |  |               |                           |          |
| 7. Person completing form: <b>Jos</b>                          | h Hawkii  | ns Finance Director  |               |                           |          |
| Phone number: <b>706.743.5270</b>                              |           | ate completed: 12/9/2017   |               |                           |          |
|  |           | acted by state agencies when evaluating vertile delivery strategy? ⊠Yes □No            | whether pro   | posed local governmer     | nt       |
| If not, provide designated con                                 |           | on(s) and phone number(s) below:   |               |                           |          |







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

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

| Local Government or Authority  | Funding Method      |
|--------------------------------|---------------------|
| Oglethorpe County              | General Fund        |
| City of Arnoldsville           | General Fund        |
| City of Lexington              | General Fund        |
| City of Crawford               | General Fund        |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |

| 4. How will the strategy change the previous arrangements for providing and/or funding this service within the $\circ$ |
|--|
|--|

No change in how the service is provided. Now called Code Compliance.

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

| Agreement Name      | Contracting Parties           | Effective and Ending Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

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

Unincorporated area: Code compliance is provided by a part-time county employee. Incorporated areas: Municipalities are responsible for enforcing municipal policies. If the municipality has adopted policies uniform with the county, and upon mutual agreement between the municipality and the county code compliance officer, the municipality may authorize the county code compliance officer to also perform duties inside the municipality. At the discretion of the Chairman, the county may fund such activities by the county code compliance officer.

| <ol><li>Person completing form: Josh I</li></ol> | Hawkins, Finance Director |
|--|---------------------------|
| Phone number: <b>706.743.5270</b>                | Date completed: 12/9/2017 |

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

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

TYPE CONTACT NAME, TITLE & PHONE HERE







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

| should be reported to the Department of Community Affairs.   | ,   |
|--|---|
| COUNTY:OGLETHORPE COUNTY   | Service: E911 Communications & Addressing   |
| Check the box that best describes the agreed upor  | n delivery arrangement for this service:  |
|  |   |
|  | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Oglethorpe County</b>                   |
|  | ed portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>                 |
|  | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here  |
|  | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here |
|  | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of                              |
| 2. In developing this strategy, were overlapping service identified?   | ce areas, unnecessary competition and/or duplication of this service  |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docum   | entation as described, below)   |
| ⊠No  |   |
| If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e | A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).   |
| If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party  | gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.  |

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

| Local Government or Authority  | Funding Method          |
|--------------------------------|-------------------------|
| Oglethorpe County              | User fees, General Fund |
| Type Gov't/Authority Name Here | Detail Funding Here     |
| Type Gov't/Authority Name Here | Detail Funding Here     |
| Type Gov't/Authority Name Here | Detail Funding Here     |
| Type Gov't/Authority Name Here | Detail Funding Here     |
| Type Gov't/Authority Name Here | Detail Funding Here     |

| 4. HC | ow will the strategy cha | ange the previous arrang | ements for providing a | and/or funding this servi | ce within the county? |  |
|-------|--------------------------|--------------------------|------------------------|---------------------------|-----------------------|--|
|       |                          |                          |                        |                           |                       |  |
|       |                          |                          |                        |                           |                       |  |

Service was not included in the previous SDS. No change to how it is being provided.

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

| Agreement Name      | Contracting Parties           | Effective and Ending Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

| 6 | acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? |
|---|---|
|   |   |
|   |   |
| L |   |

- 7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

TYPE CONTACT NAME, TITLE & PHONE HERE







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| should be reported to the Department of Community Affairs.   |  |  |  |
|--|--|--|--|
| COUNTY:OGLETHORPE COUNTY   | Service: Economic Development  |  |  |
| Check the box that best describes the agreed upor      Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government.) | ing all cities and unincorporated areas) by a single service provider. (If   |  |  |
|  | ed portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>  |  |  |
|  | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here                               |  |  |
| service in unincorporated areas. (If this box is chec  | within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the cority, Lexington Downtown Development Authority |  |  |
|  | pap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of  |  |  |
| In developing this strategy, were overlapping service identified?  | ce areas, unnecessary competition and/or duplication of this service   |  |  |
| ☐ Yes (if "Yes," you must attach additional docum  | entation as described, below)  |  |  |
| ⊠No  |  |  |  |
|  | A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).  |  |  |
| If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party  | gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.   |  |  |

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

| Local Government or Authority  | Funding Method                       |
|--------------------------------|--------------------------------------|
| Oglethorpe County Dev Auth     | General Fund; Authority fund balance |
| Lexington DDA                  | General Fund                         |
| Type Gov't/Authority Name Here | Detail Funding Here                  |
| Type Gov't/Authority Name Here | Detail Funding Here                  |
| Type Gov't/Authority Name Here | Detail Funding Here                  |
| Type Gov't/Authority Name Here | Detail Funding Here                  |

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

The Oglethorpe County Development Authority, created in 2014, serves county-wide. The Lexington Downtown Development Authority, created in 2011, serves inside the City of Lexington.

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

| Agreement Name      | Contracting Parties           | Effective and Ending Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

| <ol><li>What ot</li></ol> | ner mechanisms   | (if any) will be | used to impl  | ement the    | strategy  | for this | service ( | e.g., ( | ordinances, | resolutions, | local |
|---------------------------|------------------|------------------|---------------|--------------|-----------|----------|-----------|---------|-------------|--------------|-------|
| acts of the               | ne General Asser | mbly, rate or fe | ee changes, e | etc.), and v | when will | they tak | ke effect | ?       |             |              |       |

| Provide Details Here |  |
|----------------------|--|
|----------------------|--|

7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017

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

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

TYPE CONTACT NAME, TITLE & PHONE HERE







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

| Local Government or Authority  | Funding Method      |
|--------------------------------|---------------------|
| Oglethorpe County              | General Fund, GEMA  |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |

| 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 Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

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

The County EMA Director shall also represent municipalities pursuant to O.C.G.A. § 38-3-27.

- 7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

TYPE CONTACT NAME, TITLE & PHONE HERE







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

| should be reported to the Department of Community Affairs.   |  |  |  |
|--|--|--|--|
| COUNTY:OGLETHORPE  | Service: Emergency Medical Service   |  |  |
| Check the box that best describes the agreed upor  | ,  |  |  |
|  | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Oglethorpe County</b>                    |  |  |
|  | ed portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>                  |  |  |
|  | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here   |  |  |
|  | within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the or Organization Here |  |  |
|  | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of                               |  |  |
| 2. In developing this strategy, were overlapping serving identified?   | ce areas, unnecessary competition and/or duplication of this service   |  |  |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docum   | entation as described, below)  |  |  |
| ⊠No  |  |  |  |
|  | Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).                    |  |  |
| If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party | gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.   |  |  |

