





FORM 1

COUNTY: SCREVEN COUNTY

I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS

- 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)
- 5. For **each** service or service component listed in Section IV, complete a separate, updated *Summary of Service Delivery Arrangements* form (FORM 2).
- 6. Complete one copy of the *Certifications* form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]

OPTION B Extending the Existing SDS

- 4. In Section IV type, "NONE."
- 5. Complete one copy of the *Certifications for Extension of Existing SDS* form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]
- 6. Proceed to step 7, below.

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQ 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 OFFICIAL UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Screven County, City of Sylvania, City of Oliver, Town of Hiltonia, Town of Newington, Town of Rocky Ford, Screven County Hospital Authority, City of Sylvania/Screven County Airport Authority, Screven County Industrial Authority

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

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

Animal Control, Airport, Building Inspection/Code Enforcement, Cemeteries, Cooperative Extension Service, County Coroner, Courts, Dept. Family/Children Services, Economic Development, Emergency 911, Emergency Management, Emergency Medical Service, Fire Protection, Indigent Defense, Jail Services, Law Enforcement, Library, Planning/Zoning, Public Health, Recreation, Roads/Streets & Bridge Construction, Roads/Streets & Bridge Maintenance, Senior Citizens Center, Solid Waste Collection, Solid Waste Disposal, Tax Appraisal/Assessment, Tax Collection, Voter Registration

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

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

Public Sanitary Sewage, Public Water Supply/Treatment







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 sam	e service names listed on FORM 1.
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at	the bottom of the page) changes, this
should be reported to the Department of Community Affairs.	

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

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

Local Government or Authority	cal Government or Authority Funding Method	
City of Sylvania	Enterprise Fund, User Fees	
Town of Hiltonia	Enterprise Fund, User Fees	
Town of Newington	Enterprise Fund, User Fees	
City of Oliver	Enterpise Fund, User Fees	180
Town of Rocky Ford	Enterprise Fund, User Fees	

Town of Rocky Ford	Enterprise Fund, User Fees	
4. How will the strategy change the pr	revious arrangements for providing and/or funding	this service within the county?
The City of Sylvania will provide sev	rage to the Industrial Park	
List any formal service delivery agr this service:	eements or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effective	
None		
*		
7. Person completing form: Rick Jore Phone number: 912-564-7535	dan, County Manager Date completed: 06/25/2014	
	ontacted by state agencies when evaluating wheth vice delivery strategy? ☐Yes ☑No	er proposed local government
	erson(s) and phone number(s) below: TY MANAGER, CITY OF SYLVANIA, 912-564-74	¥11





FORM 2: Summary of Service Delivery Arrangements

Instructions:

	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN COUNTY	Service: Public Health
Check the box that best describes the agreed upon	n delivery arrangement for this service:
this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Screven County provides all cities and unincorporated areas of the County.
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping 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	
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 strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Author	ity Funding I	Wethod
Screven County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
There are no plans to alter this se	rvice.	
List any formal service delivery a	agreements or intergovernmental contracts that w	ill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) acts of the General Assembly, ra None Person completing form: Rick Jo Phone number: 912-564-7535 Is this the person who should be	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localificat?







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

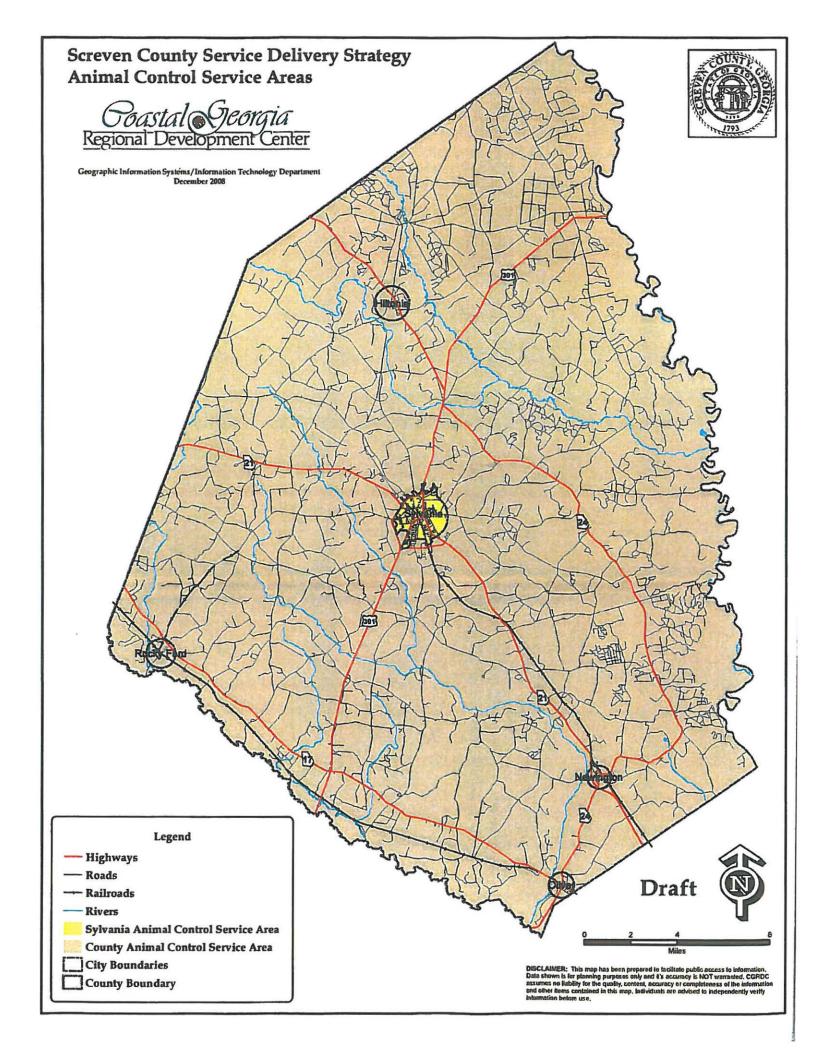
should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN COUNTY	Service: Animal Control
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authorit y
	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 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	
	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 strategy, attach an implementation schedule listing each step or action that

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

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		500a				1-7"

 List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc 	neral funds, special service		v the service will be funded (e.g., el taxes, franchise taxes, impact
Local Government or Author		Funding Meth	and
Screven County	General Fund, Us		100
City of Sylvania	General Fund		
. How will the strategy change th	ne previous arrangements	for providing and/or funding t	his service within the county?
There are no plans to alter this s	ervice		
5. List any formal service delivery this service:	agreements or intergover	nmental contracts that will be	e used to implement the strategy fo
Agreement Name	Contra	acting Parties	Effective and Ending Dates
		<u> </u>	
6. What other mechanisms (if any acts of the General Assembly, r			(e.g., ordinances, resolutions, locate)
None			
7. Person completing form: Rick Phone number: 912-564-7535	Jordan, Coutny Manager Date completed: 06/		
B. Is this the person who should be projects are consistent with the			er proposed local government
If not, provide designated conta STACY MATHIS, CITY MANAGE			









FORM 2: Summary of Service Delivery Arrangements

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

Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN COUNTY	Service:Airport
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.): City of Sylvania/Screven
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	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 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
City of Sylvania. Screven County		
Airport Authority	User Fees (Rental of Land)	
	General Fund - City of Sylvania	
	General Fund - Screven County	
4. How will the strategy change the pre	evious arrangements for providing and/or fund	ling this service within the county?
There are no plans to alter this service	e	
5. List any formal service delivery agre this service:	ements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this se or fee changes, etc.), and when will they take	
None		
7. Person completing form: Rick Jord Phone number: 912-564-7535	an, County Manager Date completed: 06/14/2014	
Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whice delivery strategy? ⊠Yes ⊡No	nether proposed local government
	erson(s) and phone number(s) below: CITY OF SLYVANIA, 912-564-7411	







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Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN COUNTY	Service:Building Inspection/Code Enforcement
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the 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
☐ 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	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.

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14	tu Eunding Mathed	Local Covernment or Authori
General Fund General Fund General Fund General Fund How will the strategy change the previous arrangements for providing and/or funding this service within the count of the count of the strategy change the previous arrangements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		
How will the strategy change the previous arrangements for providing and/or funding this service within the count There are no plans to alter this service List any formal service delivery agreements or intergovernmental contracts that will be used to implement the straths service: Agreement Name Contracting Parties Effective and Ending What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		City Sylvania
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There are no plans to alter this service List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending Contracting Parties Effective and Ending What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		
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List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14	rvice	There are no plans to alter this se
Agreement Name Contracting Parties Effective and Ending What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		Movement Allery Mean. Movements and The The States of States
Agreement Name Contracting Parties Effective and Ending What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		18
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14	greements or intergovernmental contracts that will be used to implement the strategy for	
None None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14	Contracting Parties Effective and Ending Dates	Agreement Name
None None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		
None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		
None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		*
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None Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		
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. Person completing form: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/14/14		
Phone number: 912-564-7535 Date completed: 06/14/14		None
le this the nersen who should be contested by state agannies when evaluating whether prepared level, government		
projects are consistent with the service delivery strategy? Yes No	contacted by state agencies when evaluating whether proposed local government ervice delivery strategy? ⊠Yes □No	
If not, provide designated contact person(s) and phone number(s) below:	t parson(s) and phone number(s) halow:	If not provide designated contact







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.

