### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



FOR

### SERVICE DELIVERY STRATEGY TATTNALL COL

COUNTY

PAGE 1

### JUN = 3 P.M

### I. GENERAL INSTRUCTIONS:

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

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

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

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

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

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

CITIES: COBBTOWN, COLLINS, GLENNVILLE, MANASSAS, REIDSVILLE

**COUNTY: TATTNALL COUNTY** 

AUTHORITIES: DEVELOPMENT AUTHORITY OF GLENNVILLE, GLENNVILLE DOWNTOWN DEVELOPMENT AUTHORITY, REIDSVILLE DEVELOPMENT AUTHORITY, TATTNALL COUNTY DEVELOPMENT AUTHORITY, TATTNALL COUNTY HOSPITAL AUTHORITY

### III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

AIRPORTS, ANIMAL CONTROL, BUILDING CODE ENFORCEMENT, BUILDING PLAN REVIEW/INSPECTIONS, CEMETERIES, CODE ENFORCEMENT/NON BUILDING, CONVENTION/TOURISM, COURTS, CULTURE, ECONOMIC DEVELOPMENT, ELECTIONS, EMERGENCY MANAGEMENT, EMS, FIRE PROTECTION, HOSPITAL, INDIGENT DEFENSE, JAILS, LAW ENFORCEMENT, LIBRARIES, MAPPING, PARKING, PARKS & RECREATION, PLANNING/ZONING, PUBLIC HEALTH, PUBLIC HOUSING, PUBLIC WORKS, ROAD/STREET CONSTRUCTION, ROAD/STREET MAINTENANCE, SEARCH AND RESCUE, SEWER, SOCIAL SERVICES, SOLID WASTE MGMT., STORMWATER MGMT., WATER SUPPLY/DISTRIBUTION

PAGE 2

Instructions:

County: TATTNALL	Service: AIRPORT
	s the agreed upon delivery arrangement for this service:
☐ Service will be provided count	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
☐ Service will be provided only i	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provide	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	e this service only within their incorporated boundaries, and the county will provide the service in pox is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked,	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
	Funding Method:
REIDSVILLE	GENERAL FUND, USER FEES
ATTNALL COUNTY	GENERAL FUND
/	
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
NO CHANGE	provides arrangements for providing and or randing and service within the county?
2500	

<ol><li>List any formal service delivery agree service:</li></ol>	ements or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
General Assembly, rate or fee change NONE	es, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE CF	RAPSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	9
8. Is this the person who should be contactional consistent with the service delivery st	acted by state agencies when evaluating whether rategy? Yes \(\sigma\) No	proposed local government projects are
If not, provide designated contact pers	son(s) and phone number(s) below:	
		PAGE 2 (continued)
		1 AGE 2 (continued)



PAGE 2

Instructions:

County: TATTNALL	Service: ANIMAL CONTROL (VICIOUS DOGS)
1. Check the box that best des	cribes the agreed upon delivery arrangement for this service:
	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box ernment, authority or organization providing the service.)
☐ Service will be provided identify the government,	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
	rovide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will p unincorporated areas. (If	rovide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is chec government, authority, o	ked, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
2. In developing the strategy, ☐ Yes ☑ No	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will contin higher levels of service (See C competition cannot be elimina	the under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 0.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas ted).
If these conditions will be elir taken to eliminate them, the re	ninated under the strategy, attach an implementation schedule listing each step or action that will be sponsible party and the agreed upon deadline for completing it.
	thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ads, special service district/revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authori	y: Funding Method:
TATTNALL COUNTY	GENERAL FUND
4. How will the strategy change NO CHANGE	the previous arrangements for providing and/or funding this service within the county?
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5. List any formal service delivery agr service:	eements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		g 2 and 1
NONE	ges, etc.), and when will they take effect?	
7. Person completing form: GENE C	CRAPSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
consistent with the service delivery	stracted by state agencies when evaluating whether strategy? Yes No No rson(s) and phone number(s) below:	proposed local government projects are
		PAGE 2 (continued)

### PAGE 2

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: TATTNALL	Service: ANIMAL CONTROL (VICIOUS DOGS)
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
☐ Service will be provided coun checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
☐ Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
<ol> <li>List each government or authority funds, user fees, general funds, s indebtedness, etc.).</li> </ol>	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
FATTNALL COUNTY	GENERAL FUND
	0.4
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?
*	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
ONE		Directive and Dieting Dates.
W/h-a-a-h-a-a-a-h-a-a-a-a-a-a-a-a-a-a-a-a		
General Assembly, rate or fee changes, etc	sed to implement the strategy for this service (e.g., oc.), and when will they take effect?	ordinances, resolutions, local acts of
NONE	,	
Person completing form: GENE CRAP	SE COUNTY MANAGER	/
Phone number: (912) 557-4335	Date completed: 5/5/99	
Is this the person who should be contacted	by state agencies when evaluating whether propose	ed local government projects are
consistent with the service delivery strateg	·	
If not, provide designated contact person(s	) and phone number(s) below:	
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PAGE 2

Instructions:

County: TATTNALL	Service: ECONOMIC DEVELOPMENT
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, 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, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	box is checked, identify the government(s), authority or organization provided in
unincorporated areas. (If this	box is checked, identify the government(s), authority or organization providing the service in
government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
2. In developing the strategy, were Yes No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
3. List each government or authority	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise secial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Co.	Funding Method:
GLENNVILLE	GENERAL FUND, SPECIAL REVENUES, GRANTS
REIDSVILLE	GENERAL FUND
ATTNALL DEV. AUTH.	GENERAL FUND, GRANTS
ATTNALL COUNTY	GENERAL FUND, GRANTS
	- 1 0 1.0, GIOTITO
4. How will the strategy change the p NO CHANGE	previous arrangements for previding and/or funding this service within the county?

	ents or intergovernmental contracts that will be	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
ONE		2 June 2
What other mechanisms (if any) will be understand the General Assembly, rate or fee changes, endown	ised to implement the strategy for this service (tc.), and when will they take effect?	g.g., ordinances, resolutions, local acts of t
Person completing form: GENE CRAP	SE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
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Is this the person who should be contacted	hy state agencies who will it	oposed local government projects are
	by state agencies when evaluating whether pr	oposed local government projects are
	by state agencies when evaluating whether pr	oposed local government projects are
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	by state agencies when evaluating whether pr	oposed local government projects are  PAGE 2 (continued)
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	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
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If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	by state agencies when evaluating whether presy? Yes \(\sigma\) No and phone number(s) below:	PAGE 2 (continued)



PAGE 2

### Instructions

County: TATTNALL	Service: ECONOMIC DEVELOPMENT
1. Check the box that best describ	pes the agreed upon delivery arrangement for this service:
☐ Service will be provided cou	entywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is sment, authority or organization providing the service.)
☐ Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
U Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.Competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
ocal Government or Authority:	Funding Method:
EV.AU. GLENNVILLE	GENERAL FUND, GRANTS, REV. LOAN FUND
LENNVILLE DDA	GENERAL FUND, GRANTS
EV. AU. REIDSVILLE	GENERAL FUND, GRANTS, SPECIAL REVENUES
ATT.CO.DEV.AUTH.	GENERAL FUND, GRANTS, SPECIAL REVENUES
. How will the strategy change the NO CHANGE	e previous arrangements for providing and/or funding this service within the county?

Mone	Date completed	d: <u>5/5/99</u>	
Person completing form: GENE CRAPSE  Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	Date completed	d: <u>5/5/99</u>	sed local government projects are
Person completing form: GENE CRAPSE  Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	Date completed	d: <u>5/5/99</u>	sed local government projects are
Person completing form: GENE CRAPSE  Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	Date completed	d: <u>5/5/99</u>	sed local government projects are
Person completing form: GENE CRAPSE  Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	Date completed	d: <u>5/5/99</u>	sed local government projects are
Person completing form: GENE CRAPSE  Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	Date completed	d: <u>5/5/99</u>	sed local government projects are
Person completing form: GENE CRAPSE  Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	agencies when evaluating		
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Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	agencies when evaluating		
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Phone number: (912) 557-4335  Is this the person who should be contacted by state a consistent with the service delivery strategy?	agencies when evaluating		
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If not, provide designated contact person(s) and pho	ne number(s) below:		PAGE 2 (continued)
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## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

County: TATTNALL	Service: ELECTIONS
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box intent, 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, ority or organization providing the service.)
One or more cities will provide	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
U Other. (If this box is checked,	attach a legible map delineating the service area of each service provider, and identify the or organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
	Funding Method:
OBBTOWN	GENERAL FUND
OLLINS	GENERAL FUND
LENNVILLE	GENERAL FUND
IANASSAS	GENERAL FUND
EIDSVILLE/TATT CO.	GENERAL FUND
INO OF IANGE	previous arrangements for providing and/or funding this service within the county?
21500	5