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

| Local Government or Authority  | Funding Method                  |
|--------------------------------|---------------------------------|
| Oglethorpe County              | General Fund, User Fees, SPLOST |
| Type Gov't/Authority Name Here | Detail Funding Here             |
| Type Gov't/Authority Name Here | Detail Funding Here             |
| Type Gov't/Authority Name Here | Detail Funding Here             |
| Type Gov't/Authority Name Here | Detail Funding Here             |
| Type Gov't/Authority Name Here | Detail Funding Here             |

| Type Gov't/Authority Name H   | ere         | Detail Funding Here  |                               |                                |
|---|-------------|--|-------------------------------|--------------------------------|
| Type Gov't/Authority Name Here  |             | Detail Funding Here  |                               |                                |
| 4. How will the strategy change   | the previ   | ous arrangements for providing and/or  | funding this s                | service within the county?     |
| No Change   |             |  |                               |                                |
| 5. List any formal service delive<br>this service:                          | ery agreer  | ments or intergovernmental contracts th  | nat will be use               | ed to implement the strategy   |
| Agreement Name  |             | Contracting Parties  |                               | Effective and Ending Date      |
| Name Agreement Here   |             | ontracting Parties Here  |                               | Effective - End                |
| Name Agreement Here   | List C      | ontracting Parties Here  |                               | Effective - End                |
| Name Agreement Here   | List C      | ontracting Parties Here  |                               | Effective - End                |
| Name Agreement Here   | List C      | ontracting Parties Here  |                               | Effective - End                |
| Name Agreement Here   | List C      | ontracting Parties Here  |                               | Effective - End                |
| Name Agreement Here   | List C      | ontracting Parties Here  |                               | Effective - End                |
| What other mechanisms (if a acts of the General Assembly                    | ny) will bo | e used to implement the strategy for thi<br>ee changes, etc.), and when will they to | s service (e.g<br>ake effect? | ., ordinances, resolutions, lo |
| None.   |             |  |                               |                                |
| 7. Person completing form: <b>Jos</b><br>Phone number: <b>706.743.527</b> 0 | <b>)</b> Da | ate completed: 12/9/2017   |                               |                                |
|   |             | acted by state agencies when evaluatin<br>e delivery strategy? ⊠Yes ⊡No              | g whether pro                 | oposed local government        |
| If not, provide designated cor<br>TYPE CONTACT NAME, TIT                    |             | on(s) and phone number(s) below: ONE HERE  |                               |                                |







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

| ·   |   |
|---|---|
| COUNTY:OGLETHORPE   | Service: Fire Protection  |
| Check the box that best describes the agreed upor   | n delivery arrangement for this service:  |
|   | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Oglethorpe County</b>                   |
|   | ed portion of the county by a single service provider. (If this box is nization providing the service.): <b>Type Name of Government, Authority</b>                  |
|   | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here   |
|   | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here |
|   | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of                              |
| 2. In developing this strategy, were overlapping service identified?  | ce areas, unnecessary competition and/or duplication of this service  |
| ☐ Yes (if "Yes," you must attach additional docume  | entation as described, below)   |
| ⊠No   |   |
| If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G. A overlapping service areas or competition cannot be e | ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).                     |

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

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

| Local Government or Authority  | Funding Method      |
|--------------------------------|---------------------|
| Oglethorpe County              | General Fund        |
| City of Crawford               | General Fund        |
| City of Lexington              | General Fund        |
| City of Arnoldsville           | General Fund        |
| City of Maxeys                 | General Fund        |
| Type Gov't/Authority Name Here | Detail Funding Here |

| 01: (11                              |   |  |  |  |
|--------------------------------------|---|--|--|--|
| City of Maxeys                       | General Fund  |  |  |  |
| Type Gov't/Authority Name H          | lere Detail Funding Here  | Detail Funding Here  |  |  |
| . How will the strategy change       | the previous arrangements for providing a   | nd/or funding this service within the county?                            |  |  |
| No Change                            |   |  |  |  |
| this service:                        |   | acts that will be used to implement the strategy for                     |  |  |
| Agreement Name                       | Contracting Parties   | Effective and Ending Dates   |  |  |
| Name Agreement Here                  | List Contracting Parties Here   | Effective - End  |  |  |
| Name Agreement Here                  | List Contracting Parties Here   | Effective - End  |  |  |
| Name Agreement Here                  | List Contracting Parties Here   | Effective - End  |  |  |
| Name Agreement Here                  | List Contracting Parties Here   | Effective - End  |  |  |
| Name Agreement Here                  | List Contracting Parties Here   | Effective - End  |  |  |
| Name Agreement Here                  | List Contracting Parties Here   | Effective - End  |  |  |
|                                      | any) will be used to implement the strategy ty, rate or fee changes, etc.), and when will t | for this service (e.g., ordinances, resolutions, local they take effect? |  |  |
|                                      |   |  |  |  |
|                                      |   |  |  |  |
| 7. Person completing form: <b>Jo</b> | sh Hawkins, Finance Director  O Date completed: 12/9/2017                                   |  |  |  |

DSPENCER@OGLETHORPEFIRERESCUE.ORG







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

| ,  |   |
|--|---|
| COUNTY:OGLETHORPE  | Service: Indigent Defense   |
|  |   |
| 1. Check the box that best describes the agreed upor                 | n delivery arrangement for this service:  |
|  | ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Public Defender on behalf</b>            |
|  | ed portion of the county by a single service provider. (If this box is nization providing the service.): <b>Type Name of Government, Authority</b>                  |
|  | within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service: zation Here    |
|  | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here |
|  | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of                              |
| 2. In developing this strategy, were overlapping service identified? | ce areas, unnecessary competition and/or duplication of this service  |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docume            | entation as described, below)   |
| ⊠No  |   |
|  | ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).                     |
| If these conditions will be eliminated under the strateg             | gy, attach an implementation schedule listing each step or action that  |

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

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

| Local Government or Authority  | Funding Method      |
|--------------------------------|---------------------|
| Oglethorpe County              | General Fund        |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |
| Type Gov't/Authority Name Here | Detail Funding Here |

| Type Gov't/Authority Name He  | ere Detail Funding Here  |   |
|---|--|---|
| Type Gov't/Authority Name He  | ere Detail Funding Here  |   |
| I. 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 delive this service:                         | ry agreements or intergovernmental contract  | s that will be used to implement the strategy for                 |
| Agreement Name  | Contracting Parties  | Effective and Ending Dates  |
| Name Agreement Here   | List Contracting Parties Here  | Effective - End   |
| Name Agreement Here   | List Contracting Parties Here  | Effective - End   |
| Name Agreement Here   | List Contracting Parties Here  | Effective - End   |
| Name Agreement Here   | List Contracting Parties Here  | Effective - End   |
| Name Agreement Here   | List Contracting Parties Here  | Effective - End   |
| Name Agreement Here   | List Contracting Parties Here  | Effective - End   |
|   | ny) will be used to implement the strategy for , rate or fee changes, etc.), and when will the | this service (e.g., ordinances, resolutions, localey take effect? |
|   |  |   |
| 7. Person completing form: <b>Jos</b> Phone number: <b>706.743.5270</b> |  |   |