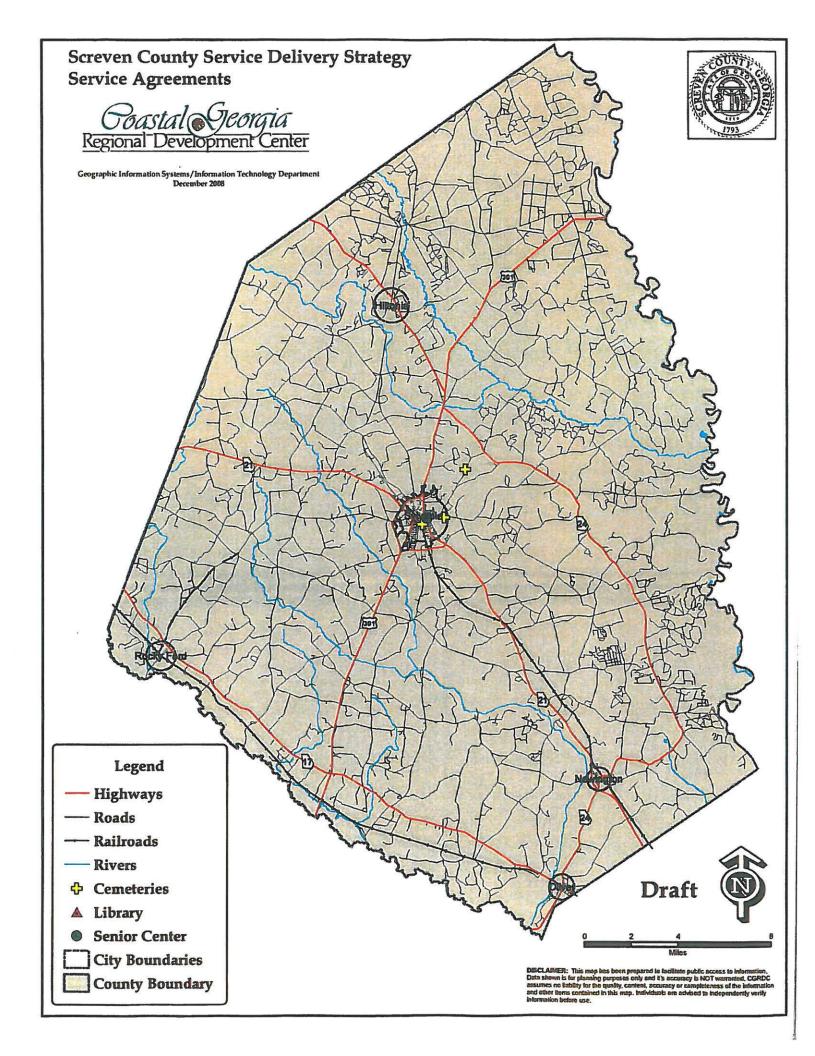
should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN COUNTY	Service: Cemeteries
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	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.): City 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 strategy, attach an implementation schedule listing each step or action that

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

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Local Government or Author	ority Funding N	Method
Screven County	General Fund	
City of Sylvania	User Fees, General Fund	
. How will the strategy change th	ne previous arrangements for providing and/or fundi	ng this service within the county?
None- Clarification of parties to	the agreement and funding sources	
this service:	agreements or intergovernmental contracts that wi	
Agreement Name	Contracting Parties	Effective and Ending Dates
Financial Support of the	Screven County	January 1, 1999 to Decembe
Screven Memorial		31, 2048
Cemetery and the Friendship	List Contracting Parties Here	
Cemetery and the Friendship	List Contracting Parties Here	
Cemetery and the Friendship	List Contracting Parties Here	
Cemetery and the Friendship	List Contracting Parties Here	
Cemetery and the Friendship Cemetary . What other mechanisms (if any	List Contracting Parties Here () will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
Cemetery and the Friendship Cemetary . What other mechanisms (if any	/) will be used to implement the strategy for this ser	
Cemetery and the Friendship Cemetary What other mechanisms (if any acts of the General Assembly, in the Company acts of the Company act	/) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
Cemetery and the Friendship Cemetary . What other mechanisms (if any acts of the General Assembly, in the Cemetary of the	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	iffect?



INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA AND THE CITY OF SYLVANIA, GEORGIA, FOR THE FINANCIAL SUPPORT OF THE SCREVEN MEMORIAL CEMETERY AND THE FRIENDSHIP CEMETERY

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Screven Memorial Cemetery and Friendship Cemetery (hereinafter "Cemeteries") at a level to be determined annually by a joint resolution of the City and County; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Cemeteries, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and

WHEREAS, each of the parties hereto is authorized under the Intergovernmental Contracts Provision of the Georgia Constitution, Article 9, Sec. III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties hereto, the parties do contract and agree as follows:

- 1. Ownership and Regulation. The Cemeteries shall be titled in the name of the City, and the City shall have the responsibility for adopting and enforcing reasonable regulations for the Cemeteries.
- 2. Sales. The City shall be responsible for and handle all sales of lots within the Cemeteries, and the price or prices of lots therein shall be set in the discretion of the Mayor and Council of the City of Sylvania
- 3. <u>Maintenance</u>. The City shall provide the necessary personnel and equipment for performing all maintenance within the Cemeteries, or shall contract therefor with third parties to provide the same.
- 4. <u>Funding.</u> All maintenance and other expenses of operating the Cemeteries shall be paid with the sales

proceeds from the sale of lots within the Cemeteries. In the event the sales proceeds from the sale of lots in the Cemeteries do not provide sufficient funds to cover all expenses for maintaining and operating the Cemeteries, any remaining expenses shall be divided equally between the City and County, and paid from the general revenues of each respective entity. In the event of a deficiency in any calendar year, the County shall be billed by the City for the County's' one-half of said expenses on or before June 1st of the next calendar year, which sum shall be due and payable by the County to the City on or before August 1st of the year billed.

- 5. Term. This agreement shall be effective as of January 1, 1999, and the initial term shall expire December 31, 2003. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2003, or on or before March 31st in any subsequent year, which termination shall be effective for the succeeding calendar year. In any event, this agreement shall terminate, if not sooner terminated, on December 31, 2048.
- 6. Merger. This writing constitutes the entire agreement by and between the parties regarding funding of

the Cemeteries. Amendment, additions or deletions shall be in writing, and dated subsequent to this writing, to be enforceable.

7. Severance. In the event any Court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such parts or parts shall be severed from the agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF, the undersigned parties have by and through their duly designated officials, executed and affixed their seals effective as of the 1st day of April, 1999.

SCREVEN COUNTY, GEORGIA

BY:

D. Hobson Parker, Chairman

Board of Commissioners

ATTEST:

Betty Phillips, County Clerk

CITY OF SYLVANIA, GEORGIA

BY .

City Manager

ATTEST:

City/Clerk







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 neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN	Service: Cooperative Extension Service
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 ority or organization providing the service.): Screven County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type
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, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
*	Page 1 of 2

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Local Government or Authority	Funding	Method
Screven County	General Fund	
How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
here are no plans to alter this service	9	
liet any formal carries delivery agree	ements or intergovernmental contracts that w	vill be used to implement the strategy f
his service:	ements of intergovernmental contracts that w	ill be used to implement the strategy i
Agreement Name	Contracting Parties	Effective and Ending Date
- g. coment		
What other mechanisms (if any) will	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
	be used to implement the strategy for this ser r fee changes, etc.), and when will they take o	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
lone Person completing form: Rick Jorda	r fee changes, etc.), and when will they take o	
one Person completing form: Rick Jorda Phone number: 912-564-7535	n, County Manager Date completed: 06/17/2014	effect?







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.	y was contact person for and control (noted at the bottom of the peggs) of an good, and
COUNTY:SCREVEN	Service: County Coroner
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.): Screven County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
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	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

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Local Government or Authorit	y Funding I	Method
Screven County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
There are no plans to alter this ser	vice	
List any formal service delivery ag	greements or intergovernmental contracts that wi	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
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Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
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Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate None Person completing form: Rick Jo	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate None Person completing form: Rick Jo Phone number: 912-564-7535 Is this the person who should be	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

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1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Screven County, Cities of Sylvania and Oliver, Town of Hiltonia and Newington Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here 2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes (if "Yes," you must attach additional documentation as described, below) No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		sary. If the contact person for this service (listed at the bottom of the page) changes, this
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Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Sone 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.): Screven County, Cities of Sylvania and Oliver, Town of Hiltonia and Newington Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here 2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes (if "Yes," you must attach additional documentation as described, below) No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that		
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	overlapping but higher levels of service (See O.C.G.A.	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that

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 M	lethod
Screven County	User Fees and General Fund	
CIties of Sylvania & Oliver	User Fees and General Fund	
Towns of Hiltonia and Newington	User Fees and General Fund	
		6 - 4 - 5 - 7 - 7 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8
4. How will the strategy change the prev	vious arrangements for providing and/or fundir	ng this service within the county?
There are no plans to alter this service		
this service:	ements or intergovernmental contracts that wil	
Agreement Name	Contracting Parties	Effective and Ending Dates
*		
	pe used to implement the strategy for this serv fee changes, etc.), and when will they take et	
None		
	Date completed: 06/17/2014	ther proposed local government
Is this the person who should be con projects are consistent with the service	tacted by state agencies when evaluating whe e delivery strategy? ⊠Yes ⊡No	ether proposed local government

If not, provide designated contact person(s) and phone number(s) below: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411







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 Analis.	
COUNTY:SCREVEN	Service: Department of Family& Children Services
this box is checked, identify the government, author	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):Department of Family and
Children Services Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
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If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

	Funding	Viethod
Screven County	General Fund	
How will the strategy change the p	revious arrangements for providing and/or fund	ing this service within the county?
here are no plans to alter this servi	ce.	
List any formal service delivery agr his service:	eements or intergovernmental contracts that w	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take o	
lone Person completing form: Rick Jore Phone number: 912564-7535	or fee changes, etc.), and when will they take e	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority	Funding	Method
Screven County Industrial	Screven County-General Fund and Prope	erty Rental
Development Authority		
How will the strategy change the pre	evious arrangements for providing and/or fund	ding this service within the county?
here are no plans to alter this servic	e.	8
this service: Agreement Name	Contracting Parties	Effective and Ending Date
The state of the s		Lifective and Lifting Date.
		Enecuve and Ending Date.
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	be used to implement the strategy for this se r fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc
acts of the General Assembly, rate of	be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
acts of the General Assembly, rate o	be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
None Person completing form: Rick Jord:	be used to implement the strategy for this se r fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc
None Person completing form: Rick Jorda Phone number: 912-564-7535	be used to implement the strategy for this se ir fee changes, etc.), and when will they take an, County Manager Date completed: 06/17/2014	ervice (e.g., ordinances, resolutions, loc effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN	Service: Emergency 911
this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Screven County ed portion of the county by a single service provider. (If this box is
☐One or more cities will provide this service only v	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping 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.
	Davis 4 of 2

Page 1 of 2

Local Government or Authority	Funding I	Method
Screven County	User Fees and General Fund	- A STATE OF THE S
D. C.		
How will the strategy change the pr	evious arrangements for providing and/or fund	ing this service within the county?
There are no plans to alter this service	ce.	
There are no plane to alter the convic		
List any formal service delivery agre this service:	eements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
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	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	
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acts of the General Assembly, rate o	or fee changes, etc.), and when will they take e	
None Person completing form: Rick Jord Phone number: 912-534-7535	an, County Manager Date completed: 06/17/2014 ntacted by state agencies when evaluating wh	effect?







