





FORM 1

COUNTY: TOOMBS

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Toombs County, City of Lyons, City of Santa Claus, City of Vidalia, Toombs County Development Authority, City of Vidalia Downtown Development Authority, City of Lyons Downtown Development Authority, City of Vidalia Development Authority, Toombs County Hospital Authority, City of Lyons Housing Authority, City of Vidalia Housing Authority, City of Lyons Mainstreet, Vidalia Area Convention and Visitors Bureau, Mainstreet Vidalia/Downtown Vidalia Association, Ohoopee Regional Library, Toombs County Health Department

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

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

Cemeteries

Code Enforcement

Courts

Extension Service

Indigent Defense

Mosquito Control

Planning/Zoning

Public Health

Public Housing

Public Welfare

Recycling

Solid Waste Collection

Tax Assessment

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

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

Aging Services

Airport

Ambulance Service

Animal Control

Cultural

E-911

Economic Development

Elections/Voter Registration

Emergency Management

Fire Protection

Hospital

Housing Rehabilitation (New Service)

Library

Mapping/GIS

Municipal Police Protection

Parks

Prisoner Housing - Municipal Prisoners (New Service)

Prisoner Housing - Superior and State Court Prisoners (New Service)

Probation Services

Recreation

Road/Street Construction

Road/Street Maintenance

Sewer

Solid Waste Disposal

Tax Collection - City Taxes (Formerly Included as Tax Collection)

Tourism

Water







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	,·····
COUNTY:TOOMBS	Service: Aging Services
Check the box that best describes the agreed upor	n delivery arrangement for this service:
T. Official tile box that bost describes the agreed apor	radivery arrangement for the service.
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): City of Vidalia (Action Pact)
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	eral funds,	help to pay for this service and indica special service district revenues, hote		
Local Government or Author	ritv	Funding	g Method	
Toombs County		eneral Fund		
City of Vidalia		eneral Fund		
Oity of Vidalia		Sherai i dha		
4. How will the strategy change the	e previous	arrangements for providing and/or fu	nding this s	service within the county?
County, will provide the service the building and grounds. Toombs C	hrough the ounty will o	change with the service provider. The provision of a building location to incleontribute \$3,600 per year to the City of the contribute \$3,600 per year to the City of the contracts that	lude maint of Vidalia f	enance and utilities for the for cost of service.
this service:	agreemen		Will be use	
Agreement Name		Contracting Parties		Effective and Ending Dates
		ed to implement the strategy for this s changes, etc.), and when will they take		g., ordinances, resolutions, local
7. Person completing form: John Phone number: 912-526-3311		ombs County Manager completed: 1/10/2019		
8. Is this the person who should be projects are consistent with the		d by state agencies when evaluating v livery strategy? ⊠Yes ⊡No	whether pro	oposed local government
If not, provide designated contact ALSO, NICK OVERSTREET, VI				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authority	Funding	Method
City of Vidalia	General Fund, State, Federal, Rent, Fuel	Sales, Grants
How will the strategy change the prev	vious arrangements for providing and/or fund	ling this service within the county?
rant funds have been added as a fur	iding method.	
ist any formal service delivery agree	ements or intergovernmental contracts that w	rill be used to implement the strategy
nis service:		be accused impromone the chargy
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
'A		
Vhat other mechanisms (if any) will b	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will b		rvice (e.g., ordinances, resolutions, lo
/A What other mechanisms (if any) will be	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
/A What other mechanisms (if any) will be	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bects of the General Assembly, rate or	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bects of the General Assembly, rate or	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bects of the General Assembly, rate or	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bects of the General Assembly, rate or	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or one	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or one	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or one	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or one Person completing form: John Jones Phone number: 912-526-3311	be used to implement the strategy for this ser fee changes, etc.), and when will they take of s, Toombs County Manager thate completed: 1/10/2019	rvice (e.g., ordinances, resolutions, loeffect?
What other mechanisms (if any) will be acts of the General Assembly, rate or None Person completing form: John Jones Phone number: 912-526-3311 Is this the person who should be contact.	be used to implement the strategy for this ser fee changes, etc.), and when will they take of s, Toombs County Manager thate completed: 1/10/2019	rvice (e.g., ordinances, resolutions, effect?
What other mechanisms (if any) will bacts of the General Assembly, rate or one Person completing form: John Jones Phone number: 912-526-3311	be used to implement the strategy for this ser fee changes, etc.), and when will they take of s, Toombs County Manager thate completed: 1/10/2019	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or one Person completing form: John Jones Phone number: 912-526-3311	to e used to implement the strategy for this ser fee changes, etc.), and when will they take e s, Toombs County Manager Date completed: 1/10/2019 tracted by state agencies when evaluating when e delivery strategy? ⊠Yes □No	rvice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