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

| should be reported to the Department of Community Affairs.  |   |  |  |
|---|---|--|--|
| COUNTY:OGLETHORPE   | Service: Jail Services  |  |  |
| Check the box that best describes the agreed upor   | n delivery arrangement for this service:  |  |  |
|   | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Oglethorpe County</b>                   |  |  |
|   | ed portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>                 |  |  |
|   | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here  |  |  |
|   | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here |  |  |
| Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization Here | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of                              |  |  |
| 2. In developing this strategy, were overlapping serving identified?  | ce areas, unnecessary competition and/or duplication of this service  |  |  |
| ☐ Yes (if "Yes," you must attach additional docum   | entation as described, below)   |  |  |
| ⊠No   |   |  |  |
|   | A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).   |  |  |
| If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party         | gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.  |  |  |

| <ol> <li>List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,<br/>enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact<br/>fees, bonded indebtedness, etc.).</li> </ol> |   |  |
|---|---|--|
| Local Government or Authority   | Funding Method                                  |  |
| Oglethorpe County   | General Fund, Fines & Forfeitures, Boarding fee |  |
|   |   |  |
|   |   |  |

| Type Gov't/Authority Name Here   | Detail Funding Here |  |  |  |
|--|---------------------|--|--|--|
| 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 Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

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

- 7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

| should be reported to the Department of Community Affairs.  |   |  |
|---|---|--|
| COUNTY:OGLETHORPE   | Service: Courts   |  |
| Check the box that best describes the agreed upor   | n delivery arrangement for this service:  |  |
|   | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Oglethorpe County</b>                   |  |
|   | ed portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>                 |  |
|   | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here  |  |
|   | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here |  |
| Other (If this box is checked, attach a legible midentify the government, authority, or other organization Here | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of                              |  |
| 2. In developing this strategy, were overlapping serving identified?  | ce areas, unnecessary competition and/or duplication of this service  |  |
| ☐ Yes (if "Yes," you must attach additional docum   | entation as described, below)   |  |
| ⊠No   |   |  |
|   | A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).   |  |
| If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party | gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.  |  |

| 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). |                                   |                            |
|--|-----------------------------------|----------------------------|
| Local Government or Author   | rity Funding Metho                | od                         |
| Oglethorpe County  | General Fund, Fines & Forfeitures |                            |
|  |                                   |                            |
|  |                                   |                            |
|  |                                   |                            |
|  |                                   |                            |
| Type Gov't/Authority Name Here   | Detail Funding Here               |                            |
| 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 Dates |
| Nama Agraamant Hara  | List Contracting Parties Horo     | Effective End              |

| Name Agreement Here | List Contracting Parties Here | Effective - End |
|---------------------|-------------------------------|-----------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End |
| Name Agreement Here | List Contracting Parties Here | Effective - End |
| Name Agreement Here | List Contracting Parties Here | Effective - End |
| Name Agreement Here | List Contracting Parties Here | Effective - End |
| Name Agreement Here | List Contracting Parties Here | Effective - End |
|                     |                               |                 |

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

| acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? |  |
|---|--|
| None.   |  |

- 7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

| Local Government or Au   | thority   | Funding I  | Method  |
|--|---|--|---|
| Oglethorpe County  |   | User Fees  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| How will the strategy chang  | e the previ   | ous arrangements for providing and/or fund   | ling this service within the county?  |
|  |   |  |   |
|  |   |  |   |
| lo change in how the service   | e is heina r  | provided   |   |
| o onange in now the service  | o io beilig p   | oroviaca.  |   |
|  |   |  |   |
|  |   |  |   |
|  | ery agreer  | nents or intergovernmental contracts that w  | rill be used to implement the strategy  |
|  |   |  |   |
| his service:   |   |  |   |
|  |   | Contracting Parties  | Effective and Ending Date   |
| Agreement Name   | List C  | Contracting Parties ontracting Parties Here  | Effective and Ending Date Effective - End   |
| Agreement Name ame Agreement Here  |   |  |   |
| Agreement Name ame Agreement Here ame Agreement Here   | List C  | ontracting Parties Here  | Effective - End   |
| Agreement Name Iame Agreement Here Iame Agreement Here Iame Agreement Here   | List C  | ontracting Parties Here ontracting Parties Here  | Effective - End<br>Effective - End  |
| Agreement Name ame Agreement Here ame Agreement Here ame Agreement Here ame Agreement Here   | List Co   | ontracting Parties Here ontracting Parties Here ontracting Parties Here  | Effective - End Effective - End Effective - End   |
| Agreement Name ame Agreement Here  | List Co   | ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here  | Effective - End Effective - End Effective - End Effective - End   |
| Agreement Name ame Agreement Here  | List Control List | ontracting Parties Here contracting Parties Here  | Effective - End   |
| Agreement Name lame Agreement Here   | List Control List | ontracting Parties Here  | Effective - End   |
| Agreement Name  Iame Agreement Here  | List Control List | ontracting Parties Here contracting Parties Here  | Effective - End   |
| Agreement Name Iame Agreement Here   | List Control List | ontracting Parties Here contracting Parties Here e used to implement the strategy for this ser ee changes, etc.), and when will they take of  | Effective - End   |
| Agreement Name Tame Agreement Here   | List Control List | ontracting Parties Here contracting Parties Here e used to implement the strategy for this ser ee changes, etc.), and when will they take e  | Effective - End   |
| Agreement Name Iame Agreement Here Igher Indiana I | List Control List | ontracting Parties Here contracting Parties Here e used to implement the strategy for this ser ee changes, etc.), and when will they take e  | Effective - End   |
| Name Agreement Here What other mechanisms (if acts of the General Assemb   | List Control List | ontracting Parties Here contracting Parties Here e used to implement the strategy for this ser ee changes, etc.), and when will they take e  | Effective - End   |
| Agreement Name  Jame Agreement Here  What other mechanisms (if acts of the General Assemb  | List Control List | ontracting Parties Here contracting Parties He | Effective - End   |
| Agreement Name lame Agreement Here lame Agreem | List Control List | contracting Parties Here contracting Parties H | Effective - End  effective - End  arvice (e.g., ordinances, resolutions, logeffect? |
| Agreement Name lame Agreement Here lame Agreem | List Control List | ontracting Parties Here contracting Parties He | Effective - End  effective - End  arvice (e.g., ordinances, resolutions, logeffect? |