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.	Company of the second control of the second
COUNTY:SCREVEN	Service: Emergency Managment
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.): Screven County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ 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 diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding N	flethod
Screven County	General Fund	
How will the strategy change the pro-	evious arrangements for providing and/or fundi	ng this service within the county?
There are no plans to alter this service	ce.	
List any formal service delivery agrethis service:	eements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	2.450000	77
Spinist Control		
	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate of		
acts of the General Assembly, rate o	or fee changes, etc.), and when will they take e	
None. Person completing form: Rick Jord Phone number: 912-564-7535	an, County Manager Date completed: 06/17/2014 ntacted by state agencies when evaluating who	ffect?







FORM 2: Summary of Service Delivery Arrangements

	4	int		

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

	3D3 FORM 2, Continued						
 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 M	lethod					
Screven County	User Fees and General Fund						
4. How will the strategy change the pr	evious arrangements for providing and/or fundir	ng this service within the county?					
There are no plans to alter this service.							
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:							
Agreement Name	Contracting Parties	Effective and Ending Dates					
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: Rick Jordan, County Manager Phone number: 912-564-7535 Date completed: 06/17/2014 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?							
STACT MATHIS, CITT MANAGER	, OIL OI OILVANIA, 312-304-7411						







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 necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN	Service: Fire Protection
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.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service: zation Here
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
identify the government, authority, or other organiza	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Screven a within city limits; Town of Newington within five (5) mile radius
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	*
	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, 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.

SDS FORM 2, continued

Local Government or Aut	thority	Funding N	lethod
Screven COunty		General Fund	
City of Sylvania		General Fund	
Town of Newington		General Fund	
How will the strategy change	e the prev	ious arrangements for providing and/or fundi	ng this service within the county?
a five (5) mile radies of the cit be responsible for payment or	ty limits. N f all City v	wington shall provide extrication and rescue solvenington shall house and maintain the Court rolunteer firefighters responding to fires in the ments or intergovernmental contracts that will	nty's fire service equipment and shall county.
Agreement Name		Contracting Parties	Effective and Ending Date
Provision of Fire Service		ven County	February 26, 2001-
	Town	of Newington	June 30, 2051
		e used to implement the strategy for this service changes, etc.), and when will they take e	
acts of the General Assembl			
acts of the General Assembl			
	y, rate or	fee changes, etc.), and when will they take e	
None Person completing form: Ric Phone number: 912-564-753	y, rate or ck Jordar 5 D d be cont	fee changes, etc.), and when will they take e	ffect?

INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA AND

THE CITY OF NEWINGTON, GEORGIA FOR THE PROVISION OF FIRE SERVICE

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Newington (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and provides for the delivery of services by the Fire Department of the City of Newington in the unincorporated areas of Screven County; and,

WHEREAS, it is the intent of the respective governments party to this agreement to establish and define the obligation of the City to provide services within the unincorporated areas of the County and to establish the compensation to be paid by the County for such service, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Newington, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

- 1. <u>Services Provided by the City</u>. The City shall provide extrication and rescue service and respond to fire calls in the unincorporated areas of the County within five (5) mile radius of the city limits of the City. In addition, the City shall house and maintain the County's fire service equipment and shall be responsible for payment of all City Volunteer Fire Fighters responding to County fires.
- 2. <u>Compensation</u>. The County shall pay the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000.00) for the first fiscal year to the City as full compensation for the services rendered by the City pursuant to the provisions of this agreement. Annual compensation pursuant to the terms of this agreement shall be established by a joint resolution of the parties adopted on or before March 31 of each successive year of this agreement.

- 3. <u>Term.</u> This agreement shall be effective as of the execution by the last party to sign the same, and the initial term shall expire on June 30, 2001. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2001, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding calendar year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2051.
- 4. <u>Merger</u>. This writing constitutes the entire agreement by and between the parties regarding the provision of fire and rescue services within the County. Amendments, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.
- 5. <u>Severance</u>. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the _______ day of February, 2001.

Screven County, Georgia

By:

J/C. Warren, Chairman Board of Commissioners

Attest:

Rick Jordan, County Manager

The City of Newington, Georgia

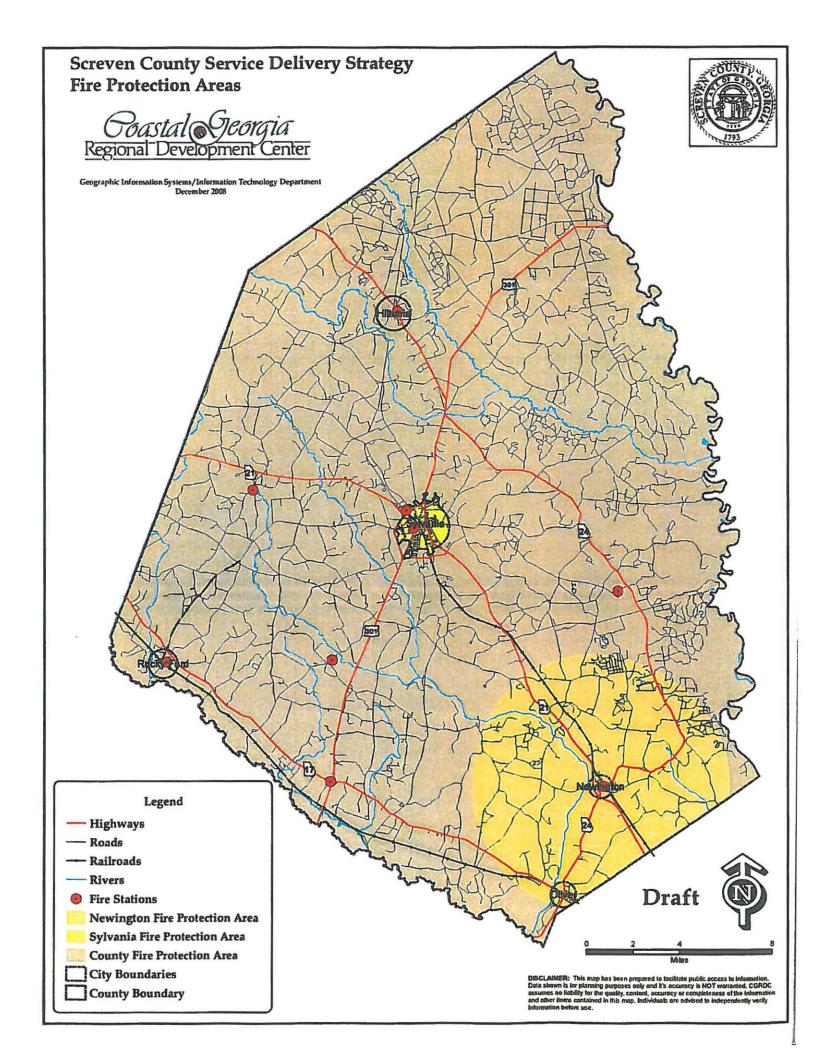
By:

Jonald Scott Mayor

0.1900

Attest: 1) mette.

, City Clerk









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 necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN	Service: Indigent Defense
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.): Screven County
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided intify 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 liminated).

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

~	-	-		1		V 2000	-
	P 1 -4	- (0)	-1.1	No. of Concession, Name of Street, or other Designation, or other		₹ 11	ued
	" C II	1 100 0	11174	47	9011	E 9 I I	11121

Local Government or Authority	Funding N	Method
Screven County	General Fund	
How will the strategy change the pre	evious arrangements for providing and/or fundi	ing this service within the county?
here are no plans to alter this service	· e	
Tiere are no plans to alter this service	ve .	
List any formal service delivery agre his service:	ements or intergovernmental contracts that wi	Il be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will	be used to implement the strategy for this server fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this sentence of fee changes, etc.), and when will they take each of the changes and the completed: 06/24/2014 Intacted by state agencies when evaluating when	vice (e.g., ordinances, resolutions, localifect?







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:SCREVEN	Service: Jail Services
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.):Screven County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.): T
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
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).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

000	POF	TVI C	-	Description of
505	교이	11/1 745	cont	inued

Local Government or Authority	Funding N	Method
Screven County	User Fees and General Fund	
How will the strategy change the pr	evious arrangements for providing and/or fundi	ing this service within the county?
ail Services is now a County-wide s	ervice provided by Screven County	
¥		
List any formal service delivery agrethis service:	eements or intergovernmental contracts that wi	Il be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) wil	Contracting Parties be used to implement the strategy for this serent fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil acts of the General Assembly, rate of	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wil acts of the General Assembly, rate of	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil acts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wil acts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e an, County Manager Date completed: 06/24/2014	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