5. List any formal service delivery a service:	greements or intergovernmental contracts that wi	ill be used to impl	ement the strategy for this
Agreement Name:	Contracting Parties:	/	Effective and Ending Dates:
NONE			Ziverite and Linding Dates.
6. What other mechanisms (if any) of General Assembly, rate or fee change NONE	vill be used to implement the strategy for this servinges, etc.), and when will they take effect?	vice (e.g., ordinan	ces, resolutions, local acts of the
7. Person completing form: GENE	CRAPSE, COUNTY MANAGER		
Phone number: (912) 557-4335		99	•
<ol><li>Is this the person who should be c consistent with the service deliver</li></ol>	ontacted by state agencies when evaluating wheth	er proposed local	government projects are
	person(s) and phone number(s) below:		



PAGE 2

Instructions:

	Service: EMERGENCY MANAGEMENT
1. Check the box that best descri	bes the agreed upon delivery arrangement for this service:
Service will be provided co	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this beament, authority or organization providing the service.)
Service will be provided on	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will provunincorporated areas. (If this	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the
unincorporated areas. (If thi	s box is checked, identify the government(s), authority or organization provide the service is
government, authority, or ot	attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, wer Yes No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue thigher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas
If these conditions will be eliminate them, the respo	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
<ol><li>List each government or author funds, user fees, general funds.</li></ol>	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
indebtedness, etc.).	ranchise taxes, impact fees, bonded
· ·	Funding Method:
Local Government or Authority:	
Local Government or Authority:	Funding Method:
indebtedness, etc.). Local Government or Authority:  ATTNALL COUNTY	Funding Method:
Local Government or Authority:  ATTNALL COUNTY  I. How will the strategy change the	Funding Method:  GENERAL FUND, PRIVATE FUNDS
ATTNALL COUNTY	Funding Method:
Local Government or Authority:  ATTNALL COUNTY  . How will the strategy change the	Funding Method:  GENERAL FUND, PRIVATE FUNDS
Local Government or Authority:  ATTNALL COUNTY  . How will the strategy change the	Funding Method:  GENERAL FUND, PRIVATE FUNDS
Local Government or Authority:  ATTNALL COUNTY  . How will the strategy change the	Funding Method:  GENERAL FUND, PRIVATE FUNDS
Local Government or Authority:  ATTNALL COUNTY  . How will the strategy change the	Funding Method:  GENERAL FUND, PRIVATE FUNDS
Local Government or Authority:  ATTNALL COUNTY  . How will the strategy change the	Funding Method:  GENERAL FUND, PRIVATE FUNDS
Local Government or Authority:  ATTNALL COUNTY  I. How will the strategy change the	Funding Method:  GENERAL FUND, PRIVATE FUNDS

<ol><li>List any formal service delivery agree service:</li></ol>	ements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Defective and E. J. D.
NONE		Effective and Ending Dates:
6. What other mechanisms (if any) will be General Assembly, rate or fee changes NONE	be used to implement the strategy for this service s, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE CR	APSE, COUNTY MANAGER	501
Phone number: (912) 557-4335	Date completed: 5/5/99	
	cted by state agencies when evaluating whether pategy?   Yes No	proposed local government projects are
If not, provide designated contact person DAN BROWN, DIRECTOR, TATTA	on(s) and phone number(s) below: NALL CO. EMA, (912) 557-6820	



PAGE 2

Instructions:

County: TATTNALL	Service: EMERGENCY MEDICAL SERVICES
1. Check the box that best descri	ibes the agreed upon delivery arrangement for this service:
Service will be provided co	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nment, authority or organization providing the service.)
☐ Service will be provided on	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will provunincorporated areas. (If this	vide this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization providing the service
U One or more cities will provunincorporated areas. (If this	ride this service only within their incorporated boundaries, and the county will provide the service in is box is checked, identify the government(s), authority or organization providing the service.
Other. (If this box is checke government, authority, or of	d, attach a legible map delineating the service area of each service provider, and identify the ther organization that will provide service within each service area.)
2. In developing the strategy, wer ☐ Yes No	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue thigher levels of service (See O.C. competition cannot be eliminated	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .).
If these conditions will be eliminate taken to eliminate them, the response	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
3. List each government or author	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ATTNALL COUNTY	GENERAL FUND, SPLOST, USER FEES
/	
4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?
NO CHANGE	
15 S	
Fr	

List any formal service delivery agreement service:	nts or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Day
NONE		Effective and Ending Dates:
6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, et NONE.	sed to implement the strategy for this service c.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE CRAP	SE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
8. Is this the person who should be contacted consistent with the service delivery strateg  If not, provide designated contact person(s)	A: TES (1) MO	roposed local government projects are

### 9

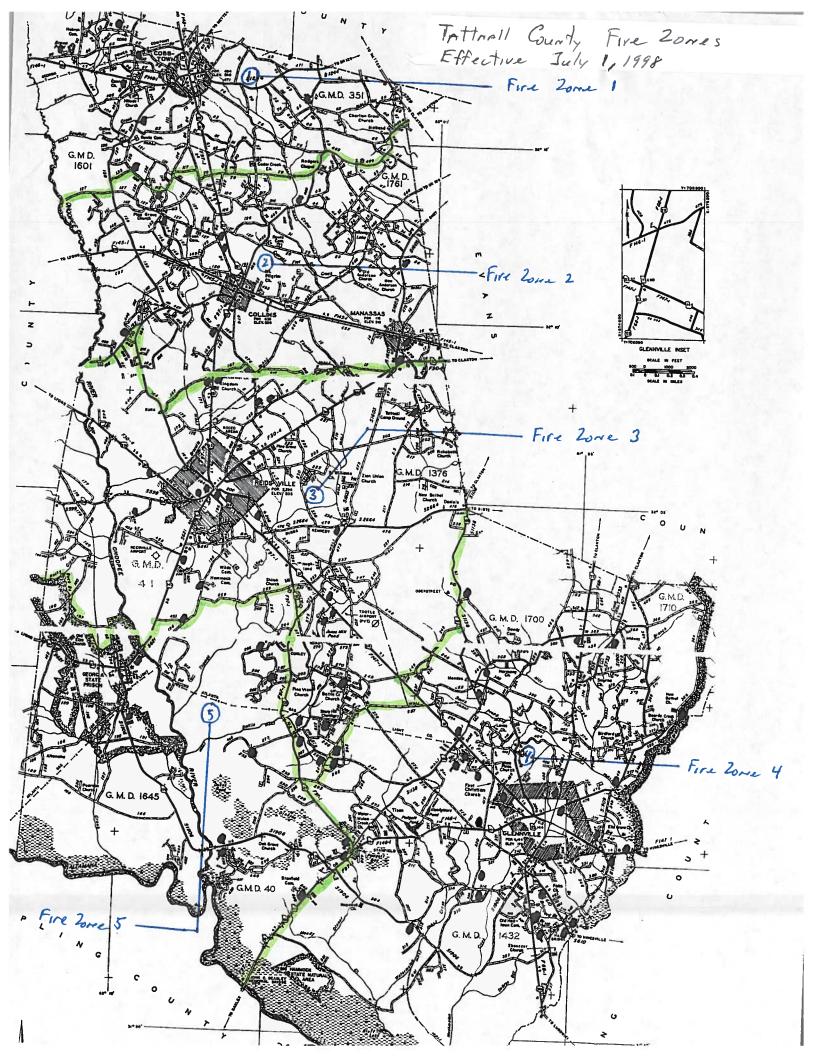
## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

County: TATTNALL	Service: FIRE PROTECTION
1. Check the box that best descr	ribes the agreed upon delivery arrangement for this service:
☐ Service will be provided co	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box in the service or organization providing the service.)
☐ Service will be provided on	ally in the unincorporated portion of the county by a single service provider. (If this box is checked, uthority or organization providing the service.)
One or more cities will pro- unincorporated areas. (If th	vide this service only within their incorporated boundaries, and the service will not be provided in his box is checked, identify the government(s), authority or organization providing the service.
unincorporated areas. (If th	vide this service only within their incorporated boundaries, and the county will provide the service in its box is checked, identify the government(s), authority or organization providing the service.
government, authority, or o	ed, attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
2. In developing the strategy, we ✓ Yes □ No	ere overlapping service areas, unnecessary competition and/or duplication of this service identified?
competition cannot be eliminated	
	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
3. List each government or author funds, user fees, general funds indebtedness, etc.).	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
COBBTOWN	GENERAL/FUND
COLLINS	GENERAL FUND
GLENNVILLE	GENERAL FUND
MANASSAS	GENERAL FUND
REIDVILLE/TATT CO.	GÉNERAL FUND, CONTRIBUTIONS (REIDSVILLE)
4. How will the strategy change the RE: IMPLEMENTATION SOF ESTABLISHED TO ELIMINA	reprevious arrangements for providing and/or funding this service within the county?
THE COUNTY HAS INCREA CALLS IN THE UNINNCORF	SED ITS PAYMENTS TO MUNICIPAL FIRE DEPARTMENTS FOR RESPONDING TO PORATED AREAS FROM \$150.00 TO \$300.00 PER CALL
Jes S	

Agreement Name:	Contracting Parties:	Effective and Pading Day
NONE		Effective and Ending Dates
	be used to implement the strategy for this service	(e.g., ordinances, resolutions, local acts of
J, 01 100 0Hull	ges, etc.), and when will they take effect?	
General Assembly, rate or fee chan NONE  . Person completing form: GENE (	ses, etc.), and when will they take effect.	
NONE	ses, etc.), and when will they take effect.	
Person completing form: GENE ( Phone number: (912) 557-4335	CRAPSE, COUNTY MANAGER  Date completed: 5/5/99	