	rity that will help to pay for this service and indicate how th neral funds, special service district revenues, hotel/motel to c.).			
Local Government or Author	ority Funding Method	1		
Toombs County	General Fund, Fees			
Montgomery County	Annual Contract for Service			
How will the strategy change th	ne previous arrangements for providing and/or funding this	service within the county?		
Montgomery County by annual o	Toombs County will continue to provide the service countywide. The County also provides ambulance service to Montgomery County by annual contract and fixed amount for cost incurred in Montgomery County. The service was modified to include a new contract provision which requires an annual renewal between Toombs and Montgomery counties.			
List any formal service delivery this service:	agreements or intergovernmental contracts that will be us	ed to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Ambulance Service	Toombs County, Montgomery County	1/1 - 12/31, Annual Renewal		
Ambulance Service	Toombs County, Montgomery County			
Ambulance Service	Toombs County, Montgomery County			
Ambulance Service	Toombs County, Montgomery County			
Ambulance Service	Toombs County, Montgomery County			
Ambulance Service	Toombs County, Montgomery County			
6. What other mechanisms (if any	Toombs County, Montgomery County of your will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect?	1/1 - 12/31, Annual Renewal		
6. What other mechanisms (if any	y) will be used to implement the strategy for this service (e.	1/1 - 12/31, Annual Renewal		
6. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this service (e.	1/1 - 12/31, Annual Renewal		
6. What other mechanisms (if any acts of the General Assembly, r None 7. Person completing form: John Phone number: 912-526-3311 8. Is this the person who should be	y) will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect? Jones, Toombs County Manager	1/1 - 12/31, Annual Renewal g., ordinances, resolutions, local		







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should be reported to the Department of Community Affairs.				
COUNTY:TOOMBS	Service: Animal Control			
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., includithis box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Vidalia			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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

Local Government or Authority	Funding Method		
Toombs County	Insurance Premium Tax, Grants		
City of Lyons	General Fund, Grants		
City of Vidalia	General Fund, Grants		

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

Grant funding has been added as a funding method. Each government will continue to provide the service within their own jurisdiction, with the County contracting with the City of Lyons to pick-up and house animals from the unincorporated area.

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

Agreement Name	Contracting Parties	Effective and Ending Dates		
		l c		

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

None				

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311** Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	outly while deviated person for this deviate (noted at the person of the page) oftalliges, this
COUNTY:TOOMBS	Service: Cemeteries
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Vidalia
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding Method	
Toombs County	General Fund	
City of Lyons	General Fund	
City of Vidalia	General Fund, Contract Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service	ce within the count	tv?
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Toombs County may temporarily maintain abandoned cemeteries in the unincorporated areas. The City of Lyons will continue maintainenance for its city cemetery. The City of Vidalia contracts with a private firm in exchange for interest on deposits.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None				
110110				

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







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

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

Local Government or Authority	Funding Method	
Toombs County	Insurance Premium Tax	
City of Lyons	General Fund, Fees	
City of Vidalia	General Fund, Fees	

No change is anticipated. Each government will provide the service within their own jurisdiction.	

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

Agreement Name	Contracting Parties	Effective and Ending Date	

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

None		
None		

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

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

should be reported to the Department of Community Affairs.							
COUNTY:TOOMBS	Service: Courts						
•	1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If						
this box is checked, identify the government, author	rity or organization providing the service.): ed portion of the county by a single service provider. (If this box is						
☐One or more cities will provide this service only w	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:						
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the f Vidalia (Municipal Court), Toombs County (all others countywide)						
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):						
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service						
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)						
⊠No							
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).						
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.						
	Page 1 of 2						

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

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for providing and/or funding this service within the county?
for providing and/or funding this service within the county?
rnmental contracts that will be used to implement the strategy for
rnmental contracts that will be used to implement the strategy for
Enecuve and Ending Dates
nt the strategy for this service (e.g., ordinances, resolutions, loca and when will they take effect?

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

projects are consistent with the service delivery strategy? ⊠Yes □No

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY:TOOMBS	Service: Cultural			
Check the box that best describes the agreed upon	·			
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
	entation as described, below)			
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

Page 1 of 2

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

Local Government or Authority	Funding Method
City of Lyons	General Fund
City of Vidalia	General Fund, State, Private contributions, Grants, SPLOST

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

The City of Lyons has been added as a service and funding entity to reflect services and programs supported by Lyons Main Street. Funding methods have also been updated to include grants and SPLOST. The City of Vidalia has authorized local legislation for charitable funding and will provide support for the Altama Gallery and operate the PAL Theater.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
4		