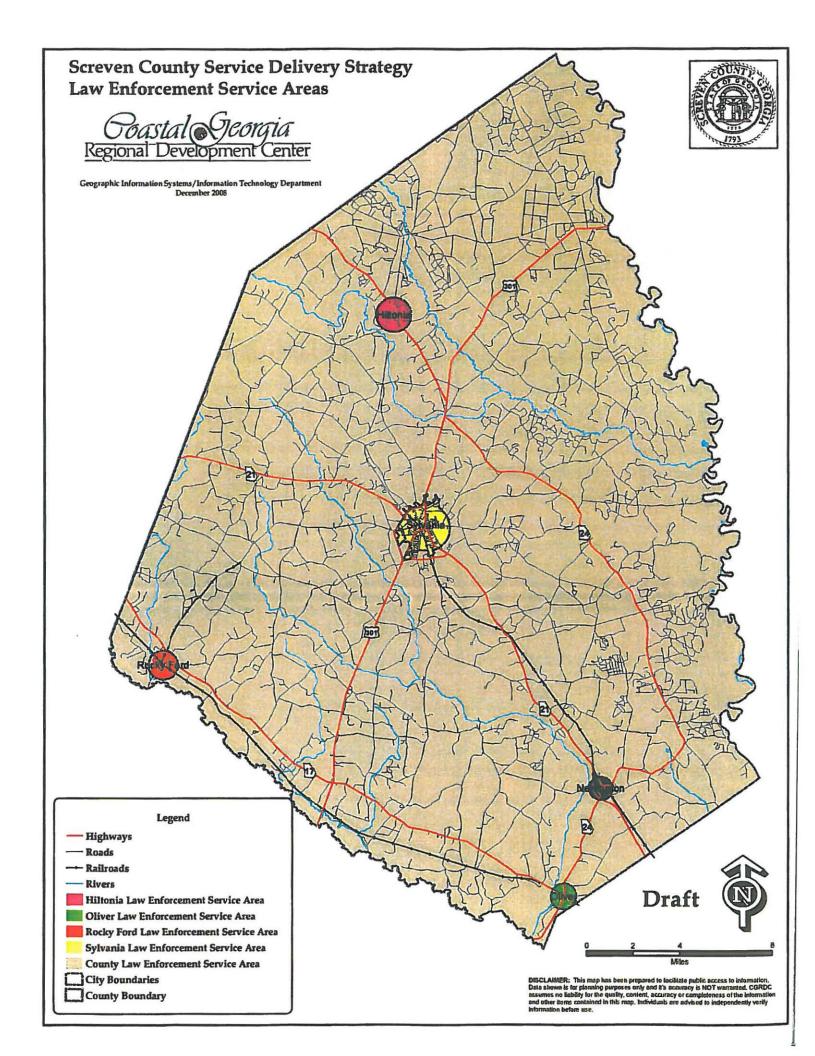
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

should be reported to the Department of Community Affairs.	
COUNTY:SCREVEN	Service:Law Enforcement
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.)	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
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Screven Hiltonia, Newington and Rocky Ford
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	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	D 4 10

SDS FORM 2, continued

Local Government or Authority	Funding N	lethod
Screven County	General Fund	
Cities of Sylvania and Oliver	General Fund	
Towns of Hiltonia, Newington &	General Funds	
Rocky Ford		
. How will the strategy change the pre	vious arrangements for providing and/or fundi	ng this service within the county?
The Town of Rocky Ford now provide	s its own Law Enforcement Services.	
	- man	
. List any formal service delivery agree this service: Agreement Name	ements or intergovernmental contracts that wi Contracting Parties	Il be used to implement the strategy fo
this service:		
this service: Agreement Name . What other mechanisms (if any) will		Effective and Ending Date
this service: Agreement Name . What other mechanisms (if any) will acts of the General Assembly, rate or	Contracting Parties be used to implement the strategy for this services	Effective and Ending Date
this service: Agreement Name 5. What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this services	Effective and Ending Date

If not, provide designated contact person(s) and phone number(s) below: Alternate: Stacy Mathis, City Manager, City of Sylvania, 912-564-7411









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 neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SCREVEN	Service:Library
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Screven
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum ☑ No	entation as described, below)
If these conditions will continue under this strategy, a	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	D 4 60

SDS FORM 2, continued

Local Government or Aut	hority	Funding Method			
Screven County		General Fund			
City of Sylvania		General Fund			
	10 10 2				
. How will the strategy change	the prev	ious arrangements for providing and/or fur	nding this service within the county?		
		reven Regional Library will be funded unde tion levels are adjusted annually accordin			
List any formal service delive this service:	ery agreer	ments or intergovernmental contracts that	will be used to implement the strategy for		
Agreement Name		Contracting Parties	Effective and Ending Dates		
Financial support of the	_	en County	July 1, 1999 - June 30, 2049		
Jenkins-Screven Regional	City o	f Sylvania	E ONE O A SERVICE MINISTER		
ibrary			*		
		e used to implement the strategy for this s fee changes, etc.), and when will they take			
None					
		County Manager			
	5 Do	ate completed: 06/24/2014 acted by state agencies when evaluating vertice delivery strategy? ⊠Yes □No	vhether proposed local government		

INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA

AND

THE CITY OF SYLVANIA, GEORGIA FOR THE

FINANCIAL SUPPORT OF THE JENKINS-SCREVEN REGIONAL LIBRARY

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Jenkins-Screven Regional Library (herein, the "Library") at a level to be determined annually by a joint resolution of the City and County; and,

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Library, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Sylvania, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

- 1. <u>Funding</u>. The total contribution of the parties to the Library shall be determined by a joint meeting of the governing bodies to be held in April of each year. For the current fiscal year, July 1, 1999, through June 30, 2000, the total financial support to the Library shall be \$169,976.00.
- 2. <u>Contribution of the Parties</u>. For the period beginning July 1, 1999, through June 30, 2000, the City shall contribute forty-one and 25/100 percent (41.25%) of the total contribution of the parties and the County shall contribute fifty-eight and 75/100 percent (58.75%).
- 3. Adjustment of Contribution Levels. Over the next four years, in as nearly equal increments as is practicable, the City's portion of the total support of the Library shall be

reduced as compared to the County's contribution so that in the County's fiscal year, beginning July 1, 2003, and ending June 30, 2004, and thereafter, the City's contribution is twenty-one percent (21%) of the total, or such other percentage as may be calculated, based upon more recent or accurate population data, by dividing the total population of the City by the total population of the County, and the result being expressed as a percentage.

- 4. <u>Term.</u> This agreement shall be effective as of July 1, 1999, and the initial term shall expire on June 30, 2004. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2004, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding fiscal year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2049.
- 5. Merger. This writing constitutes the entire agreement by and between the parties regarding the funding of the Jenkins-Screven Regional Library. Amendment, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.
- 6. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the _____ day of October, 1999.

Screven County, Georgia

By:

D. Hobson Parker, Chairman Board of Commissioners

Attest:

Betty Phillips, County Clerk
Rick Jokann

SIGNATURES CONTINUE ON FOLLOWING PAGE

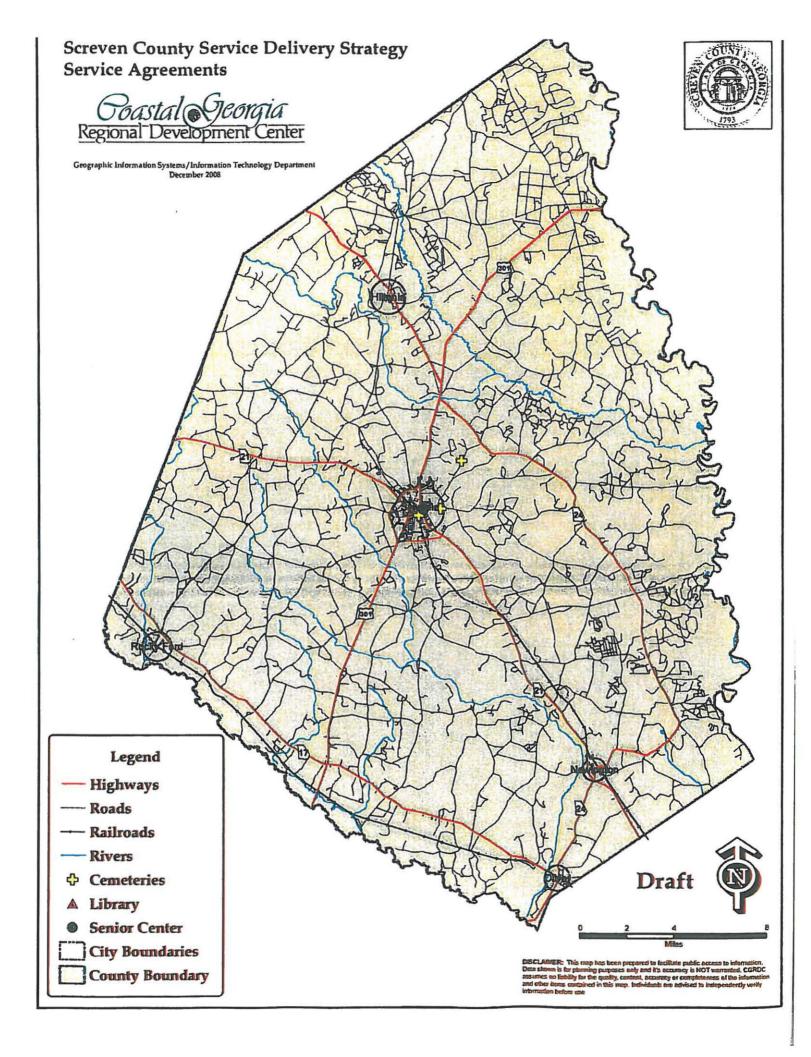
The City of Sylvania, Georgia

Ву:

Carter Crawford, City Administrator

Attest:

day O. Hill/City Clerk









FORM 2: Summary of Service Delivery Arrangements

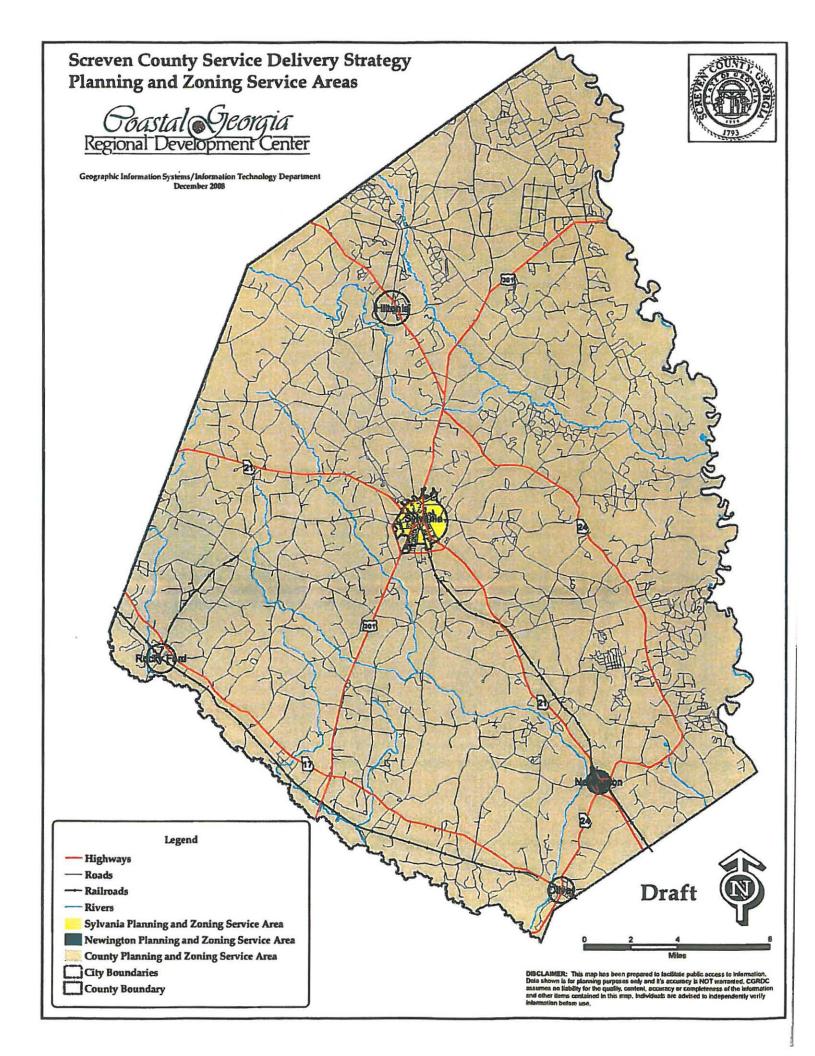
Instructions:

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	

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

SDS FORM 2, continued

Local Government or Authority	Funding Metho	od
Screven County	User Fees and General Fund	
City of Sylvania	User Fees and General Fund	
Town of Newington	General Fund	
How will the strategy change the prev	vious arrangements for providing and/or funding th	nis service within the county?
There are no plans to alter this service	i.	
this service:	ements or intergovernmental contracts that will be	
Agreement Name	Contracting Parties	Effective and Ending Date
	be used to implement the strategy for this service fee changes, etc.), and when will they take effect	
None		
Person completing form: Rick Jorda Phone number: 912-564-7535	n, County Manager Date completed: 06/24/2014	
Is this the person who should be comprojects are consistent with the service	tacted by state agencies when evaluating whether te delivery strategy? ⊠Yes ⊡No	r proposed local government
	son(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.

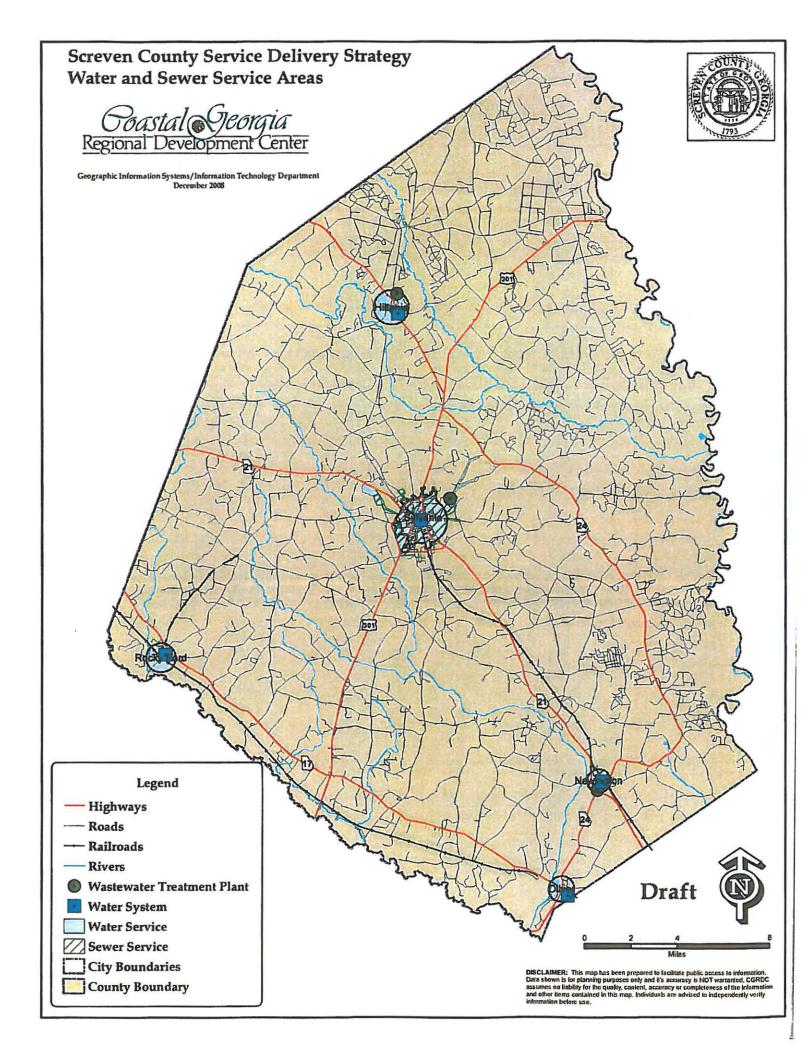
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:SCREVEN	Service: Public Water/Supply Treatment		
1. Check the box that best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

SDS FORM 2, continued

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 Sylvania	Enterprise Fund, User Fees	
City of Oliver	Enterprise Fund, User Fees	
Town of Newington	Enterprise Fund, User Fees	
Town of Hiltonia	Enterprise Fund, User Fees	
Town of Rocky Ford	Enterprise Fund, User Fees	

Town of Newington	Enterprise Fund, User Fees		
Town of Hiltonia	Enterprise Fund, User Fees	Enterprise Fund, User Fees	
Town of Rocky Ford	Enterprise Fund, User Fees		
I. How will the strategy change the	e previous arrangements for providing and/or	funding this service within the county?	
The City of Sylvania will provide v	water and sewer to the Industrial Park.		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts the	nat will be used to implement the strategy fo	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	200		
	will be used to implement the strategy for thing ate or fee changes, etc.), and when will they to		
None	1 1006		
7. Person completing form: Rick J Phone number: 912-564-7535	ordan, County Manager Date completed: 06/25/2014		
	e contacted by state agencies when evaluatin service delivery strategy? ☐Yes ⊠No	ng whether proposed local government	
	ct person(s) and phone number(s) below:	2-564-7411	



Screven County Service Delivery Strategy Water and Sewer Service Areas - Hiltonia



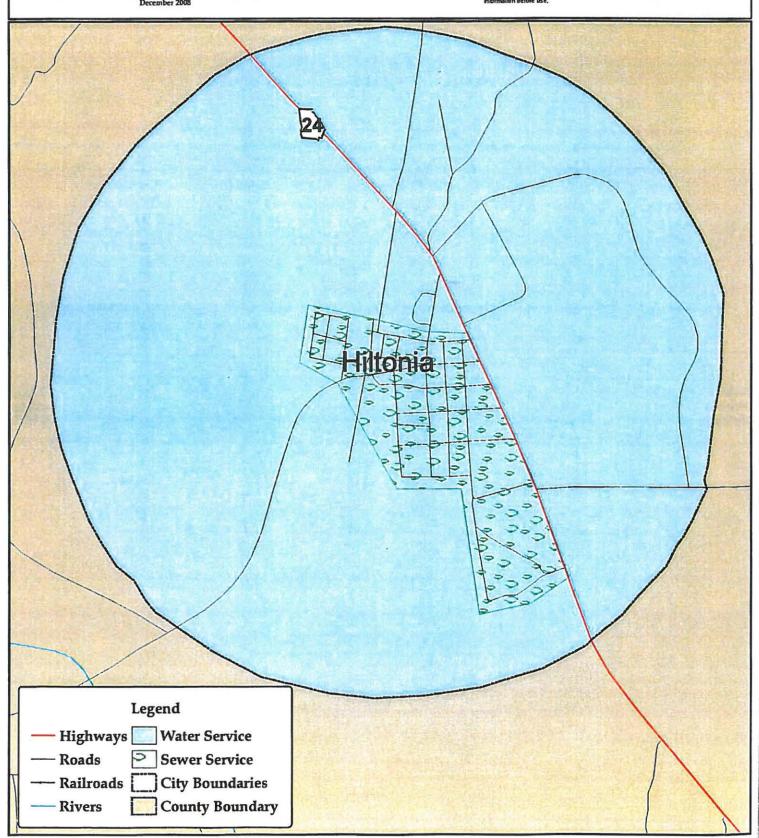
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Geographic Information Systems/Information Technology Department December 2008 Draft

DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map, individuals are advised to independently verify information before use.