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

|   | etc.).   | ·   | motel taxes, franchise taxes, impact  |
|---|--|---|---|
| Local Government or Aut   | hority   | Funding   | Method  |
| Oglethorpe County   |  | General Fund  |   |
|   |  |   |   |
| Type Gov't/Authority Name H   | ere  | Detail Funding Here   |   |
|   |  | ous arrangements for providing and/or fund  | ding this service within the county?  |
|   | ery agreer                                     | ments or intergovernmental contracts that w   | vill be used to implement the strategy for  |
| this service:   |  | Contracting Partice   | Effective and Ending Dates  |
| Agreement Name Name Agreement Here  | Liet C   | Contracting Parties ontracting Parties Here   | Effective and Ending Dates  Effective - End   |
| Name Agreement Here   |  | ontracting Parties Here   | Effective - End   |
| Name Agreement Here   |  | ontracting Parties Here   |   |
|   |  |   | I Effective - End   |
|   |  | <u> </u>  | Effective - End   |
| Name Agreement Here   | List C   | ontracting Parties Here   | Effective - End   |
|   | List C   | <u> </u>  |   |
| Name Agreement Here Name Agreement Here Name Agreement Here 6. What other mechanisms (if a                              | List C List C List C                           | ontracting Parties Here<br>ontracting Parties Here  | Effective - End Effective - End Effective - End rvice (e.g., ordinances, resolutions, loca  |
| Name Agreement Here Name Agreement Here Name Agreement Here 6. What other mechanisms (if a                              | List C List C List C                           | ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this se  | Effective - End Effective - End Effective - End rvice (e.g., ordinances, resolutions, local |
| Name Agreement Here Name Agreement Here Name Agreement Here S. What other mechanisms (if a acts of the General Assembly | List C List C List C Any) will be y, rate or f | ontracting Parties Here ontracting Parties Here ontracting Parties Here e used to implement the strategy for this se ee changes, etc.), and when will they take | Effective - End Effective - End Effective - End rvice (e.g., ordinances, resolutions, loca  |







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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| COUNTY:OGLETHORPE   | Service: Library Services   |  |
|---|---|--|
|   |   |  |
| Check the box that best describes the agreed upor                 | 1 delivery arrangement for this service:  |  |
|   | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Athens Regional Library</b>             |  |
|   | ed portion of the county by a single service provider. (If this box is nization providing the service.): <b>Type Name of Government, Authority</b>                  |  |
|   | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here   |  |
|   | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here |  |
|   | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of                              |  |
| In developing this strategy, were overlapping service identified? | ce areas, unnecessary competition and/or duplication of this service  |  |
| ☐ Yes (if "Yes," you must attach additional docume                | entation as described, below)   |  |
| ⊠No   |   |  |
|   | ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).                    |  |
| If these conditions will be eliminated under the strateg          | gy, attach an implementation schedule listing each step or action that  |  |

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

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

| Local Government or Authority  | Funding Method      |
|--------------------------------|---------------------|
| Oglethorpe County              | General Fund        |
| City of Arnoldsville           | General Fund        |
| City of Crawford               | General Fund        |
| City of Lexington              | General Fund        |
| City of Maxeys                 | General Fund        |
| Type Gov't/Authority Name Here | Detail Funding Here |

| Oity of Loxington                               | GOTTOTAL T GITA  |   |  |  |
|---|--|---|--|--|
| City of Maxeys                                  | General Fund   |   |  |  |
| Type Gov't/Authority Name He                    | ere Detail Funding Here  | Detail Funding Here   |  |  |
| 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 delive this service: |  | s that will be used to implement the strategy for                 |  |  |
| Agreement Name                                  | Contracting Parties  | Effective and Ending Dates  |  |  |
| Name Agreement Here                             | List Contracting Parties Here  | Effective - End   |  |  |
| Name Agreement Here                             | List Contracting Parties Here  | Effective - End   |  |  |
| Name Agreement Here                             | List Contracting Parties Here  | Effective - End   |  |  |
| Name Agreement Here                             | List Contracting Parties Here  | Effective - End   |  |  |
| Name Agreement Here                             | List Contracting Parties Here  | Effective - End   |  |  |
| Name Agreement Here                             | List Contracting Parties Here  | Effective - End   |  |  |
|   | ny) will be used to implement the strategy for<br>r, rate or fee changes, etc.), and when will the | this service (e.g., ordinances, resolutions, local y take effect? |  |  |
| None.   |  |   |  |  |
|   |  | uting whether proposed local government                           |  |  |
| If not, provide designated con                  | ntact person(s) and phone number(s) below:   |   |  |  |







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

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

| Local Government or Authority  | Funding Method                  |
|--------------------------------|---------------------------------|
| Oglethorpe County              | General Fund, SPLOST, User Fees |
| City of Lexington              | General Fund, Grants, SPLOST    |
| City of Maxeys                 | General Fund, Grants, SPLOST    |
|                                |                                 |
|                                |                                 |
| Type Gov't/Authority Name Here | Detail Funding Here             |

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

The service has not actually changed but the strategy now recognizes continued support of passive parks by Lexington and Maxeys.

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

| Agreement Name      | Contracting Parties           | Effective and Ending Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

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

7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017

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

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







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

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

| Local Government or Authority  | Funding Method          |
|--------------------------------|-------------------------|
| Oglethorpe County              | General Fund, User fees |
| City of Lexington              | General Fund            |
| City of Arnoldsville           | General Fund            |
|                                |                         |
|                                |                         |
| Type Gov't/Authority Name Here | Detail Funding Here     |

| 4. How will the strategy change the previous arrangements for providing and/or funding this service within the co | ents for providing and/or funding this service within the county? |
|---|---|
|---|---|

Arnoldsville has adopted new zoning. Administration and enforcement provided by the city.

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

| Agreement Name      | Contracting Parties           | Effective and Ending Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

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

- 7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

| COUNTY:OGLETHORPE   | Service: Public Health Services  |  |
|---|--|--|
| Check the box that best describes the agreed upor   | a delivery arrangement for this convice:   |  |
| 1. Check the box that best describes the agreed upor  | r delivery arrangement for this service.   |  |
| Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provided this box is checked, identify the government, authority or organization providing the service.):Northeast Georgia Releast District on behalf of Oglethorpe 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.): Type Name of Government, Autor Organization Here |  |  |
|   |  |  |
|   | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the   |  |
|   | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of           |  |
| In developing this strategy, were overlapping service identified?   | ce areas, unnecessary competition and/or duplication of this service   |  |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docum  | entation as described, below)  |  |
| ⊠No   |  |  |
|   | ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated). |  |
| If these conditions will be eliminated under the strate   | gy, attach an implementation schedule listing each step or action that   |  |

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

| Local Government or Author   | ity Funding  | Method  |
|--|--|---|
| Oglethorpe County  | General Fund, User fees  | inotriou  |
|  |  |   |
|  |  |   |
|  |  |   |
| Type Gov't/Authority Name Here   | Detail Funding Here  |   |
| How will the strategy change the   | previous arrangements for providing and/or fund  | ling this service within the county?                                      |
|  |  |   |
| N. 01  |  |   |
| List any formal service delivery a this service:   | greements or intergovernmental contracts that w  |   |
| List any formal service delivery a this service:  Agreement Name   | Contracting Parties  | Effective and Ending Date   |
| List any formal service delivery a this service:  Agreement Name  Name Agreement Here  | Contracting Parties List Contracting Parties Here  | Effective and Ending Date Effective - End                                 |
| List any formal service delivery a this service:  Agreement Name  Name Agreement Here  Name Agreement Here                                       | Contracting Parties List Contracting Parties Here List Contracting Parties Here                                  | Effective and Ending Date Effective - End Effective - End                 |
| List any formal service delivery a this service:  Agreement Name  Name Agreement Here  Name Agreement Here                                       | Contracting Parties  List Contracting Parties Here  List Contracting Parties Here  List Contracting Parties Here | Effective and Ending Date Effective - End Effective - End Effective - End |
| List any formal service delivery a this service:  Agreement Name Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here | Contracting Parties List Contracting Parties Here List Contracting Parties Here                                  | Effective and Ending Date Effective - End Effective - End                 |
| this service:  Agreement Name  Name Agreement Here  Name Agreement Here  Name Agreement Here  Name Agreement Here                                | Contracting Parties  List Contracting Parties Here  List Contracting Parties Here  List Contracting Parties Here | Effective and Ending Date Effective - End Effective - End Effective - End |

| 7. Person completing form: <b>Josh Ha</b> Phone number: <b>706.743.5270</b> | Date completed: 12/9/2017   |     |
|---|---|-----|
|   | contacted by state agencies when evaluating whether proposed local government governments delivery strategy? $\boxtimes$ Yes $\square$ No | ent |
| If not, provide designated contact  | person(s) and phone number(s) below:  |     |
|   |   |     |