PAGE 2

Instructions:

	And the desired Annual St.
County: TATTNALL	Service: HOSPITAL
1. Check the box that best descri	bes the agreed upon delivery arrangement for this service:
Service will be provided con	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nament, authority or organization providing the service.)
☐ Service will be provided on	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will prov	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this	s box is checked, identify the government(s), authority or organization provide the service in
government, authority, or other	her organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue unhigher levels of service (See O.C. competition cannot be eliminated)	inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina	ted under the strategy, attach an implementation schedule listing each step or action that will be assisted and the agreed upon deadline for completing it.
3. List each government or authori	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
TATT.CO.HOSP. AUTH.	GENERAL FUND, STATE FUNDS, USER FEES
	DONATIONS, GRANTS
TATTNALL COUNTY	GENERAL FUND
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?
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Agreement Name:	Contracting Parties:	Effective and Bading Day
NONE		Effective and Ending Date
,	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts o
NONE		
NONE  7. Person completing form: GENE C		
NONE		



PAGE 2

### Instructions

County: TATTNALL	Service: COURTS
1. Check the box that best des	cribes 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 ernment, 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, authority or organization providing the service.)
One or more cities will pr unincorporated areas. (If	ovide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.
One or more cities will pr unincorporated areas. (If	ovide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
government, authority, or	ked, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
2. In developing the strategy, w ☐ Yes ☑ No	vere overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continu higher levels of service (See O. competition cannot be eliminate	e under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ed).
If these conditions will be elimitaken to eliminate them, the res	inated under the strategy, attach an implementation schedule listing each step or action that will be ponsible party and the agreed upon deadline for completing it.
3. List each government or auth	nority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ls, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	: Funding Method.
GLENNVILLE	GENERAL FUND
REDISVILLE	GENERAL FUND
TATTNALL COUNTY	GENERAL FUND
NO OTRINGE	the previous arrangements for providing and/or funding this service within the county?
The state of the s	

5. List any formal service delivery service:	agreements or intergovernmental contracts that wil	l be used to implement the strategy for this
Agreement Name:	Contracting Parties:	/Effective and E. P.
NONE		Effective and Ending Dates:
C 3171		
NONE	will be used to implement the strategy for this serve langes, etc.), and when will they take effect?	to be a second to the second t
7. Person completing form: GEN	CRAPSE, COUNTY MANAGER	
Phone number: (912) 557-433	Date completed: 5/5/9	
	contacted by state agencies when evaluating whether strategy? Yes No	r proposed local government projects are
not, provide designated contact	person(s) and phone number(s) below:	
		PAGE 2 (continued)



PAGE 2

Instructions:

County: TATTNALL	Service: CULTURE PROGRAM
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
checked, identify the govern	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service)
Service will be provided only identify the government, auth	of in the unincorporated portion of the county by a single service provider. (If this box is checked,
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s) authority or opposition and its line is the provided in
unincorporated areas. (If this	box is checked, identify the government(6), authority or organization provide the service in
government, authority, or other	er organization that will provide service within each service provider, and identify the
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local C.	Funding/Method:
COBBTOWN	GENERAL FUND
BLENNVILLE	GENERAL FUND, SPECIAL REVENUES
REIDSVILLE	GENERAL FUND, SPECIAL REVENUES
ATTNALL COUNTY	GENERAL FUND
	THE TOTAL TOTAL
4. How will the strategy change the	Provious community of the state
NO CHANGE	previous arrangements for providing and/or funding this service within the county?
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The Con	$\wedge$
4. How will the strategy change the pool of the pool o	
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Agreement Name:		
	Contracting Parties:	Effective and Ending Dates:
NONE		
	will be used to implement the strategy for this service	
7. Person completing form: GENF	CRAPSE COLINTY MANAGER	
	CRAPSE, COUNTY MANAGER	
7. Person completing form: GENE Phone number: (912) 557-4335		
Phone number: (912) 557-4335  8. Is this the person who should be consistent with the service deliver	Date completed: 5/5/99 ontacted by state agencies when evaluating whether p	roposed local government projects are
Phone number: (912) 557-4335  8. Is this the person who should be consistent with the service deliver	Date completed: 5/5/99  ontacted by state agencies when evaluating whether pry strategy? Yes No	roposed local government projects are
Phone number: (912) 557-4335  8. Is this the person who should be consistent with the service deliver	Date completed: 5/5/99  ontacted by state agencies when evaluating whether pry strategy? Yes No	roposed local government projects are  PAGE 2 (continued)

PAGE 2

### Instructions

	,
County: TATTNALL	Service: AIRPORT
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provious unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.
unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue ur higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
<ol><li>List each government or authorit</li></ol>	by that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
REIDSVILLE	GENERAL FUND, USER FEES
ATTNALL COUNTY	GENERAL FUND
/	
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?

A granmant Name		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
C Wiles and the state of the st		
General Assembly will be a	used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of the
Ty, to of the changes, c	tc.), and when will they take effect?	, resulting result dets of the
NONE		
7. Person completing form: GENE CRAF	PSE, COUNTY MANAGER	
7. Person completing form: GENE CRAF  Phone number: (912) 557-4335		
	Date completed: 5/5/99	
Phone number: (912) 557-4335  3. Is this the person who should be contacted.	Date completed: 5/5/99	
Phone number: (912) 557-4335  3. Is this the person who should be contacted consistent with the service delivery strate.	Date completed: 5/5/99  d by state agencies when evaluating whether gy? Yes \(\sigma\) No	
Phone number: (912) 557-4335  3. Is this the person who should be contacted consistent with the service delivery strate.	Date completed: 5/5/99  d by state agencies when evaluating whether gy? Yes \(\sigma\) No	
Phone number: (912) 557-4335  3. Is this the person who should be contacted.	Date completed: 5/5/99  d by state agencies when evaluating whether gy? Yes \(\sigma\) No	
Phone number: (912) 557-4335  3. Is this the person who should be contacted consistent with the service delivery strate.	Date completed: 5/5/99  d by state agencies when evaluating whether gy? Yes \(\sigma\) No	
Phone number: (912) 557-4335  3. Is this the person who should be contacted consistent with the service delivery strate	Date completed: 5/5/99  d by state agencies when evaluating whether gy? Yes \(\sigma\) No	proposed local government projects are
Phone number: (912) 557-4335  3. Is this the person who should be contacted consistent with the service delivery strate.	Date completed: 5/5/99  d by state agencies when evaluating whether gy? Yes \(\sigma\) No	

PAGE 2

Instructions

County: TATTNALL	Service: ANIMAL CONTROL (VICIOUS DOGS)
1. Check the box that best descri	ibes the agreed upon delivery arrangement for this service:
Service will be provided co	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is rement, authority or organization providing the service.)
☐ Service will be provided on	only in the unincorporated portion of the county by a single service provider. (If this box is checked, athority or organization providing the service.)
One or more cities will provunincorporated areas. (If this	vide this service only within their incorporated boundaries, and the service will not be provided in his box is checked, identify the government(s), authority or organization providing the service.
☐ One or more cities will prov	vide this service only within their incorporated boundaries, and the county will provide the service in is box is checked, identify the government(s), authority or organization providing the service.)
U Other. (If this box is checked	ed, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
2. In developing the strategy, wer	are overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or i).
If these conditions will be eliminate them, the response	nated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
3. List each government or author	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ATTNALL COUNTY	GENERALFUND
NO CHANGE	he previous arrangements for providing and/or funding this service within the county?
1 50	G
/ & .	

Agreement Name:	Compacting Particular	
	Contracting Parties:	Effective and Ending Dates:
NONE		
6 Wh		
5. What other mechanisms (if any)	will be used to implement the strategy for this service	ce (e.g. ordinances resolutions local f.
• • • • • • • • • • • • • • • • • • • •	anges, etc.), and when will they take effect?	aris of the state
NONE		
7. Person completing form: GENE	E CRAPSE, COUNTY MANAGER	
	CRAPSE, COUNTY MANAGER	
7. Person completing form: GENE Phone number: (912) 557-4335		
Phone number: (912) 557-4335	Date completed: 5/5/99	
Phone number: (912) 557-4335  3. Is this the person who should be c	Date completed: 5/5/99	
Phone number: (912) 557-4335  Is this the person who should be consistent with the service deliver	Date completed: 5/5/99 ontacted by state agencies when evaluating whether y strategy? Yes No	
Phone number: (912) 557-4335  Is this the person who should be consistent with the service deliver	Date completed: 5/5/99 ontacted by state agencies when evaluating whether y strategy? Yes No	
Phone number: (912) 557-4335  3. Is this the person who should be consistent with the service deliver	Date completed: 5/5/99	
Phone number: (912) 557-4335  3. Is this the person who should be consistent with the service deliver	Date completed: 5/5/99 ontacted by state agencies when evaluating whether y strategy? Yes No	