Screven County Service Delivery Strategy Water and Sewer Service Areas - Newington

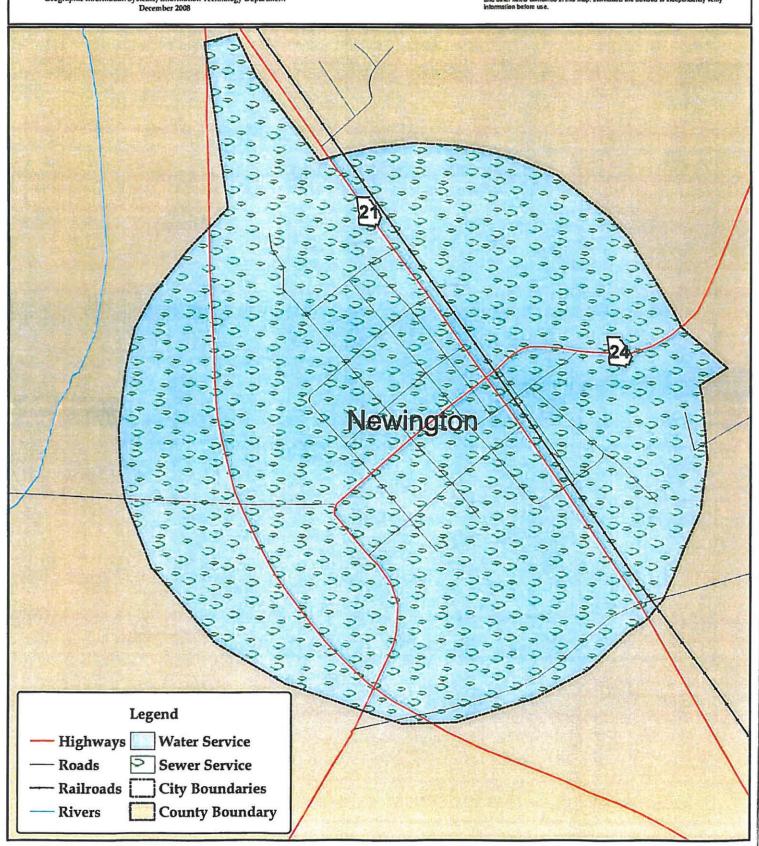






Geographic Information Systems/Information Technology Department December 2008

Draft



Screven County Service Delivery Strategy Water and Sewer Service Areas - Oliver



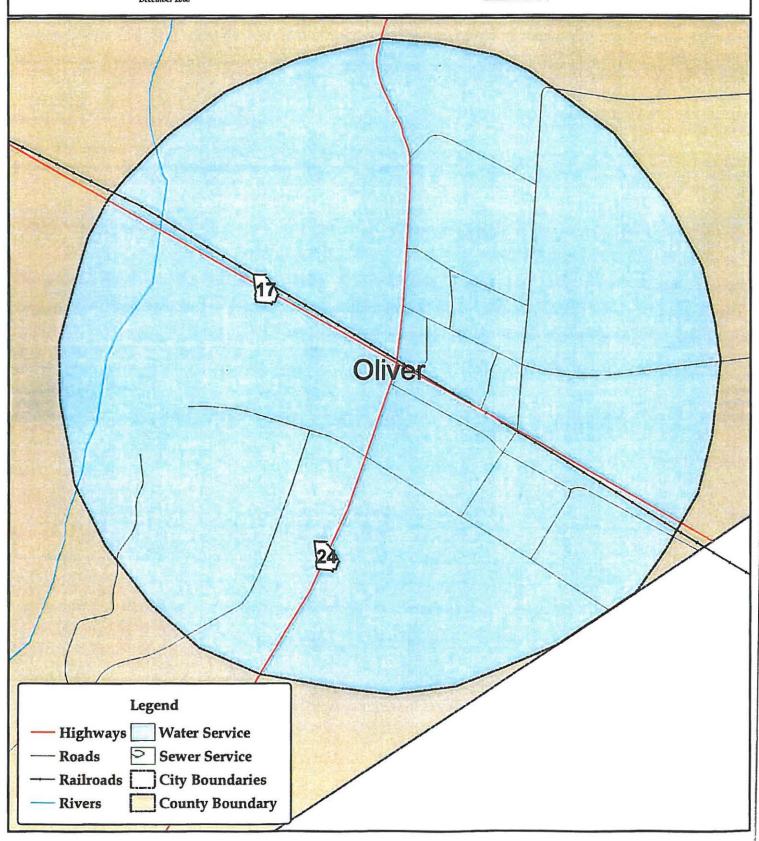
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Geographic Information Systems/Information Technology Department December 2008 Draft

DISCLAIMER: This map has been prepared to facilitate public access to information, Data shown is for planning purposes only and it? accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map, individuals are advised to independently verify observation before use.



Screven County Service Delivery Strategy Water and Sewer Service Areas - Rocky Ford



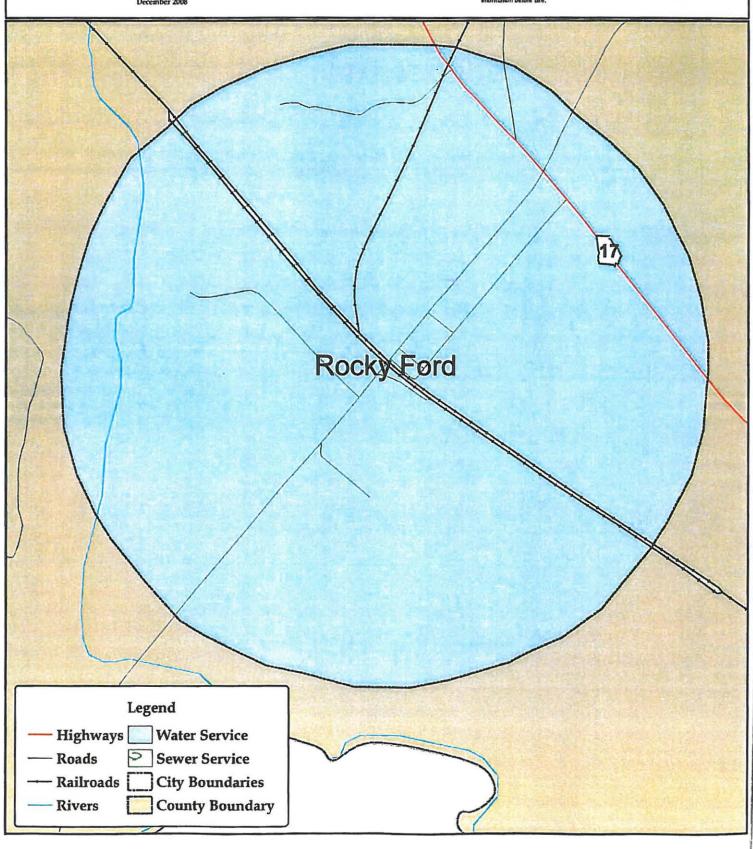
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Geographic Information Systems/Information Technology Department December 2008 Draft

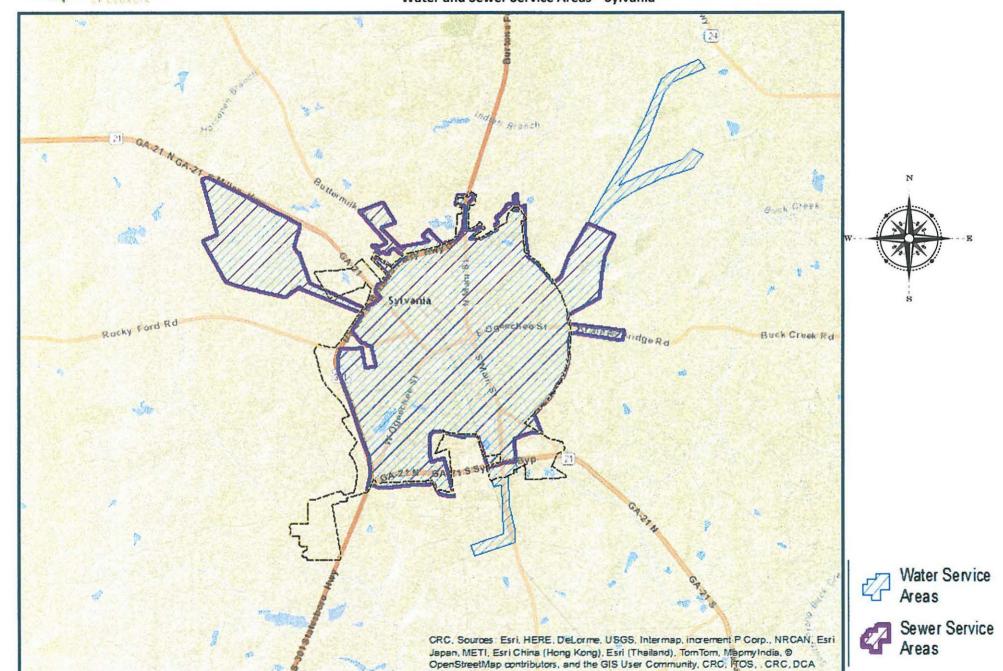
DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warrented, CGRDC assumes no Bobility for the quality, content, accuracy or completeness of the information and other items contained in this map, individuals are advised to independently verify information before use.





Service Delivery Strategy

Water and Sewer Service Areas—Sylvania









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	١.
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	

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

	보는 JEGG - ISBN - 1시 - ISBN - 1시 - ISBN -
	at will help to pay for this service and indicate how the service will be funded (e.g. unds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Screven County	General Fund, SPLOST
10 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	

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

The revised agreement absolves the City of Sylvania from an financial contributions to the Screven County Recreation Department.

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
Screven County Recreation	Screven County/City of Sylvania	May 13,2003

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

None

7. Person completing form: Rick Jordan, County Manager

Phone number: 912-564-7535 Date completed: 06/25/2014

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:

ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411

GEORGIA, SCREVEN COUNTY

AMENDMENT TO INTERGOVERNMENTAL AGREEMENT
BETWEEN SCREVEN COUNTY, GEORGIA AND
THE CITY OF SYLVANIA, GEORGIA
FOR THE FINANCIAL SUPPORT OF THE
SCREVEN COUNTY RECREATION DEPARTMENT

WITNESSETH:

WHEREAS, Screven County, Georgia and the City of Sylvania, Georgia entered into an Intergovernmental Agreement For The Financial Support of the Screven County Recreation Department in October, 1999, a copy of which is attached hereto as Exhibit "A", and is made a part hereof; and

WHEREAS, the Screven County Board of Commissioners has determined that Screven County, Georgia shall take over the funding and operation of the Screven County Recreation Department; and

WHEREAS, as a result, the City of Sylvania shall no longer provide funding for the Screven County Recreation Department pursuant to the above-referenced agreement; and

WHEREAS, the parties are desirous of amending said agreement pursuant to O. C. G. A. § 36-70-28(b)(2) in order to terminate said agreement effective June 30, 2003.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits flowing to each of the

parties hereto, the parties do contract and agree as follows:

-1-

Paragraph 4 of the Intergovernmental Agreement
Between Screven County, Georgia And The City of Sylvania,
Georgia For The Financial Support Of The Screven County
Recreation Department is hereby amended by deleting
Paragraph 4 in its entirety, and adding the following:

-4-

This agreement shall terminate effective June 30, 2003.