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

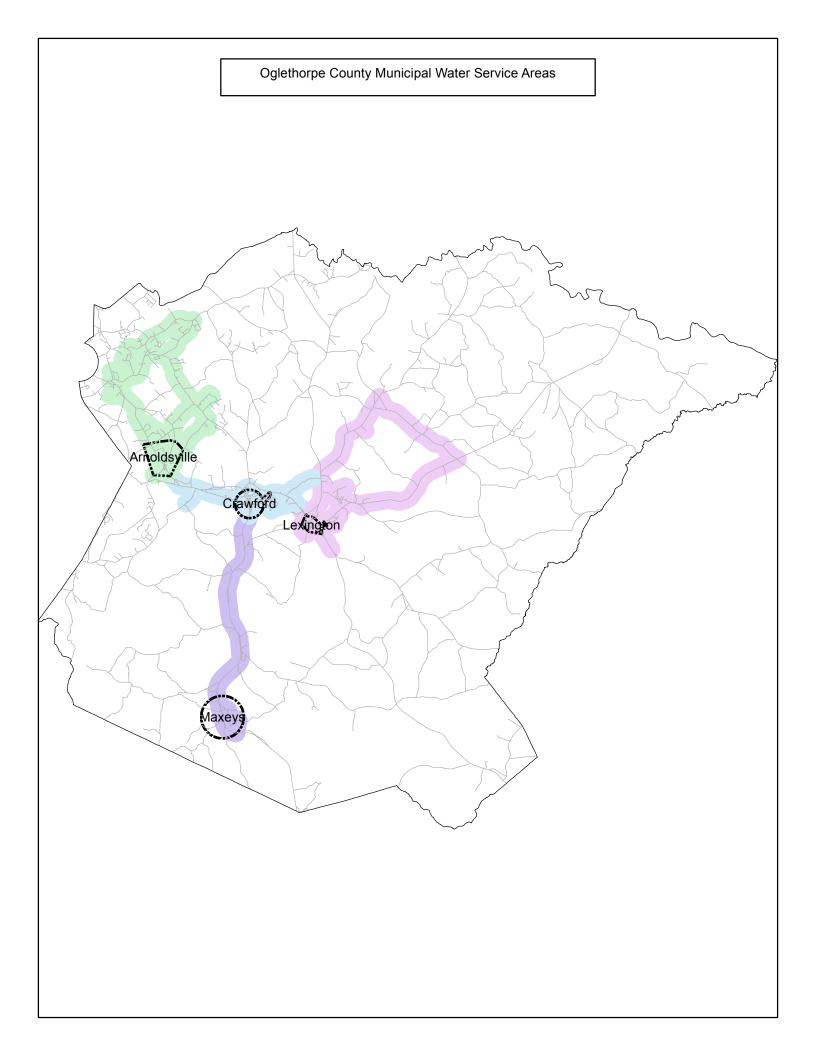
| should be reported to the Department of Community Affairs.   |  |  |  |
|--|--|--|--|
| COUNTY:OGLETHORPE  | Service: Public Water Supply   |  |  |
| Check the box that best describes the agreed upon Service will be provided countywide (i.e., includ this box is checked, identify the government, author | ing all cities and unincorporated areas) by a single service provider. (If   |  |  |
|  | ed portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>                |  |  |
|  | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here |  |  |
|  | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the                     |  |  |
| ☑Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organize Crawford, Maxeys, Lexington              | ap delineating the service area of each service provider, and ation that will provide service within each service area.): Arnoldsville,                            |  |  |
| 2. In developing this strategy, were overlapping servi identified?   | ce areas, unnecessary competition and/or duplication of this service   |  |  |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docum   | entation as described, below)  |  |  |
| ⊠No  |  |  |  |
|  | At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).  |  |  |
| If these conditions will be eliminated under the strate  | gy, attach an implementation schedule listing each step or action that   |  |  |

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

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

| Local Government or Authority  | Funding Method          |
|--------------------------------|-------------------------|
| City of Crawford               | User Fees               |
| City of Lexington              | User Fees, General Fund |
| City of Arnoldsville           | User Fees               |
| City of Maxeys                 | User Fees               |
|                                |                         |
| Type Gov't/Authority Name Here | Detail Funding Here     |

| City of Maxeys                    | User Fees  | User Fees   |  |
|-----------------------------------|--|---|--|
| Turo Coult/Aughoritus North       | Detail Funding Have  |   |  |
| Type Gov't/Authority Name He      | Here Detail Funding Here   |   |  |
| . How will the strategy change    | the previous arrangements for providing and  | or funding this service within the county?                        |  |
|                                   |  |   |  |
| No Change                         |  |   |  |
|                                   |  |   |  |
| •                                 | ry agreements or intergovernmental contracts   | s that will be used to implement the strategy for                 |  |
| this service:                     |  |   |  |
| Agreement Name                    | Contracting Parties  | Effective and Ending Dates  |  |
| Name Agreement Here               | List Contracting Parties Here  | Effective - End   |  |
| Name Agreement Here               | List Contracting Parties Here  | Effective - End   |  |
| Name Agreement Here               | List Contracting Parties Here  | Effective - End   |  |
| Name Agreement Here               | List Contracting Parties Here  | Effective - End   |  |
| Name Agreement Here               | List Contracting Parties Here  | Effective - End   |  |
| Name Agreement Here               | List Contracting Parties Here  | Effective - End   |  |
|                                   | ny) will be used to implement the strategy for , rate or fee changes, etc.), and when will the | this service (e.g., ordinances, resolutions, local y take effect? |  |
|                                   |  |   |  |
| None.                             |  |   |  |
|                                   |  |   |  |
|                                   | h Hawkins, Finance Director  |   |  |
| Phone number: <b>706.743.5270</b> | Date completed: 12/9/2017  |   |  |
|                                   | I be contacted by state agencies when evaluate service delivery strategy? ⊠Yes ⊡No             | ating whether proposed local government                           |  |
| If not, provide designated con    | stact person(s) and phone number(s) below:   |   |  |
|                                   |  |   |  |









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

| Local Government or Authority  | Funding Method       |
|--------------------------------|----------------------|
| City of Crawford               | General Fund, Grants |
| City of Lexington              | General Fund, Grants |
| City of Arnoldsville           | General Fund, Grants |
| City of Maxeys                 | General Fund, Grants |
| Oglethorpe County              | General Fund, Grants |
| Type Gov't/Authority Name Here | Detail Funding Here  |

| 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? |
|--|
|  |
| Road and Bridge maintenance now included here.   |