PAGE 2

### Instructions

County: TATTNALL	Service: ANIMAL CONTROL (VICIOUS DOGS)
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, ority or organization providing the service.)
One or more cities will provide	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked,	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were Yes No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authorit	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ATTNALL COUNTY	GENERAL FUND
/	
. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
NO CHANGE	representation and the first service within the county?
	previous arrangements for providing and/or funding this service within the county?
/	

service:	its or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		Dates.
<ul> <li>What other mechanisms (if any) will be us General Assembly, rate or fee changes, etc</li> <li>NONE</li> </ul>	sed to implement the strategy for this service (e.g., oc.), and when will they take effect?	ordinances, resolutions, local acts of the
Person completing form: GENE CRAPS	SE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
Is this the person who should be a seed to		
consistent with the service delivery strateg	by state agencies when evaluating whether propose	ed local government projects are
consistent with the service delivery strateg	y? Maryes Li No	
If not amount to 1 1 1		
If not, provide designated contact person(s	and phone number(s) below:	
If not, provide designated contact person(s)	and phone number(s) below:	
If not, provide designated contact person(s)	and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s	and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s)	and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s)	and phone number(s) below:	PAGE 2 (continued)
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If not, provide designated contact person(s	and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s)	and phone number(s) below:	PAGE 2 (continued)
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If not, provide designated contact person(s)	and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s)	and phone number(s) below:	PAGE 2 (continued)
If not, provide designated contact person(s)	and phone number(s) below:	PAGE 2 (continued)

PAGE 2

### Instructions:

County: TATTNALL	Service: BUILDING CODE ENFORCEMENT
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provide	de this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked,	d, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be eliminat taken to eliminate them, the respor	ted under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
3. List each government or authorit	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
GLENNVILLE	GENERAL FUND
REIDSVILLE	GÉNERAL FUND
	X
/	
4. How will the strategy change the NO CHANGE	e previous arrangements for providing and/or funding this service within the county?

Contracting Parties:	Effective and Ending Dates:
	Endenve and Ending Dates:
iges, etc.), and when will they take effect?	
CRAPSE, COUNTY MANAGER	
FIFTO	
Date completed: <u>5/5/99</u>	
ntacted by state agencies when evaluating whether strategy? Yes \(\sigma\) No	
	ill be used to implement the strategy for this service ages, etc.), and when will they take effect?

PAGE 2

Instructions:

County: TATTNALL	Service: BUILDING PLAN REVIEW
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided coun	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this l	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate aken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
	Funding Method:
ILENNVILLE	GENERAL FUND AND FEES
EIDSVILLE	GENERAL FUND AND FEES
. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
NO CHANGE	
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Sold !	

5. List any formal service delivery agreems service:	ents or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		Entertite that Enting Dates.
General Assembly, rate or fee changes, on NONE	etc.), and when will they take effect?	
7. Person completing form: GENE CRA	PSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
consistent with the service delivery strate		proposed local government projects are
If not, provide designated contact person	(s) and phone number(s) below:	

PAGE 2

Ing	100	ct	MAK	10

County: TATTNALL	Service: CEMETERIES
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided coun	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid	box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked,	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ♥No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
GLENNVILLE	GENÉRAL FUND, USER FEES
REIDSVILLE	GÉNERAL FUND, USER FEES
/	
How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
NO CHANGE	5
(5,5)	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		Zitotito and Ending Dates.
General Assembly rate or fee change	be used to implement the strategy for this services	( B) Coloradons, rocar acts of the
NONE	es, etc.), and when will they take effect?	
NONE  7. Person completing form: GENE C	RAPSE, COUNTY MANAGER	
7. Person completing form: GENE C Phone number: (912) 557-4335	RAPSE, COUNTY MANAGER  Date completed: 5/5/99	9
7. Person completing form: GENE C Phone number: (912) 557-4335	Date completed: 5/5/99  acted by state agencies when evaluating whether trategy? Yes \(\sigma\) No	9

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

s the agreed upon delivery arrangement for this service:
, the agreed upon derivery arrangement for this scryice:
ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
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e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
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der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
that will help to pay for this service and indicate how the service will be funded (e.g., enterprise secial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Funding Method:
GENERAL FUND, GRANT
GENERAL FUND
GENÉRAL FUND, GRANT
revious arrangements for providing and/or funding this service within the county?
Previous arrangements for providing and/or funding this service within the county?  E PROVIDED IN THE UNINCORPORATED AREAS OF THE COUNTY. SEED IN GLENNVILLE AND UNINCORPORATED TATTNALL COUNTY BY A DNR

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		Land Linding Dates.
COUNTY ORDINANCES	es, etc.), and when will they take effect?	
	PRAPSE, COUNTY MANAGER  Date completed: 5/5/99	
. Person completing form: GENE C Phone number: (912) 557-4335	Date completed: 5/5/99 tacted by state agencies when evaluating whether r	proposed local government projects are
Phone number: (912) 557-4335  Is this the person who should be con	Date completed: 5/5/99  tacted by state agencies when evaluating whether parategy? Yes \(\sigma\) No	proposed local government projects are



PAGE 2

Instructions:

Service: CONVENTION/TOURISM
es the agreed upon delivery arrangement for this service:
ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.
le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
overlapping service areas, unnecessary competition and/or duplication of this service identified?
der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Funding Method:
GENERAL FUND, PRIVATE FUNDS, USER FEES
GENERAL FUND
GENERAL FUND, USER FEES
previous arrangements for providing and/or funding this service within the county?
no del del de la constante de

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local and General Assembly, rate or fee changes, etc.), and when will they take effect?  NONE  7. Person completing form: GENE CRAPSE, COUNTY MANAGER  Phone number: (912) 557-4335  Date completed: 5/5/99  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes \(\text{No}\) No  If not, provide designated contact person(s) and phone number(s) below:		Contracting Parties:	Effective and Ending Dates:
Person completing form: GENE CRAPSE, COUNTY MANAGER  Phone number: (912) 557-4335  Date completed: 5/5/99  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes No  If not, provide designated contact person(s) and phone number(s) below:			Effective and Ending Dates:
Person completing form: GENE CRAPSE, COUNTY MANAGER  Phone number: (912) 557-4335  Date completed: 5/5/99  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes \(\text{No}\) No  If not, provide designated contact person(s) and phone number(s) below:			
Person completing form: GENE CRAPSE, COUNTY MANAGER  Phone number: (912) 557-4335  Date completed: 5/5/99  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes \(\text{No}\) No  If not, provide designated contact person(s) and phone number(s) below:			
Person completing form: GENE CRAPSE, COUNTY MANAGER  Phone number: (912) 557-4335  Date completed: 5/5/99  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes No  If not, provide designated contact person(s) and phone number(s) below:			
Phone number: (912) 557-4335  Date completed: 5/5/99  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes No  If not, provide designated contact person(s) and phone number(s) below:	chanisms (if any) will be used to bly, rate or fee changes, etc.), an	o implement the strategy for this service (end when will they take effect?	e.g., ordinances, resolutions, local acts of
Phone number: (912) 557-4335  Date completed: 5/5/99  3. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes \(\mathbb{I}\) No  If not, provide designated contact person(s) and phone number(s) below:			
Phone number: (912) 557-4335  Date completed: 5/5/99  3. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes \(\mathbb{I}\) No  If not, provide designated contact person(s) and phone number(s) below:	ing forms. GENE CRAPSE (	COLINITY MANAGER	
3. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects at consistent with the service delivery strategy? Yes \(\mathbb{I}\) No  If not, provide designated contact person(s) and phone number(s) below:			
PAGE 2 (continu			
			PAGE 2 (continued)

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INDIOTALE DESCRIPTION
Service: INDIGENT DEFENSE
rrangement for this service:
ies and unincorporated areas) by a single service provider. (If this box i
n of the county by a single service provider. (If this box is checked, ng the service.)
eir incorporated boundaries, and the service will not be provided in government(s), authority or organization providing the service.
eir incorporated boundaries, and the county will provide the service in government(s), authority or organization providing the service
ating the service area of each service provider, and identify the ide service within each service area.)
necessary competition and/or duplication of this service identified?
xplanation for continuing the arrangement (i.e., overlapping but benefits of the duplication, or reasons that overlapping service areas or
an implementation schedule listing each step or action that will be on deadline for completing it.
s service and indicate how the service will be funded (e.g., enterprise es, hotel/motel taxes, franchise taxes, impact fees, bonded
IAL REVENUES
INC I ICACIAOLO
oviding and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		Jacob and Ending Dates.
6. What other mechanisms (if any) General Assembly, rate or fee ch NONE	will be used to implement the strategy for this service tanges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
7. Person completing form: GEN	E CRAPSE, COUNTY MANAGER	
7. Person completing form: GENI Phone number: (912) 557-433		
Phone number: (912) 557-4339  8. Is this the person who should be consistent with the service delive	Date completed: 5/5/99 contacted by state agencies when evaluating whether ry strategy?  Ves  No	
Phone number: (912) 557-4339  8. Is this the person who should be consistent with the service delive	Date completed: 5/5/99  contacted by state agencies when evaluating whether	