SCREVEN COUNTY, GEORGIA

BY: GLOWNTH (SEAL)

Chairman

ATTEST: County Glown Manager

(SEAL)

Signed sealed and delivered in the presence of:

Unofficial Witness

Notary Public

My Commission Expires: 6-15-06

PAGE 3 - CONTINUATION OF SIGNATURES AMENDMENT TO INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA, AND THE CITY OF SYLVANIA, GEORGIA FOR THE FINANCIAL SUPPORT OF THE SCREVEN COUNTY RECREATION DEPT.

> CITY OF SYLVANIA, GEORGIA (SEAL) (SEAL) ATTEST:

Signed, sealed and delivered

in the presence of:

My Commission Expires:

Notary Public, Screven County, Georgia My Commission Expires October 8, 2006

GEORGIA, SCREVEN COUNTY

RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF SYLVANIA TO AUTHORIZE EXECUTION OF CONTRACT AMENDING RECREATION CONTRACT WITH COUNTY

BE IT RESOLVED by the Mayor and Council of the City of Sylvania, Georgia, and it is hereby resolved by authority of the same, that the City Manager is authorized to execute that certain Amendment To The Intergovernmental Agreement Between Screven County, Georgia and The City of Sylvania, Georgia For The Financial Support Of the Screven County Recreation Department dated October, 1999, the effect of said Amendment being to terminate said Agreement effective June 30, 2003.

This 20 +4 day of may , 2003.

CITY OF SYLVANIA, GEORGIA

Signed, sealed and delivered /

in the presence of:

Notary Public, Screen County, Georgia My Commission Expires: My Commission Expire. (actober 8, 2006

INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA AND THE CITY OF SYLVANIA, GEORGIA FOR THE FINANCIAL SUPPORT OF THE

SCREVEN COUNTY RECREATION DEPARTMENT

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy were developed jointly and require joint financial support of the Screven County Recreation Department (herein, the "Recreation Department") at a level to be determined annually by a joint resolution of the City and County; and,

WHEREAS, it is the intent of the respective governments, as parties to this agreement, to establish a means of determining their individual financial support of the Recreation Department, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Sylvania, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

- 1. <u>Funding</u>. The total contribution of the parties to the Recreation Department shall be determined by a joint meeting of the governing bodies to be held in April of each year. For the county's current fiscal year, beginning July 1, 1999, through June 30, 2000, the total financial support to the Recreation Department shall be \$236,521.00.
- 2. Contribution of the Parties. For the period beginning July 1, 1999, through June 30, 2000, the City shall contribute forty-six and five tenths percent (46.5%) of the total contribution of the parties and the County shall contribute fifty-three and five tenths percent (53.5%).

- 3. Adjustment of Contribution Levels. Over the next four years, in as nearly equal increments as is practicable, the City's portion of the total contribution shall be reduced as compared to the County's contribution so that in the County's fiscal year beginning July 1, 2003, and ending June 30, 2004, and thereafter, the City's contribution is twenty-one percent (21%) of the total, or such other percentage as may be calculated, based upon more recent or accurate population data, by dividing the total population of the City by the total population of the County, and the result being expressed as a percentage.
- 4. <u>Term.</u> This agreement shall be effective as of July 1, 1999, and the initial term shall expire on June 30, 2004. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2004, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding fiscal year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2049.
- 5. <u>Merger</u>. This writing constitutes the entire agreement by and between the parties regarding the funding of the Screven County Recreation Department. Amendments, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.
- 6. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the _____ day of October, 1999.

Screven County, Georgia

By:

D. Hobson Parker, Chairman Board of Commissioners

Attest:

Betty Phillips, County Clerk

SIGNATURES CONTINUE ON FOLLOWING PAGE

The City of Sylvania, Georgia

By:

Carter Crawford, City Administrator

Attest:

Judy Ø. Hill, Orty Clerk







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:SCREVEN	Service: Roads, Streets, Bridge Construction
this box is checked, identify the government, autho Service will be provided only in the unincorporate checked, identify the government, authority or orga One or more cities will provide this service only to	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
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the d Oliver, Town of Hiltonia, Newington and Rocky Ford
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method	
Screven County	General Fund - SPLOST	-
Cities of Sylvania and Oliver	General Funds	
Towns of Hiltonia, Newington	General Funds	
and Rocky Ford		- / / / / / / / / / / / / / / / / / / /
4. How will the strategy change the p	previous arrangements for providing and/or funding this	s service within the county?
There are no plans to alter this serv	rice.	
 List any formal service delivery ag this service: 	reements or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this service (e or fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
None		
7. Person completing form: Rick Jor Phone number: 912-564-7535	dan, County Manager Date completed: 06/25/2014	
	contacted by state agencies when evaluating whether price delivery strategy? ⊠Yes ⊡No	proposed local government
If not, provide designated contact person(s) and phone number(s) below: ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411		







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:SCREVEN	Service: Roads, Streets and Bridge Maintenance	
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., includithis box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
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 d Oliver, Town of Hiltonia, Newington and Rocky Ford	
	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)	
If these conditions will continue under this strategy, a	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Screven County	Conoral Fund	
	General Fund	
Cities of Sylvania	General Fund	
Towns of Hiltonia, Newington	General Fund	
and Rocky Ford	112010	
		
There are no plans to alter this service		a.
	5 - 456 (4c.1)	
List any formal service delivery agree this service:	ments or intergovernmental contracts that will	be used to implement the strategy for

. 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: **Rick Jordan, County Manager**Phone number: **912-564-7535**Date completed: 06/25/2014

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:

ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411







FORM 2: Summary of Service Delivery Arrangements

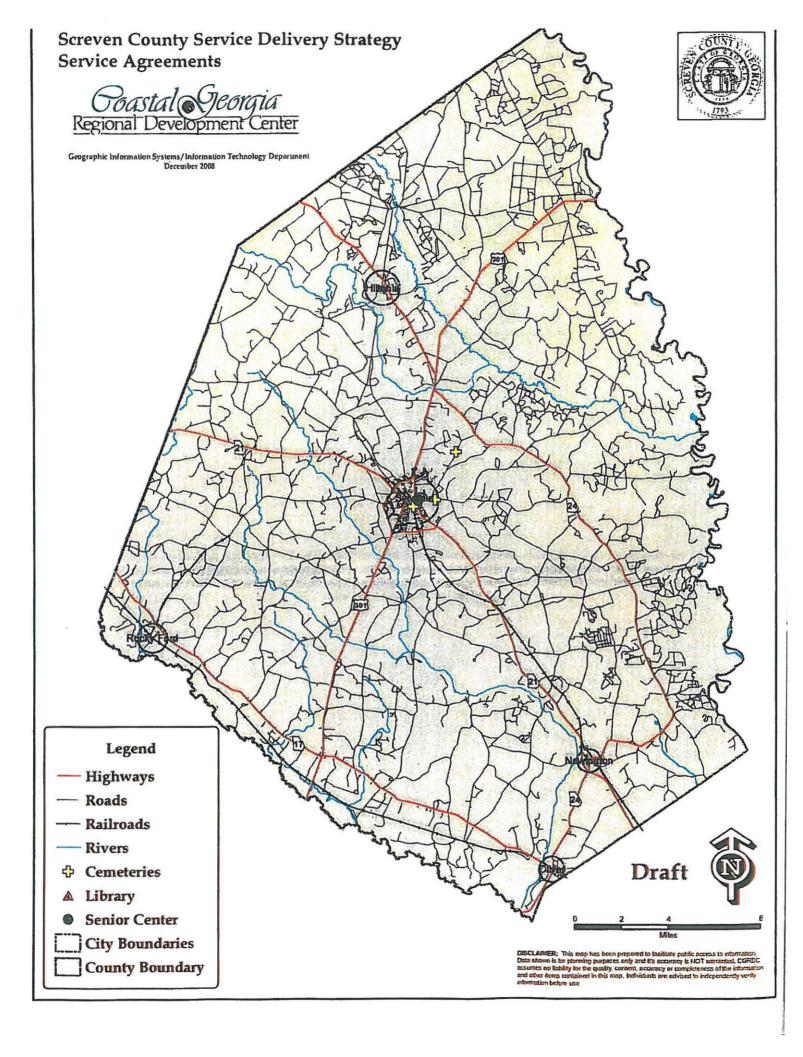
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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1	١.
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, i	this
should be reported to the Department of Community Affairs	

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:SCREVEN	Service:Senior Citizen Center	
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.):Senior Citizen Center:	
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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Local Government or Author	ority Funding	Method
Screven County	General Fund	,
City of Sylvania	General Fund	
4. How will the strategy change t	he previous arrangements for providing and/or fur	nding this service within the county?
		ts.
		8
this service:	y agreements or intergovernmental contracts that	
Agreement Name Senior Citizen Center Service	Contracting Parties Screven County/City of Sylvania	Effective and Ending Dates March 31, 2000
THE RESERVE OF STATE OF THE STA	Screven County/City of Sylvania	Warch 31, 2000
Agreement		
Agreement		
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Agreement		- AT
Agreement		150
6. What other mechanisms (if an	y) will be used to implement the strategy for this s rate or fee changes, etc.), and when will they take	
6. What other mechanisms (if an acts of the General Assembly,		
6. What other mechanisms (if an		
6. What other mechanisms (if an acts of the General Assembly,	rate or fee changes, etc.), and when will they take	
6. What other mechanisms (if an acts of the General Assembly, None 7. Person completing form: Rick Phone number: 912-564-7535	rate or fee changes, etc.), and when will they take	e effect?



INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA AND THE CITY OF SYLVANIA, GEORGIA, FOR THE FINANCIAL SUPPORT OF THE SCREVEN COUNTY SENIOR CITIZENS CENTER

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Screven County Senior Citizens Center (herein, the "Center") at a level to be determined annually by a joint resolution of the City and County; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Screven County Senior Citizens Center, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and

whereas, each of the parties hereto are authorized under the Intergovernmental Contracts Provision of the Georgia Constitution, Article 9, Sec. III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits inuring to each of the parties hereto, the parties do contract and agree as follows:

- 1. Advisory Board. There shall be an Advisory

 Board established by the City and County consisting of

 members, one-half of which shall be appointed by
 the City, and one-half of which shall be appointed by the

 County, which members shall serve at the pleasure of the
 respective appointing governing bodies.
- 2. Funding. The total funding for the Center shall be determined by a joint meeting of the governing bodies to be held in October of each year. For the current fiscal year, July 1, 1999, through June 30, 2000, the total financial support to the Center shall be \$ 70,069.
- 3. Contribution of the Parties. For the period beginning July 1, 1999, through June 30, 2000, and for succeeding fiscal years during the term of this agreement,

and any renewals thereof, the City and County shall each contribute fifty per cent (50%) of the total funding for the Center.