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

| Agreement Name      | Contracting Parties           | Effective and Ending Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

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

The county will maintain county roads inside city limits. Each municipality will maintain local city streets that are not an extension of a county road. Municipalities may contract with the County or private company for pavement resurfacing, dirt road maintenance, or other maintenance tasks. The County agrees to maintain city unpaved roads at the city's request, at the city's cost, and at the county's availability.

| 7. Person completing form: <b>Josh</b> | Hawkins, Finance Director |
|--|---------------------------|
| Phone number: <b>706.743.5270</b>      | Date completed: 12/9/2017 |

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

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







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

| COUNTY:OGLETHORPE   | Service: Recreation  |
|---|--|
| Check the box that best describes the agreed upon   | n delivery arrangement for this service:   |
|   | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Oglethorpe County</b>                  |
|   | ed portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>                |
|   | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here |
|   | within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the                    |
|   | ap delineating the service area of each service provider, and ation that will provide service within each service area.):  |
| 2. In developing this strategy, were overlapping servi identified?  | ce areas, unnecessary competition and/or duplication of this service   |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docum  | entation as described, below)  |
| ⊠No   |  |
| f these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be expressed to the competition of the competition cannot be expressed to the competition of the competition cannot be expressed to the competition of the c | A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).  |
| f these conditions will be eliminated under the strate<br>will be taken to eliminate them, the responsible party  | gy, <b>attach an implementation schedule</b> listing each step or action that and the agreed upon deadline for completing it.                                      |
|   |  |

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

| Local Government or Autho                         | rity Funding   | Method                                     |
|---|--|--|
| Oglethorpe County                                 | General Fund, SPLOST, User Fees  |  |
| -   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Type Gov't/Authority Name Here                    | Detail Funding Here  |  |
| 4 . I la  |  | dia a dai a comina a sidain da a constano  |
| 4. How will the strategy change th                | e previous arrangements for providing and/or fun                                       | iding this service within the county?      |
|   |  |  |
|   |  |  |
| No Change   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| b. List any formal service delivery this service: | agreements or intergovernmental contracts that v                                       | will be used to implement the strategy for |
| this service.                                     |  |  |
| Agreement Name                                    | Contracting Parties  | Effective and Ending Dates                 |
| Name Agreement Here                               | List Contracting Parties Here  | Effective - End                            |
| Name Agreement Here                               | List Contracting Parties Here  | Effective - End                            |
| Name Agreement Here                               | List Contracting Parties Here  | Effective - End                            |
| Name Agreement Here                               | List Contracting Parties Here  | Effective - End                            |
| Name Agreement Here                               | List Contracting Parties Here  | Effective - End                            |
| Name Agreement Here                               | List Contracting Parties Here  | Effective - End                            |
|   | <del>-</del>   |  |
|   | will be used to implement the strategy for this se                                     |  |
| acts of the General Assembly, ra                  | ate or fee changes, etc.), and when will they take                                     | effect?                                    |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| 7. Person completing form: <b>Josh</b>            |  |  |
| Phone number: <b>706.743.5270</b>                 | Date completed: 12/9/2017  |  |
|   | e contacted by state agencies when evaluating w<br>service delivery strategy? ⊠Yes ⊡No | hether proposed local government           |
|   |  |  |
| it not, provide designated contain                | ct person(s) and phone number(s) below:  |  |
|   |  |  |
|   |  |  |







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

| should be reported to the Department of Community Arians.   |   |  |  |
|---|---|--|--|
| COUNTY:OGLETHORPE   | Service: Senior Citizens' Center  |  |  |
| 1. Check the boy that heat despribes the agreed upon  | a delivery except one of fee this convices  |  |  |
| Check the box that best describes the agreed upor   | delivery arrangement for this service.  |  |  |
|   | ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Oglethorpe County</b>                 |  |  |
|   | ed portion of the county by a single service provider. (If this box is nization providing the service.): <b>Type Name of Government, Authority</b>                |  |  |
|   | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here |  |  |
|   | within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the                    |  |  |
|   | ap delineating the service area of each service provider, and ation that will provide service within each service area.):   |  |  |
| In developing this strategy, were overlapping service identified?   | ce areas, unnecessary competition and/or duplication of this service  |  |  |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docum  | entation as described, below)   |  |  |
| ⊠No   |   |  |  |
|   | ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).                  |  |  |
| If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party | gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.  |  |  |
|   | Page 1 of 2   |  |  |

| CBC  |           |      |        | 4      | г |
|------|-----------|------|--------|--------|---|
| 2012 | <b>12</b> | JK W | z. con | tinued | ï |

| Local Government or Au   | thority  | Funding  | Method  |  |
|--|--|--|---|--|
| Oglethorpe County  |  | General Fund, Operating Grants   |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
| Type Gov't/Authority Name H  | lere   | Detail Funding Here  |   |  |
| How will the strategy change   | e the prev   | ious arrangements for providing and/or fund  | ding this service within the county?  |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
| List any formal service deliventhis service:   | ery agreei   | ments or intergovernmental contracts that w  | vill be used to implement the strategy  |  |
|  |  |  |   |  |
| Agreement Name   |  | Contracting Parties  | Effective and Ending Date   |  |
|  | List C   | Contracting Parties ontracting Parties Here  | Effective and Ending Date Effective - End   |  |
| lame Agreement Here  |  |  |   |  |
| lame Agreement Here<br>lame Agreement Here   | List C   | ontracting Parties Here  | Effective - End   |  |
| Name Agreement Here Name Agreement Here Name Agreement Here  | List C   | ontracting Parties Here ontracting Parties Here  | Effective - End<br>Effective - End  |  |
| Name Agreement Here Name Agreement Here Name Agreement Here Name Agreement Here  | List C<br>List C<br>List C   | ontracting Parties Here ontracting Parties Here ontracting Parties Here  | Effective - End Effective - End Effective - End   |  |
| Name Agreement Here  | List C<br>List C<br>List C<br>List C   | ontracting Parties Here ontracting Parties Here ontracting Parties Here ontracting Parties Here  | Effective - End Effective - End Effective - End Effective - End   |  |
| Name Agreement Here What other mechanisms (if a  | List C List C List C List C List C List C  | ontracting Parties Here  | Effective - End                 |  |
| Name Agreement Here What other mechanisms (if a  | List C List C List C List C List C List C  | ontracting Parties Here e used to implement the strategy for this se   | Effective - End                 |  |
| Name Agreement Here  | List C List C List C List C List C List C  | ontracting Parties Here e used to implement the strategy for this se   | Effective - End                 |  |
| Name Agreement Here What other mechanisms (if a acts of the General Assemble   | List C List C List C List C List C List C  | ontracting Parties Here e used to implement the strategy for this se   | Effective - End                 |  |
| Name Agreement Here What other mechanisms (if a acts of the General Assemble) None.  | List C   | ontracting Parties Here e used to implement the strategy for this se fee changes, etc.), and when will they take | Effective - End                 |  |
| Name Agreement Here What other mechanisms (if a acts of the General Assemble) None.  Person completing form: Joe Phone number: 706.743.527  Is this the person who shoul | List C Li | ontracting Parties Here e used to implement the strategy for this se fee changes, etc.), and when will they take | Effective - End |  |