PAGE 2

#### Instructions:

County: TATTNALL	Service: JAIL
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked.	, attach a legible map defineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respor	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
GLENNVILLE	GENERAL FUND, SPLOST, SPECIAL REVENUES
REIDSVILLE /	GENERAL FUND
TATTNALL COUNTY	GENERAL FUND, SPLOST, SPECIAL REVENUES
4. How will the strategy change the NO CHANGE	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and E. P.
NONE		Effective and Ending Dates:
<ol><li>What other mechanisms (if any) will General Assembly, rate or fee change NONE</li></ol>	be used to implement the strategy for this service es, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
INCINE		
	RAPSE COUNTY MANAGER	
7. Person completing form: GENE C		
7. Person completing form: GENE CI Phone number: (912) 557-4335	Date completed: <u>5/5/99</u>	
7. Person completing form: GENE CI Phone number: (912) 557-4335	Date completed: 5/5/99	roposed local government projects are

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: TATTNALL	Service: LAW ENFORCEMENT
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
☐ Service will be provided count	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is sent, authority or organization providing the service.)
Service will be provided only i	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	e this service only within their incorporated boundaries, and the county will provide the service in pox is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the or organization that will provide service within each service area.)
2. In developing the strategy, were of Yes No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
	Funding Method:
BLENNVILLE	GENERAL FUND, SPECIAL REVENUE, GRANTS
EIDSVILLE	GENERAL FUND, SPECIAL REVENUE, GRANTS
ATTNALL COUNTY	GENERAL FUND, SPECIAL REVENUE, GRANTS
	/ Contraction, Gradie
NO CHANGE	previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery a service:	greements or intergovernmental contracts that will be t	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
General Assembly, rate or fee cha	vill be used to implement the strategy for this service (eanges, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE	CRAPSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
consistent with the service deliver		oposed local government projects are
If not, provide designated contact	person(s) and phone number(s) below:	
/		

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: TATTNALL	Service: LIBRARIES
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
☐ Service will be provided count	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
Service will be provided only i identify the government, author	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	e this service only within their incorporated boundaries, and the county will provide the service in pox is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked,	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of □ Yes ✓ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
GLENNVILLE	GENERAL FUND
REIDSVILLE	GENERAL FUND
ATTNALL COUNTY	GENERAL FUND
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery a service:	agreements or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Fading D
NONE		Effective and Ending Dates:
General Assembly, rate or fee cha	vill be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE	CRAPSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
	ontacted by state agencies when evaluating whether y strategy? Yes No person(s) and phone number(s) below:	proposed local government projects are
		PAGE 2 (continued)



PAGE 2

Instructions:

County: TATTNALL	Service: MAPPING/GEOGRAPHY
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the government	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only identify the government, authors.	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi- unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi- unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or other contents of the	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were Yes 1 No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or a.
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
<ol> <li>List each government or authori funds, user fees, general funds, indebtedness, etc.).</li> </ol>	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ATTNALL COUNTY	GENERAL FUND
4. How will the strategy change the NO CHANGE	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		Effective and Ending Dates:
<ol> <li>What other mechanisms (if any) will General Assembly, rate or fee change NONE</li> </ol>	be used to implement the strategy for this service (es, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE C	RAPSE, COUNTY MANAGER	
7. Person completing form: GENE C Phone number: (912) 557-4335	RAPSE, COUNTY MANAGER  Date completed: 5/5/99	

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: TATTNALL	Service: PARKING
	the agreed upon delivery arrangement for this service:
☐ Service will be provided county checked, identify the government	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nt, authority or organization providing the service)
identify the government, author	the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this be	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this be	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attack an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
<ol> <li>List each government or authority funds, user fees, general funds, sp indebtedness, etc.).</li> </ol>	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
GLENNVILLE	GEN. & SPEC. FUNDS, SPLOST, STATE GRANTS
REDISVILLE	GÉN. & SPEC. FUNDS, SPLOST, STATE GRANTS
TATTNALL COUNTY	GEN. & SPEC. FUNDS, SPLOST, STATE GRANTS
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?

<ol><li>List any formal service delivery service:</li></ol>	agreements or intergovernmental contracts that wi	ll be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
6. What other mechanisms (if any) General Assembly, rate or fee ch NONE	will be used to implement the strategy for this serve anges, etc.), and when will they take effect?	rice (e.g., ordinances, resolutions, local acts of the
7. Person completing form: GEN	E CRAPSE, COUNTY MANAGER	
Phone number: (912) 557-433	Date completed: 5/5/	99
consistent with the service delive		er proposed local government projects are
ir not, provide designated contact	person(s) and phone number(s) below:	
		PAGE 2 (continued)



PAGE 2

Instructions

County: TATTNALL	Service: PARKS & RECREATION
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, sority or organization providing the service.)
☐ One or more cities will provid	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
U Other. (If this box is checked,	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	ider the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authorit	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, tranchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
BLENNVILLE	GEN. FUND, FEES, GRANTS, IG REV. TATT CO
REDISVILLE	GENERAL FUND, USER FEES
ATTNALL COUNTY	GENERAL FUND, SPLOST, GRANTS
	)
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?

TELEBUIL INDING.	Contracting Darties	Per-
Agreement Name: SPLOST RESOLUTION	Contracting Parties:	Effective and Ending Dates
FLOST RESOLUTION	COUNTY AND ALL MUNICIPALITIES	4-1-99 TO/3-30-04
5. What other mechanisms (if any) will be a General Assembly, rate or fee changes, e NONE	used to implement the strategy for this service (e.g., ordinetc.), and when will they take effect?	nances, resolutions, local acts of
7. Person completing form: GENE CRAI	PSE COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
	ed by state agencies when evaluating whether proposed lo	
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	00,	



PAGE 2

Instructions

County: TATTNALL	Service: PLANNING AND ZONING
1. Check the box that best describ	pes the agreed upon delivery arrangement for this service:
☐ Service will be provided cour	antywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ament, authority or organization providing the service.)
☐ Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or oth	l, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respor	ted under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
3. List each government or authorit	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
GLENNVILLE	GENERAL FUND
EDISVILLE	GENERALFUND
ATTNALL COUNTY	GENERAL FUND
	OLI JELI OLE I OLI D
	/
. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
A LAND USE DISPUTE PROC	CESS HAS BEEN ADOPTED BY ALL LOCAL GOVERNMENTS IN THE COUNTY
	ASSESSMENTS IN THE COUNTY
	<b>(</b> <sub>2</sub>
1, 2 5	
121	

5. List any formal service delivery agreements service:	or intergovernmental contracts that will be used to imp	plement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
HB 489 LU DISPUTE RESOLUTION	COUNTY AND ALL MUNICIPALITIES	7-1-98 TO 10-31-00
General Assembly, rate or fee changes, etc.) CITY-COUNTY JOINT COMPREHENSIV LOCAL ORDINANCES	to implement the strategy for this service (e.g., ordinal, and when will they take effect?  E PLAN - ADOPTED 10-31-95	
7. Person completing form: GENE CRAPS	COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	_
8. Is this the person who should be contacted be consistent with the service delivery strategy	y state agencies when evaluating whether proposed lo	cal government projects are
If not, provide designated contact person(s)	and phone number(s) below:	
	The state of the s	PACE 2 (continued)