- 4. Employees. All employees of the Screven County Senior Citizens Center shall be employees of the City, and shall be governed by the Personnel Resolution and Policies of the City.
- 5. Term. This agreement shall be effective as of January 1, 1999, and the initial term shall expire December 31, 2003. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2003, or on or before March 31st in any subsequent year, which termination shall be effective for the succeeding fiscal year (July 1st through June 30th). In any event, this agreement shall terminate, if not sooner terminated, on December 31, 2048.
- 5. Merger. This writing constitutes the entire agreement by and between the parties regarding funding of the Center. In any amendment, additions or deletions shall be in writing, and dated subsequent to this writing to be enforceable.

6. Severance. In the event any Court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such parts or parts shall be severed from the agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF, the undersigned parties have, by and through their duly designated officials, executed and affixed their seals effective as of the 1st day of April, 1999.

SCREVEN COUNTY, GEORGIA

· h) Holozom

D. Hobson Parker, Chairman

Board of Commissioners

ATTEST:

Betty Phillips, County Clerk

RILLETOPARM

CITY OF SYLVANIA, GEORGIA

RY.

City Manager

ATTEST:

Str Flerk







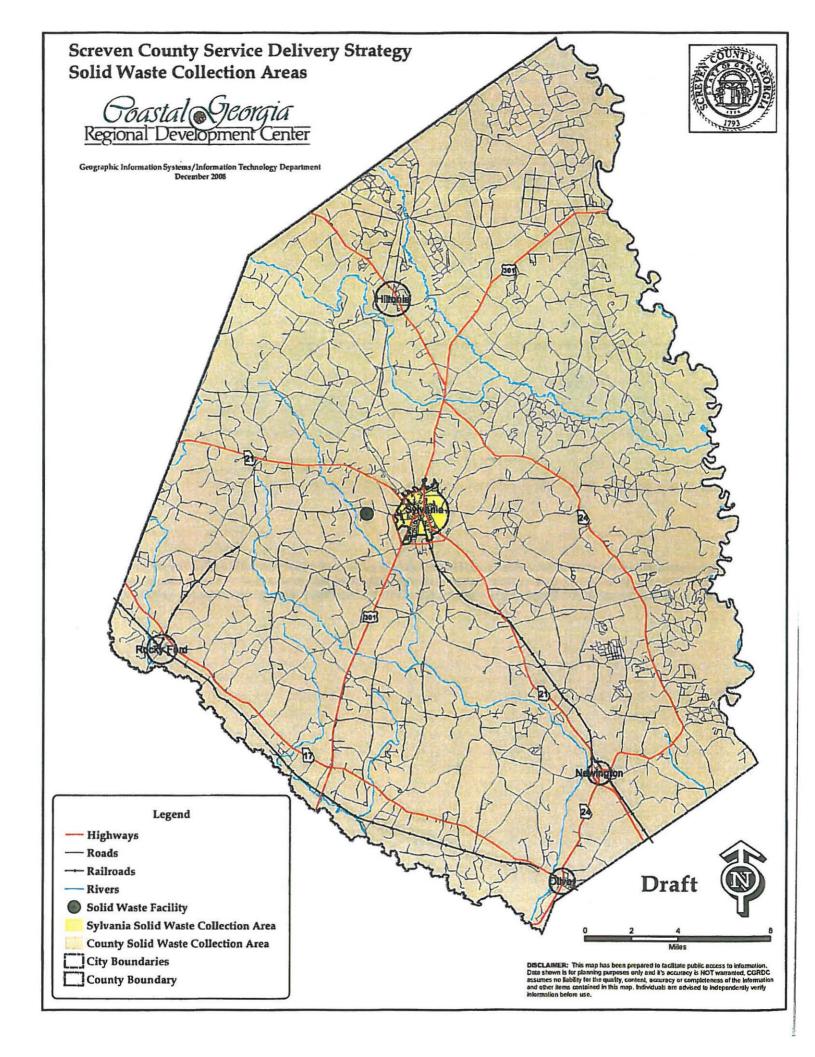
FORM 2: Summary of Service Delivery Arrangements

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:SCREVEN	Service: Solid Waste Collection	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Screven	
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.	

Local Government or Authority	Funding M	lethod
Screven County	User Fees and General Fund	
City of Sylvania	User Fees and General Fund	
How will the strategy change the pr	revious arrangements for providing and/or fundir	ng this service within the county?
There are no plans to alter this servi	ce	
List any formal service delivery agr this service:	eements or intergovernmental contracts that will	be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) wi	Contracting Parties If be used to implement the strategy for this server fee changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wi acts of the General Assembly, rate	If be used to implement the strategy for this serv	rice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wi	If be used to implement the strategy for this serv	rice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wi acts of the General Assembly, rate	Il be used to implement the strategy for this serv or fee changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wi acts of the General Assembly, rate None Person completing form: Rick Joro Phone number: 912-564-7535 Is this the person who should be contained to the conta	Il be used to implement the strategy for this serv or fee changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, locifect?









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COUNTY:SCREVEN	Service:Solid Waste Disposal			
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Screven County			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping 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				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
Page 1 of 2				

Local Government or Author	ority Funding	Funding Method		
Screven County	User Fees, General Fund, SPLOST	User Fees, General Fund, SPLOST		
. How will the strategy change th	ne previous arrangements for providing and/or fu	nding this service within the county?		
There are no plans to alter this s	service.			
List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Date		
Agreement Name	Contracting Parties	Effective and Ending Date		
Agreement Name	Contracting Parties	Effective and Ending Date		
Agreement Name	Contracting Parties	Effective and Ending Date		
Agreement Name	Contracting Parties	Effective and Ending Date		
Agreement Name	Contracting Parties	Effective and Ending Date		
. What other mechanisms (if any	Contracting Parties (v) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, loc		
. What other mechanisms (if any	v) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, loc		
. What other mechanisms (if any acts of the General Assembly,	v) will be used to implement the strategy for this s	service (e.g., ordinances, resolutions, loc		
What other mechanisms (if any acts of the General Assembly, where the second se	v) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, loc		
. What other mechanisms (if any acts of the General Assembly, in the None Person completing form: Rick Phone number: 912-564-755 . Is this the person who should be	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, loc e effect?		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Α	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.					
С	OUNTY:SCREVEN	Service: Tax Appraisal and Assessment				
1	Check the box that best describes the agreed upon delivery arrangement for this service:					
1	. Check the box that best describes the agreed upor	i delivery arrangement for this service.				
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. this box is checked, identify the government, authority or organization providing the service.): Screven County					
	Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):				
		within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
		within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
		ap delineating the service area of each service provider, and ation that will provide service within each service area.):				
2	In developing this strategy, were overlapping servindentified?	ce areas, unnecessary competition and/or duplication of this service				
	☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
	⊠No					
0		A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
	these conditions will be eliminated under the strate ill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
		Page 1 of 2				

Local Government or Authori	ty Funding N	Method
Screven County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
There are no plans to alter this se	rvice.	
List any formal service delivery a this service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rational None Person completing form: Rick Jo	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rather than t	will be used to implement the strategy for this serie or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

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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:SCREVEN	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, authorized).	ing all cities and unincorporated areas) by a single service provider. (If			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is anization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the d Oliver, Towns of Newington and Rocky Ford			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed in the service areas or competition cannot be expressed in the service areas or competition.	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

Page 1 of 2

	t will help to pay for this service and indicate how nds, special service district revenues, hotel/mot		
Local Government or Authority	Funding Met	hod	
Screven County	General Fund		
Cities of Sylvania	General Funds		
Town of Newington and Rocky Ford	General Funds		
How will the strategy change the prev	ious arrangements for providing and/or funding	this service within the county?	
There are no plans to alter this service			
this service:	ments or intergovernmental contracts that will be		
Agreement Name	Contracting Parties	Effective and Ending Dates	
· .			
	e used to implement the strategy for this service fee changes, etc.), and when will they take effective		
None			
	ate completed: 06/25/2014		
projects are consistent with the service		er proposed local government	
If not, provide designated contact pers ALTERNATE: STACY MATHIS, CITY	son(s) and phone number(s) below: MANAGER, CITY OF SYLVANIA, 912-564-74	11	







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:SCREVEN	Service: Voter Registration			
1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Screven County				
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
If these conditions will continue under this strategy, a	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

Local Government or Authority	Funding N	Method	
Screven County	General Fund		
How will the strategy change the pr	revious arrangements for providing and/or fundi	ng this service within the county?	
There are no plans to alter this servi	ce.		
List any formal service delivery agr this service:	eements or intergovernmental contracts that wi	Il be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
What other mechanisms (if any) wi	Contracting Parties If be used to implement the strategy for this server or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any) wi	Il be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any) wi acts of the General Assembly, rate None Person completing form: Rick Jore	Il be used to implement the strategy for this servor fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any) wi acts of the General Assembly, rate None Person completing form: Rick Jore Phone number: 912-564-7535 Is this the person who should be contained to the conta	Il be used to implement the strategy for this server fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, locality)	







FORM 4: Certifications

Instructions:

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

COUNTY: SCREVEN COUNTY

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 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));
- 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 NEWINGTON	MAYOR	ALBERT PERKINS	abut Peli propor	10221
CITY OF OLIVER	MAYOR	JUSTINE BROWN	for line 7. Poran	10/2//
CITY OF ROCKY FORD	MAYOR	BARRY DURDEN	Borny widen	10/23/14
CITY OF SYLVANIA	MAYOR	MARGARET EVANS	Mayart Evans	10/17/14
SCREVEN COUNTY	CHAIRMAN	WILL BOYD	13	10/14/14
TOWN OF HILTONIA	MAYOR	GERRY FOREHAND	Germen Shrehund	10/24/1