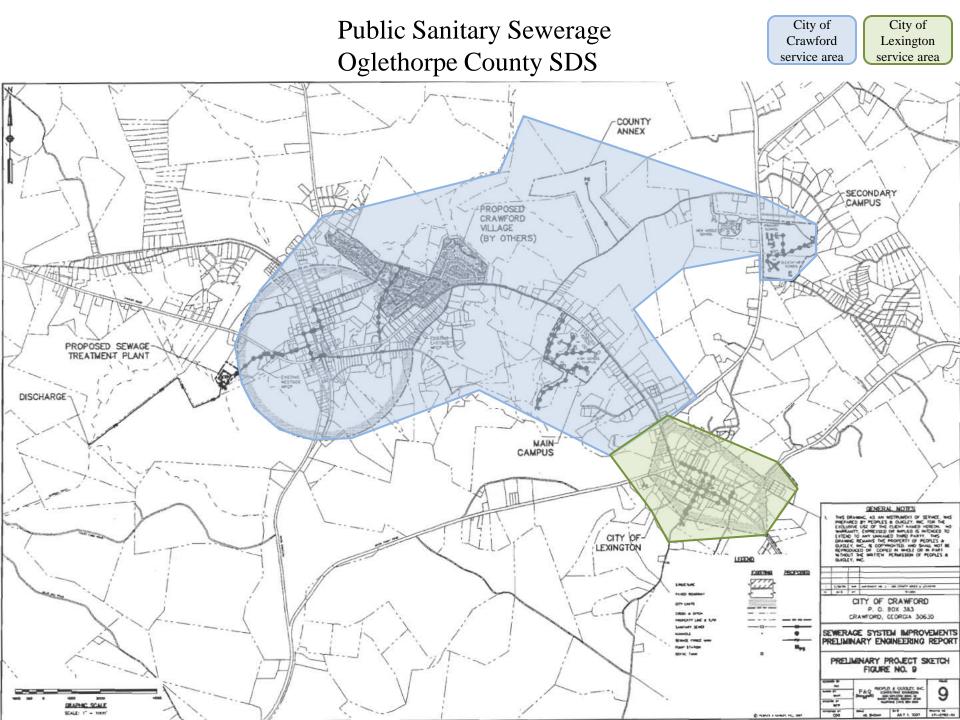
# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

| Local Government or Author   | ity Funding  | Method                               |
|--|--|--------------------------------------|
| City of Crawford   | General Fund, User fees  |                                      |
| City of Lexington  | General Fund   |                                      |
|  |  |                                      |
|  |  |                                      |
|  |  |                                      |
| Type Gov't/Authority Name Here                                     | Detail Funding Here  |                                      |
| How will the strategy change the                                   | previous arrangements for providing and/or fund  | ding this service within the county? |
| No Change  |  |                                      |
| List any formal service delivery a this service:                   | agreements or intergovernmental contracts that w   |                                      |
| Agreement Name   | Contracting Parties  | Effective and Ending Date:           |
|  | List Contracting Parties Here  | Effective - End                      |
| lame Agreement Here  | List Contracting Parties Here  | Effective - End                      |
| Name Agreement Here  | List Contracting Parties Here  | Effective - End                      |
| lame Agreement Here  | List Contracting Parties Here  | Effective - End                      |
| Name Agreement Here  | List Contracting Parties Here  | Effective - End                      |
| lame Agreement Here  | List Contracting Parties Here  | Effective - End                      |
|  | will be used to implement the strategy for this se<br>te or fee changes, etc.), and when will they take      |                                      |
| Person completing form: <b>lock b</b>                              | lawkins, Finance Director  |                                      |
| Phone number: <b>706.743.5270</b> Is this the person who should be | Date completed: 12/9/2017  contacted by state agencies when evaluating wherevice delivery strategy? ⊠Yes □No | hether proposed local government     |









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

| Local Government or Autho  | rity Funding  | g Method                              |
|--|---|---------------------------------------|
| City of Lexington  | g v   |                                       |
| City of Crawford   | General Fund, User Fees General Fund, User Fees   |                                       |
| only or oraniora   | General Fana, Cool Food   |                                       |
|  |   |                                       |
|  |   |                                       |
| Type Gov't/Authority Name Here   | Detail Funding Here   |                                       |
|  | e previous arrangements for providing and/or fu   | nding this service within the county? |
| No change.   |   |                                       |
| this service:  | agreements or intergovernmental contracts that  |                                       |
| Agreement Name   | Contracting Parties   | Effective and Ending Dates            |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End                       |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End                       |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End                       |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End                       |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End                       |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End                       |
|  | ) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take |                                       |
| None.  |   |                                       |
| 7. Person completing form: <b>Josh</b> Phone number: <b>706.743.5270</b> | Hawkins, Finance Director Date completed: 12/9/2017   |                                       |
|  | e contacted by state agencies when evaluating valuating $\mathbb{Z}$                                  | whether proposed local government     |
| If not, provide designated contact                                       | ct person(s) and phone number(s) below:   |                                       |







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

|  | eral fu | will help to pay for this service and indicate nds, special service district revenues, hotel/n |                                    |
|--|---------|--|------------------------------------|
| Local Government or Author   | ritv    | Funding N  | Method                             |
| Oglethorpe County  |         | General Fund   |                                    |
|  |         |  |                                    |
|  |         |  |                                    |
| Type Gov't/Authority Name Here   | 9       | Detail Funding Here  |                                    |
| 4. How will the strategy change th                                       | ie prev | ious arrangements for providing and/or fundi   | ng this service within the county? |
| No change.   |         |  |                                    |
| this service:  | agreei  | ments or intergovernmental contracts that wil  |                                    |
| Agreement Name   | 1:-+0   | Contracting Parties  | Effective and Ending Dates         |
| Name Agreement Here  |         | ontracting Parties Here  | Effective - End                    |
| Name Agreement Here  |         | ontracting Parties Here  | Effective - End                    |
| Name Agreement Here  |         | ontracting Parties Here  | Effective - End                    |
| Name Agreement Here  |         | ontracting Parties Here  | Effective - End                    |
| Name Agreement Here  |         | ontracting Parties Here  | Effective - End                    |
| Name Agreement Here  | List C  | ontracting Parties Here  | Effective - End                    |
|  |         | e used to implement the strategy for this service changes, etc.), and when will they take e    |                                    |
| None.  |         |  |                                    |
| 7. Person completing form: <b>Josh</b> Phone number: <b>706.743.5270</b> |         | ns, Finance Director<br>ate completed: 12/9/2017   |                                    |
|  |         | acted by state agencies when evaluating when evaluating when $\boxtimes$ Yes $\square$ No      | ether proposed local government    |
| If not, provide designated conta   | ct pers | on(s) and phone number(s) below:   |                                    |