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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Checked, identify the government, authority or organization provided only in the unincorporated portion of identify the government, authority or organization providing the One or more cities will provide this service only within their in unincorporated areas. (If this box is checked, identify the gove □ One or more cities will provide this service only within their in unincorporated areas. (If this box is checked, identify the gove □ Other. (If this box is checked, attach a legible map delineating government, authority, or other organization that will provide a service. In developing the strategy, were overlapping service areas, unneceed Yes ■ No  If these conditions will continue under the strategy, attach an explain higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ber competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach and taken to eliminate them, the responsible party and the agreed upon the strategy of this service is general funds, special service district revenues, indebtedness, etc.).  Local Government or Authority: Funding Method:	d unincorporated areas) by a single service provider. (If this box is viding the service.)  the county by a single service provider. (If this box is checked, e service.)  corporated boundaries, and the service will not be provided in nament(s), authority or organization providing the service.)  corporated boundaries, and the county will provide the service in nament(s), authority or organization providing the service.)  g the service area of each service provider, and identify the ervice within each service area.)  essary competition and/or duplication of this service identified?  nation for continuing the arrangement (i.e., overlapping but efits of the duplication, or reasons that overlapping service areas or implementation schedule listing each step or action that will be eadline for completing it.  vice and indicate how the service will be funded (e.g., enterprise
checked, identify the government, authority or organization provided only in the unincorporated portion of identify the government, authority or organization providing the One or more cities will provide this service only within their in unincorporated areas. (If this box is checked, identify the gove One or more cities will provide this service only within their in unincorporated areas. (If this box is checked, identify the gove Other. (If this box is checked, attach a legible map delineating government, authority, or other organization that will provide to Yes No  If these conditions will continue under the strategy, attach an explain higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ber competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an taken to eliminate them, the responsible party and the agreed upon of the strate of the service of the service district revenues, indebtedness, etc.).  Local Government or Authority: Funding Method:  TATTNALL COUNTY GENERAL FUND, SPLOST INTERGOVERNMENTAL FUND, SPLOST USER FEES  4. How will the strategy change the previous arrangements for proving the strategy change the strategy arrangements for proving the strat	widing the service.)  the county by a single service provider. (If this box is checked, e service.)  corporated boundaries, and the service will not be provided in nament(s), authority or organization providing the service.)  corporated boundaries, and the county will provide the service in nament(s), authority or organization providing the service.)  g the service area of each service provider, and identify the ervice within each service area.)  essary competition and/or duplication of this service identified?  nation for continuing the arrangement (i.e., overlapping but efits of the duplication, or reasons that overlapping service areas or implementation schedule listing each step or action that will be eadline for completing it.  vice and indicate how the service will be funded (e.g., enterprise
identify the government, authority or organization providing the unincorporated areas. (If this box is checked, identify the gove One or more cities will provide this service only within their in unincorporated areas. (If this box is checked, identify the gove Other. (If this box is checked, attach a legible map delineating government, authority, or other organization that will provide a sovernment, authority, or other organization that will provide a service areas, unneced areas. (See O.C.G.A. 36-70-24(1)), overriding ber competition cannot be eliminated).  If these conditions will continue under the strategy, attach an explain higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ber competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an taken to eliminate them, the responsible party and the agreed upon a service fees, general funds, special service district revenues, indebtedness, etc.).  Local Government or Authority: Funding Method:  TATTNALL COUNTY GENERAL FUND, SPLOST INTERGOVERNMENTAL FUSER FEES  4. How will the strategy change the previous arrangements for proving the strategy change the st	corporated boundaries, and the service will not be provided in nament(s), authority or organization providing the service.) corporated boundaries, and the county will provide the service in nament(s), authority or organization providing the service.)  If the service area of each service provider, and identify the ervice within each service area.)  Essary competition and/or duplication of this service identified?  Ination for continuing the arrangement (i.e., overlapping but efits of the duplication, or reasons that overlapping service areas or implementation schedule listing each step or action that will be eadline for completing it.  The provided in the service will be funded (e.g., enterprise continuing the service will be funded (e.g., enterprise)
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government, authority, or other organization that will provide at the strategy areas, unneced. Yes No  If these conditions will continue under the strategy, attach an explain higher levels of service (See O.C.G.A. 36-70-24(1)), overriding bere competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an taken to eliminate them, the responsible party and the agreed upon of the strategy areas at the government or authority that will help to pay for this sea funds, user fees, general funds, special service district revenues, indebtedness, etc.).  Local Government or Authority: Funding Method:  TATTNALL COUNTY  GENERAL FUND, SPLOST INTERGOVERNMENTAL FUNDS FEES  4. How will the strategy change the previous arrangements for proving the previous arrangements for proving the strategy change the st	ervice within each service area.) essary competition and/or duplication of this service identified?  nation for continuing the arrangement (i.e., overlapping but efits of the duplication, or reasons that overlapping service areas of implementation schedule listing each step or action that will be eadline for completing it.  vice and indicate how the service will be funded (e.g., enterprise
If these conditions will continue under the strategy, attach an explaining levels of service (See O.C.G.A. 36-70-24(1)), overriding ber competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an taken to eliminate them, the responsible party and the agreed upon of the strategy attach and taken to eliminate them, the responsible party and the agreed upon of the service district revenues, indebtedness, etc.).  Local Government or Authority: Funding Method:  TATTNALL COUNTY  GENERAL FUND, SPLOST INTERGOVERNMENTAL FUNDER FEES  4. How will the strategy change the previous arrangements for proving the strategy change the str	nation for continuing the arrangement (i.e., overlapping but efits of the duplication, or reasons that overlapping service areas or implementation schedule listing each step or action that will be eadline for completing it.  The vice and indicate how the service will be funded (e.g., enterprise
higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ber competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an taken to eliminate them, the responsible party and the agreed upon of 3. List each government or authority that will help to pay for this se funds, user fees, general funds, special service district revenues, indebtedness, etc.).  Local Government or Authority: Funding Method:  TATTNALL COUNTY  GENERAL FUND, SPLOST INTERGOVERNMENTAL FUNDER FEES  4. How will the strategy change the previous arrangements for proving the previous arrangements for proving the strategy change the strategy change the strategy change the previous arrangements for proving the strategy change the previous arrangements for proving the strategy change	mplementation schedule listing each step or action that will be eadline for completing it.  vice and indicate how the service will be funded (e.g., enterprise
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funds, user fees, general funds, special service district revenues, indebtedness, etc.).  Local Government or Authority: Funding Method:  TATTNALL COUNTY GENERAL FUND, SPLOST INTERGOVERNMENTAL FUSER FEES  4. How will the strategy change the previous arrangements for proving the previous arrangement are previous arrangements for proving the previous arrangement are previous arrangements for proving the previous arrangement are previous arrangement and previous arrangement are previous arr	vice and indicate how the service will be funded (e.g., enterprise totel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority: Funding Method:  TATTNALL COUNTY GENERAL FUND, SPLOST  INTERGOVERNMENTAL F  USER FEES  4. How will the strategy change the previous arrangements for provious	
USER FEES  4. How will the strategy change the previous arrangements for provious arrangements.	
USER FEES  4. How will the strategy change the previous arrangements for provious arrangements.	GRANTS,
USER FEES  4. How will the strategy change the previous arrangements for provious	EVENUES (STATE),
	ding and/or funding this service within the county?

<ol><li>List any formal service delivery agree service:</li></ol>	ements or intergovernmental contracts that will l	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
	be used to implement the strategy for this services, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE CF	RAPSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	9
8. Is this the person who should be contact consistent with the service delivery start If not, provide designated contact person		r proposed local government projects are



PAGE-2

Instructions:

County: TATTNALL	Service: PUBLIC HOUSING
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided coun	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, ority or organization providing the service.)
One or more cities will provid	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
to camming ment, me respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authorit	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
GLENNVILLE PHA	USER FEES, FEDERAL FUNDS
EIDSVILLE PHA	USER FEES, FEDERAL FUNDS
. How will the strategy change the	provious among the control of the co
NO CHANGE	previous arrangements for providing and/or funding this service within the county?
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intergovernmental contracts that w	rill be used to implement the strategy for this
Contracting Parties:	Effective and Ending Dates:
o implement the strategy for this seand when will they take effect?	rvice (e.g., ordinances, resolutions, local acts of the
COUNTY MANAGER	
Date completed: 5/	5/99
state agencies when evaluating who	ether proposed local government projects are
nd phone number(s) below:	
	Contracting Parties:  o implement the strategy for this see and when will they take effect?  COUNTY MANAGER  Date completed: 5/  state agencies when evaluating when agencies where agencies when agencies when agencies when agencies when agencies when ag



PAGE 2

Instructions:

County: TATTNALL	Service: PUBLIC WORKS
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided count	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, ority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this be	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this be	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 5.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
f these conditions will be eliminate aken to eliminate them, the respons	ed under the strategy attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
1.0	Funding Method:
	GENERAL FUND
OLLINS	GENERAL FUND
LENNVILLE	GÉNERAL FUND, SPLOST
ANASSAS	GENERAL FUND
FID 01	GENERAL FUND, SPLOST
	previous arrangements for providing and/or funding this service within the county?

	ents or intergovernmental contracts that will	be used to implement the strategy for this
service:		For Sun and Ending Determ
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
General Assembly, rate or fee changes, NONE	etc.), and when will they take effect?	
7. Person completing form: GENE CRA	APSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/9	99
8. Is this the person who should be contact consistent with the service delivery stra	ted by state agencies when evaluating whether tegy? Yes \( \sime \) No	er proposed local government projects are
If not, provide designated contact perso	n(s) and phone number(s) below:	
		PAGE 2 (continued)

PAGE 2

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County: TATTNALL	Service: ROAD CONSTRUCTION			
1. Check the box that best describes the agreed upon delivery arrangement for this service:				
☐ Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, nority or organization providing the service.)			
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.			
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service			
government, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)			
2. In developing the strategy, were Yes No	overlapping service areas, unnecessary competition and/or duplication of this service identified?			
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	ider the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or			
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.			
3. List each government or authorit	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded			
Local Government or Authority:	Funding Method:			
COBBTOWN	SPLOST, IG FUNDS (STATE/FEDERAL)			
COLLINS	SPLOST, IG FUNDS (STATE/FEDERAL)			
GLENNVILLE	SPLOST, IG FUNDS (STATE/FEDERAL)			
MANASSAS	SPLOST, IG FUNDS (STATE/FEDERAL)			
REIDSVILLE/TATT. CO.	SPLOST, IG FUNDS (STATE/FEDERAL)			
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?			

<ol><li>List any formal service delivery agr service:</li></ol>	reements or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
	Il be used to implement the strategy for this service ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE	CRAPSE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
consistent with the service delivery	ntacted by state agencies when evaluating whether strategy? Yes No erson(s) and phone number(s) below:	proposed local government projects are

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: TATTNALL	Service: SEARCH AND RESCUE
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service)
☐ Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
<ol> <li>List each government or authori funds, user fees, general funds, s indebtedness, etc.).</li> </ol>	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
COBBTOWN	GENERAL FUND, PRIVATE DONATIONS
COLLINS	GÉNERAL FUND, PRIVATE DONATIONS
GLENNVILLE	GENERAL FUND, PRIVATE DONATIONS
MANASSAS /	GENERAL FUND, PRIVATE DONATIONS
REIDSVILLE & TATT.CO	GENERAL FUND, PRIVATE DONATIONS
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?

<ol><li>List any formal service delivery agreeme service:</li></ol>	nts or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
6. What other mechanisms (if any) will be		
General Assembly, rate or fee changes, en NONE	tc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: GENE CRAF	SE, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/9	9
8. Is this the person who should be contacted consistent with the service delivery strate.  If not, provide designated contact person(s	gy? Mar Yes U No	r proposed local government projects are
/		PACE 2 (continued)



PAGE 2

#### Instructions:

County: TATTNALL	Service: SEWER
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided coun checked, identify the government.	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area)
<ol> <li>In developing the strategy, were</li> <li>Yes ☑ No</li> </ol>	overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of service (See O.C.C competition cannot be eliminated).  If these conditions will be eliminate.	ider the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication or reasons that overlapping service areas or ed under the strategy, attach an implementation schedule listing each step or action that will be saible party and the agreed upon deadline for completing it.
<ol> <li>List each government or authorise funds, user fees, general funds, seindebtedness, etc.).</li> </ol>	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
BLENNVILLE	ENTERPRISE FUND
REIDSVILLE	ENTERPRISE FUND
/	
/	
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?

greement Name: DUNTY SERVICE DELIVERY STRATEGY	Contracting Parties:  TATT. CO. AND ALL MUNICIPALITIES	Effective and Ending Dates:
DUNTY SERVICE DELIVERY STRATEGY	TATT. CO. AND ALL MUNICIPALITIES	C 4 00 TO 4 04 65
		6-1-99 TO 131-00
What other mechanisms (if any) will be used t	to implement the strategy for this service (e.g., ordinate	ances, resolutions, local acts of
General Assembly, rate or fee changes, etc.), a	and when will they take effect?	
ONE		
Person completing form: GENE CRAPSE,	COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
Is this the person who should be contacted by	state agencies when evaluating whether proposed loc	cal government projects are
consistent with the service delivery strategy?	Yes No	- Bo the minute projects me
f not, provide designated contact person(s) an	d nhone number(s) helows	
- not, provide designative contact person(s) and	a phone number(s) below.	
		PAGE 2 (continued)
		PAGE 2 (continued)



PAGE 2

#### Instructions:

County: TATTNALL	Service: SOCIAL SERVICES
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only identify the government, aut	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.( competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be eliminate taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ATTNALL COUNTY	GENERAL FUND. IG FUNDS (FED./STATE)
<ol> <li>How will the strategy change the NO CHANGE</li> </ol>	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
<ol><li>What other mechanisms (if any) will be General Assembly, rate or fee changes</li></ol>	e used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of
NONE		
NONE		
NONE		
7. Person completing form: GENE CR Phone number: (912) 557-4335	APSE, COUNTY MANAGER  Date completed: 5/5/99  cted by state agencies when evaluating whether	



## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



#### Instructions:

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

County: TATTNALL	Service: SOLID WASTE
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only identify the government, aud	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or other than the control of the control o	, attach a legible map delineating the service area of each service provider, and identify the ser organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue unhigher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
COBBTOWN	GENERAL FUND, USER FEES, SPLOST
COLLINS	GENERAL FUND, USER FEES
GLENNVILLE	GENERAL FUND, USER FEES
REIDSVILLE	GENERAL FUND, USER FEES
FATTNALL COUNTY	GÉNERAL FUND, USER FEES, SPLOST
4. How will the strategy change the NO CHANGE	previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agreements service:	or intergovernmental contracts that will be used to in	nplement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
TATT CO SW MANAGEMENT PLAN	COUNTY AND ALL MUNICIPALITIES	2-99 TO 2-04
General Assembly, rate or fee changes, etc.) NONE	to implement the strategy for this service (e.g., ordin, and when will they take effect?	adisos, resolutoris, rocal acis of me
7. Person completing form: GENE CRAPSE	E, COUNTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/99	
8. Is this the person who should be contacted by consistent with the service delivery strategy?  If not, provide designated contact person(s) a		ocal government projects are
		PAGE 2 (continued)



## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

#### Instructions:

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

County: TATTNALL	Service: STORMWATER MANAGEMENT
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
☐ Service will be provided courchecked, identify the govern	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box ment, authority or organization providing the service.)
☐ Service will be provided only identify the government, audi	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked	attach a legible map delineating the service area of each service provider, and identify the service organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue unhigher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas of
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
COBBTOWN	GEN FND, SP. FNDS, IG FNDS (F/S GRANTS)
COLLINS	SAME AS ABOVE
GLENNVILLE	SAME AS ABOVE
MANASSAS	SAME AS ABOVE
REIDSVILLE & TATT CO	SAME AS ABOVE
4. How will the strategy change the NO CHANGE	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
6. What other mechanisms (if any)	vill be used to implement the strategy for this service	
Caranal Assembly	the used to implement the strategy for this service	(e.g., ordinances, resolutions, local acts of
General Assembly, rate or fee cha	nges, etc.), and when will they take effect?	
NONE	anges, etc.), and when will they take effect?	
Concrat resembly, rate of fee cha	inges, etc.), and when will they take effect?	
Concrat resembly, rate of fee cha	anges, etc.), and when will they take effect?	
Concrat resembly, rate of fee cha	anges, etc.), and when will they take effect?	
Concrat resembly, rate of fee cha	anges, etc.), and when will they take effect?	
NONE	inges, etc.), and when will they take effect?	
NONE  7. Person completing form: GENE	CRAPSE, COUNTY MANAGER	
NONE	CRAPSE, COUNTY MANAGER	
7. Person completing form: GENE Phone number: (912) 557-4335	CRAPSE, COUNTY MANAGER  Date completed: 5/5/99  Ontacted by state agencies when evaluating whether a	

PAGE 2 (continued)



# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: TATTNALL	Service: WATER SUPPLY/DISTRIBUTION	
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:	
☐ Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this boment, authority or organization providing the service.)	)x is
☐ Service will be provided only identify the government, authors.	in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)	
One or more cities will provi- unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)	
One or more cities will provide	de this service only within their incorporated boundaries, and the county will provide the service is box is checked, identify the government(s), authority or organization providing the service.)	n
☐ Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)	
	e overlapping service areas, unnecessary competition and/or duplication of this service identified?	
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas	s or
If these conditions will be eliminat taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.	
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	ð
Local Government or Authority:	Funding Method:	
GLENNVILLE	ENTERPRISE FUND	
REIDSVILLE	ENTERPRISE FUND	
/		_
4. How will the strategy change the NO CHANGE	e previous arrangements for providing and/or funding this service within the county?	

Agreement Name:	Contracting Parties:	Effective and Ending Dates
COUNTY SERVICE DELIVERY STRATEGY	TATT. CO. AND ALL MUNICIPALITIES	6-1-99 TO 131-00
<ul> <li>What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), and</li> </ul>	implement the strategy for this service (e.g., ordinated when will they take affect?	ances resolutions, local acts of
NONE	when win they take effect:	
	/	
Person completing form: GENE CRAPSE, C	OUNTY MANAGER	
Phone number: (912) 557-4335	FIFTO	en el l'approprie de
	Date completed: 5/5/99	
	Date completed: 5/5/99	_
3. Is this the person who should be contacted by sta	ate agencies when evaluating whether proposed loc	cal government projects are
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	cal government projects are
3. Is this the person who should be contacted by sta	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	cal government projects are
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	PAGE 2 (continued)
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	
3. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\text{\text{No}}\) No	

No.

# A RESOLUTION ENTITLED a RESOLUTION ESTABLISHING A PROCESS TO RESOLVE INTER-GOVERMENTAL LAND USE CLASSIFICATION DISPUTES PURSUANT TO PROPERTY ANNEXATIONS AND LAND USE PLANS

WHEREAS, the Tattnall County Board of Commissioners and the Mayors and Councils of it's political jurisdictions have found it necessary, desirable and in the public interest to establish a formal process to resolve land use disputes as these relate to property annexation and land use plans, and

WHEREAS, the Tattnall County Board of Commissioners and the governing bodies of the county's municipal jurisdictions have jointly developed a cooperative plan to resolve said issues,

BE IT THEREFORE RESOLVED by the Tattnall County Board of Commissioners of Tattnall County, Georgia and the governing bodies of the Cities of Cobbtown, Collins, Glennville, Manassas, and Reidsville, IT IS HEREBY RESOLVED by the Authority of same:

<u>Section 1.</u> Effective immediately upon the adoption of this resolution by the respective governments, the following process for resolving land use disputes shall be implemented:

- 1. Prior to initiating any formal annexation activities, the Municipality will notify the county of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property. Within 45 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing it's bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);
- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 45 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide the city will initiate a joint meeting of the respective governments to resolve the issues.
- 4. If the city initiates mediation the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- 5. An annexation proposal shall not be effective until any bona fide land use classification objection raised by the county are resolved pursuant to the dispute resolution process.
- 6. However, the final resolution of any recommendation of land use classification will be accorded to the governing body considering the annexation. In cases of land use disputes not related to annexation proposals, the final resolution of a land use dispute will be accorded to the jurisdiction in which the subject property is located. Notwithstanding, a government may seek declaratory judgement in a court of proper jurisdiction pursuant to a land use decision.