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

| should be reported to the Department of Community Analis.  |  |  |  |  |
|--|--|--|--|--|
| COUNTY:OGLETHORPE  | Service: Tax Collection  |  |  |  |
| Check the box that best describes the agreed upon      Service will be provided countywide (i.e., including this box is checked, identify the government, authority).                  | ng all cities and unincorporated areas) by a single service provider. (If  |  |  |  |
|  | d portion of the county by a single service provider. (If this box is nization providing the service.): <b>Type Name of Government, Authority</b>              |  |  |  |
|  | rithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:           |  |  |  |
|  | rithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ford, Lexington |  |  |  |
| Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)   | tion that will provide service within each service area.):   |  |  |  |
| 2. In developing this strategy, were overlapping service identified?   | e areas, unnecessary competition and/or duplication of this service  |  |  |  |
| ☐ <b>Yes</b> (if "Yes," you must attach additional docume  | entation as described, below)  |  |  |  |
| ⊠No  |  |  |  |  |
| If these conditions will continue under this strategy, <u>attraction</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be eli | tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).                   |  |  |  |
| If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a  | y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.  |  |  |  |

|   | B.C.       |    |    |           |            |
|---|------------|----|----|-----------|------------|
| - | <b>D</b> 2 | HΟ | HΝ | l 2. cont | 4111111440 |

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

| Funding Method      |
|---------------------|
| General Fund        |
| General Fund        |
| General Fund        |
| General Fund        |
|                     |
| Detail Funding Here |
|                     |

| • | 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? |
|---|--|
|   |  |
|   |  |

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

| Agreement Name      | Contracting Parties           | Effective and Ending Dates |
|---------------------|-------------------------------|----------------------------|
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |
| Name Agreement Here | List Contracting Parties Here | Effective - End            |

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

| None. |  |  |  |
|-------|--|--|--|
|       |  |  |  |

- 7. Person completing form: **Josh Hawkins, Finance Director**Phone number: **706.743.5270**Date completed: 12/9/2017
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

| should be reported to the Department of Community Affairs.  |   |
|---|---|
| COUNTY:OGLETHORPE   | Service: Elections  |
| Check the box that best describes the agreed upon  Service will be provided countywide (i.e., including this box is checked, identify the government, authority).   | ing all cities and unincorporated areas) by a single service provider. (If  |
|   | ed portion of the county by a single service provider. (If this box is anization providing the service.): <b>Type Name of Government, Authority</b>   |
|   | within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:   |
| service in unincorporated areas. (If this box is chec   | within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the vford, Lexington, and Maxeys conduct municipal elections. |
|   | nap delineating the service area of each service provider, and ation that will provide service within each service area.):  |
| 2. In developing this strategy, were overlapping servi identified?  | ce areas, unnecessary competition and/or duplication of this service  |
| ☐ Yes (if "Yes," you must attach additional docum   | entation as described, below)   |
| ⊠No   |   |
| If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced t | Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).   |
| If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party  | gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.   |
|   | Page 1 of 2   |

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

| Local Government or Authority  | Funding Method      |
|--------------------------------|---------------------|
| Oglethorpe County              | General Fund        |
| Arnoldsville                   | General Fund        |
| Crawford                       | General Fund        |
| Lexington                      | General Fund        |
| Maxeys                         | General Fund        |
| Type Gov't/Authority Name Here | Detail Funding Here |

| Lexington  | General Fund  |  |  |  |  |
|--|---|--|--|--|--|
| Maxeys   | General Fund  | General Fund   |  |  |  |
| Type Gov't/Authority Name Her  | re Detail Funding Here  | Detail Funding Here  |  |  |  |
| 4. How will the strategy change t  | he previous arrangements for providing an   | d/or funding this service within the county?                           |  |  |  |
| No change.   |   |  |  |  |  |
| 5. List any formal service delivery this service:  | y agreements or intergovernmental contrac   | cts that will be used to implement the strategy for                    |  |  |  |
| Agreement Name   | Contracting Parties   | Effective and Ending Dates   |  |  |  |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End  |  |  |  |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End  |  |  |  |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End  |  |  |  |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End  |  |  |  |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End  |  |  |  |
| Name Agreement Here  | List Contracting Parties Here   | Effective - End  |  |  |  |
|  | y) will be used to implement the strategy for rate or fee changes, etc.), and when will the | or this service (e.g., ordinances, resolutions, local ney take effect? |  |  |  |
| None.  |   |  |  |  |  |
| 7. Person completing form: <b>Josh</b> Phone number: <b>706.743.5270</b>   | Hawkins, Finance Director Date completed: 12/9/2017   |  |  |  |  |
| 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No |   |  |  |  |  |
| If not, provide designated conta   | act person(s) and phone number(s) below:  |  |  |  |  |







# FORM 3: Summary of Land Use Agreements

### Instructions:

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

| COUNTY:OGLETHORPE COUNTY  |  |  |  |  |
|---|--|--|--|--|
| What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy?  No land use conflicts were identified in the process of developing the service delivery str Conflicts are resolved in the comprehensive planning process. | ·  |  |  |  |
| 2. Check the boxes indicating how these incompatibilities or conflicts were addressed:  | NOTE:  |  |  |  |
| ☐ Amendments to existing comprehensive plans  | If the necessary plan amendments,  |  |  |  |
| Adoption of a joint comprehensive plan  | regulations, ordinances, etc. have not yet   |  |  |  |
| Other measures (amend zoning ordinances, add environmental regulations, etc.)   | been formally adopted, indicate when each of the affected local governments will adopt them. |  |  |  |
| If "other measures" was checked, describe these measures: Describe "Other" Measures Here  |  |  |  |  |
| 3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Provide Details Here           |  |  |  |  |
| 4. Person completing form: Josh Hawkins, Finance Director   |  |  |  |  |
| Phone number: <b>706.743.5270</b> Date completed: 10/3/2016   |  |  |  |  |
| 5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No  |  |  |  |  |
| If not, provide designated contact person(s) and phone number(s) below:   |  |  |  |  |
| TYPE CONTACT NAME, TITLE & PHONE HERE   |  |  |  |  |







## YOUNGE DELIVERY STRATEGY

# FORM 42 Certifications

#### Instructions

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

### COUNTY: OGLETHORPE 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 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

| JURISDICTION         | TITLE    | NAME                | SIGNATURE     | DATE     |
|----------------------|----------|---------------------|---------------|----------|
| CITY OF ARNOLDSVILLE | Mayor    | George Spearing, ⅓. | Do            | 11-29-17 |
| CITY OF CRAWFORD     | Mayor    | Jimmy Coile         | Japan Cail    | 11-30-17 |
| CITY OF LEXINGTON    | Mayor    | Rick Berry          | RIBY          | 11-29-17 |
| CITY OF MAXEYS       | Mayor    | Warren Gilson       | Warren Gilson | 4-13-17  |
| OGLETHORPE COUNTY    | Chairman | Billy Pittard       | Bathanil      | 11-27-17 |
|                      |          |                     |               |          |