Section 2. All ordinances and resolutions in conflict herewith are hereby repealed.

ATTEST:	Tattnall County Board of Commissioners
Jayo J. Aussey County Clerk	By: Aug M. Burkhalter, Chairman Adopted  Jerry W. Burkhalter, Chairman Adopted
ATTEST:	Mayor and Council, Cobbtown, Georgia
Roucie Leesderbush	By: James R. Collin
City Clerk	James R. Collins, Mayor Adopted
ATTEST:	Mayor and Council, Collins, Georgia
Rut S. Hellond	By: Frank H Muncher
City Clerk	Frank H. Murphy, Mayor Adopted
ATTEST:	Mayor and Council, Glennville, Georgia
2. Par	
City Clerk	By: <u>fure luft-univer</u> Adopted  Adopted
ATTEST:	Mayor and Council, Manassas, Georgia
11	Mark Rogers
Wanda Koszes	. Бу.
City Clerk	G. Mack Rogers. Mayor Adopted
ATTEST:	Mayor and Council, Reidsville, Georgia
Min all Ou	Bu (Market LD).
City Clerk	By:
I hereby certify this is a true	CERTIFICATION e and correct copy of Resolution placed in the
Official Records of the Tattna	11 County Board of Commissioners on July 6, 199

Faye F. Hussey, Clerk
Tattnall County Commissioners

# A RESOLUTION ENTITLED a RESOLUTION ESTABLISHING A PROCESS TO RESOLVE INTER-GOVERMENTAL LAND USE CLASSIFICATION DISPUTES PURSUANT TO PROPERTY ANNEXATIONS AND LAND USE PLANS

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WHEREAS, the Tattnall County Board of Commissioners and the governing bodies of the county's municipal jurisdictions have jointly developed a cooperative plan to resolve said issues,

**BE IT THEREFORE RESOLVED** by the Tattnall County Board of Commissioners of Tattnall County, Georgia and the governing bodies of the Cities of Cobbtown, Collins, Glennville, Manassas, and Reidsville, **IT IS HEREBY RESOLVED** by the Authority of same:

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- 4. If the city initiates mediation the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- 5. An annexation proposal shall not be effective until any bona fide land use classification objection raised by the county are resolved pursuant to the dispute resolution process.
- 6. However, the final resolution of any recommendation of land use classification will be accorded to the governing body considering the annexation. In cases of land use disputes not related to annexation proposals, the final resolution of a land use dispute will be accorded to the jurisdiction in which the subject property is located. Notwithstanding, a government may seek declaratory judgement in a court of proper jurisdiction pursuant to a land use decision.

ATTEST:

**Tattnall County Board of Commissioners** 

## Section 2. All ordinances and resolutions in conflict herewith are hereby repealed.

County Clerk	By: Aug/ Chairman Adopted  Derry W. Burkhalter, Chairman Adopted
ATTEST:	Mayor and Council, Cobbtown, Georgia
Roucie Freescherbuch	By: James R. Collins, Mayor Adopted
City City	James R. Collins, Mayor Adopted
ATTEST:	Mayor and Council, Collins, Georgia
Rett S. Hellond City Clerk	By: Have Harry Mayor Adopted
ATTEST:	Mayor and Council, Glennville, Georgia
City Clerk	By: Adopted Adopted
Warda Rosass	Mayor and Council, Manassas, Georgia  By:
City Clerk	G. Mack Rogers. Mayor Adopted
ATTEST:	Mayor and Council, Reidsville, Georgia
Storie W. Caleman City Clerk	By:
I hereby certify this is a true	CERTIFICATION  and correct copy of Resolution placed in the County Board of Commissioners on July 6, 1  Jane J. Successioners
	Faye F. Hussey, Clerk Tattnall County Commissioners

## SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

#### Instructions:

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

County: _	TATTNALL	12 4	1	
1. What income service of NONE	acreticely arrancely t	onflicts between the	e land use plans of local governme	ents were identified in the process of developing the
2. Check th	c boxes indicating	how these incompar	tibilities or conflicts were addresse	ed:
□ adopti	on of a joint compr	_	s dd environmental regulations, etc.	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
		ed, describe these m		apetica acta governments will adopt them.
3. Summariz	ze the process that we annexed into a ci	will be used to resolity. If the conflict re	lve disputes when a county disagre	ees with the proposed land use classification(s) for ferent cities in the county, summarize each process.
A CITY P BONAFIE MEETING	ROPOSING ANN DE OBJECTIONS BS WITH THE CO	EXATION NOTIF THE CITY MAY OUNTY TO RESO	FIES THE COUNTY, THE COU THEN EITHER CEASE OR MO DLVE CONCERNS, FAILING BI	INTY MAY CONCUR OR PROVIDE ODIFY THE ACTION, OR ENJOIN ECONCILIATION, THE CITY MAY SEEK ENT (SEE ATTACHED RESOLUTION).
TATTNAL PROPOSI LAND US	L COUNTY AND ED EXTRATERR E PLANS AND O	MI SEWER SERVICE WI ALL ITS MUNICII ITORIAL WATER RDINANCES, AN	ALL DE CONSISTENT WITH ALL APPLICABLE PALITIES HAVE ADOPTED A READMOR SEWER SERVICE II	nments (and water and sewer authorities) to ensure e land use plans and ordinances?  JOINT RESOLUTION ENSURING THAT S COMPATIBLE WITH CONTIGUOUS  TION PROCESS IS IN PLACE (SEE
ATTACHE	ED RESOLUTION	ı <b>).</b>		
5. Person co	mpleting form: GE	NE CRAPSE, CC	DUNTY MANAGER	
Phone nu	mber: (912) 557-4	1335	Date completed: 5/5/	/99
i. Is this the	person who should	be contacted by sta	ate agencies when evaluating whet	ther proposed local government projects are
	. wreat mind reac brant	a or abbricatore little	scicuons? Mayes UNo	brokeses tocat government brokests are
_ 104 pro	Arec ecaignmen col	tract person(s) and p	phone number(s) below:	

### SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

#### Instructions:

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

County: TATTNALL		
What incompatibilities or conflicts between the lasservice delivery strategy?     NONE	nd use plans of local governmen	ats were identified in the process of developing th
2. Check the boxes indicating how these incompatibi	lities or conflicts were addressed	d:
☐ amendments to existing comprehensive plans		Note: If the necessary plan amendments,
☐ adoption of a joint comprehensive plan		regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the
☐ other measures (amend zoning ordinances, add €		affected local governments will adopt them.
If "other measures" was checked, describe these mean N/A	sures:	
3. Summarize the process that will be used to resolve areas to be annexed into a city. If the conflict reso	disputes when a county disagree	es with the proposed land use classification(s) for
A CITY PROPOSING ANNEXATION NOTIFIES BONAFIDE OBJECTIONS. THE CITY MAY THE MEETINGS WITH THE COUNTY TO RESOLV MEDIATION OR AS A LAST RESORT, APPRO	S THE COUNTY. THE COUNTY. THE COUNTY THE COU	NTY MAY CONCUR OR PROVIDE DDIFY THE ACTION, OR ENJOIN
. What policies, procedures and/or processes have be hat new extraterritorial water and sewer service will I TATTNALL COUNTY AND ALL ITS MUNICIPA	be consistent with all applicable LITIES HAVE ADOPTED A.	land use plans and ordinances?
PROPOSED EXTRATERRITORIAL WATER AI LAND USE PLANS AND ORDINANCES, AND ATTACHED RESOLUTION).	ND/OR SEWER SERVICE IS THAT A DISPUTE RESOULT	COMPATIBLE WITH CONTIGUOUS FION PROCESS IS IN PLACE (SEE
i. Person completing form: GENE CRAPSE, COU	NTY MANAGER	
Phone number: (912) 557-4335	Date completed: 5/5/9	99
Is this the person who should be contested by seed		
<ul> <li>Is this the person who should be contacted by state consistent with land use plans of applicable jurisdic</li> </ul>	agencies when evaluating wheth ctions? <b>W</b> Yes <b>O</b> No	er proposed local government projects are
If not, provide designated contact person(s) and pho	one number(s) below:	¥

#### PAGE 4

#### SERVICE DELIVERY STRATEGY CERTIFICATIONS

#### Instructions

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

## SERVICE DELIVERY STRATEGY FOR TATTNALL COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); 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)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Kung of Calif	JERRY W. BURKHALTER	CHAIRMAN	TATTNALL	6/1/99
Coms R. Co		MAYOR	COBBTOWN	6/1/99
Frank HMU	FRANK H. MURPHY	MAYOR	COLLINS	6/1/90
- hades Hou	CHARLES K. REWIS	MAYOR	REIDSVILLE	6/1/90
Mark Roge	MACK D. ROGERS	MAYOR	MANASSAS	6/1/9
June adenue	JESSE W. DURRENCE	MAYOR	GLENNVILLE	6/1/99
Per.	telephone conversas on 6/7/99, eit was signatures were	tion with	Gene Crapse	
	an 6/7/99, eit was	confirmed	that all	
5	signatures were a	obtained a	4/1/99	