6.	vvnat otnei	r mecnanisms	s (if any) will	be used to	implement t	ne strategy	/ for this	s service (e.g.	, ordinances,	resolutions,	local
8	acts of the	General Asse	mbly, rate o	r fee chang	jes, etc.), an	d when wil	I they ta	ke effect?			
			•	•			•				

None	

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







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should be reported to the Department of Community Analis.	
COUNTY:TOOMBS	Service:E-911
1. Check the heat thest describes the agreed upon	n delivery errangement for this convice.
1. Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Toombs County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.F. overlapping service areas or competition cannot be e	httach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

	SDS	FORM	2.	continued
--	-----	------	----	-----------

	eral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta:	
Local Government or Author	rity	Funding Method	
Toombs County		General Fund, Surcharges, SPLOST, and Grants	
,			
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
	/idalia	I as a funding local government. Toombs County wil will continue to provide police dispatching within its or police dispatching.	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: John Phone number: 912-526-3311		Toombs County Manager ate completed: 1/10/2019	
		acted by state agencies when evaluating whether predelivery strategy? ⊠Yes ⊡No	oposed local government
		on(s) and phone number(s) below: A CITY MANAGER, 912-537-7661 AND JASON HA	ALL, LYONS CITY MANAGER,







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.			
COUNTY:TOOMBS	Service: Economic Development		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
service in unincorporated areas. (If this box is chec service.): Toombs County Development Authorit	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ty, City of Lyons Downtown Development Authority, City of Vidalia Lyons, Main Street Vidalia/Downtown Vidalia Association, Vidalia		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method	
Toombs Co., Toombs Co. Dev. Auth.	General Fund, Grants, Private	
Vidalia Conv. & Visitors Bureau	General Fund, Hotel-Motel Tax	
City of Lyons DDA, Vidalia DDA	General Fund, Grants, Private	
City of Vidalia Dev. Auth.	Contract with Toombs County Development Authority, Grants	
Main Street Lyons	General Fund, Hotel-Motel Tax	
Main Street Vidalia/DVA	General Fund, Private, Grants, Hotel-Motel Tax	

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

Main Street Lyons has replaced Lyons Better Hometown Program as a service and funding provider. Toombs County and the Vidalia Convention and Visitors Bureau have been included as funding providers. Funding methods have also been updated to include hotel-motel tax and grants.

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

Agreement Name	Contracting Parties	Effective and Ending Dat

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

None			

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311** Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







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COUNTY:TOOMBS	Service: Elections/Voter Registration
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Santa Claus, City of Vidalia
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that

overlapping service areas or competition cannot be eliminated).

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

3.	3. List each government	t or authority that w	ill help to pay fo	or this service and	indicate how the se	rvice will be funded (e	∍.g.,
	enterprise funds, user	fees, general fund	s, special servi	ce district revenue	s, hotel/motel taxes	, franchise taxes, imp	act
	fees, bonded indebted	dness, etc.).					

Local Government or Authority	Funding Method	
Toombs County	General Fund	
City of Lyons	General Fund	
City of Santa Claus	General Fund	
City of Vidalia	General Fund	

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

Toombs County will provde for countywide voter registration. The County will provide for countywide elections, elections in unincorporated areas, and state and federal elections. City elections (elections held without a countywide, state or federal election on the ballot in a city) will be the responsibility of each city. At present each City contracts with the County to conduct the election.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None	

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







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

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

Page 1 of 2

	y that will help to pay for this service and indicate ho ral funds, special service district revenues, hotel/mo	
Local Government or Author	ity Funding Me	thod
Toombs County	General Fund, State, Federal, Grants, Private	
City of Vidalia	General Fund, Grants	
How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?
include grants and direct federal f will continue to provide the service	pdated to the Toombs County EMA office. Funding a unding. The City of Lyons has been removed as a full e countywide with the City of Vidalia contributing \$3,	unding local government. The County 000 per year.
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this servic te or fee changes, etc.), and when will they take effe	
None		
7. Person completing form: John J Phone number: 912-526-3311	ones, Toombs County Manager Date completed: 1/10/2019	
	contacted by state agencies when evaluating wheth ervice delivery strategy? \square Yes \square No	ner proposed local government
	t person(s) and phone number(s) below: DALIA CITY MANAGER, 912-537-7661 AND JASO	ON HALL, LYONS CITY MANAGER,

912-526-3626







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COUNTY:TOOMBS	Service: Extension Service
Check the box that best describes the agreed upor	n delivery arrangement for this service:
T. Official title box that boot decombed the agreed apor	Tablivary arrangement for the service.
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Toombs County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that

overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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Local Government or Auth	ority Funding N	Funding Method			
Toombs County	General Fund, State				
How will the strategy change t	he previous arrangements for providing and/or fundi	ng this service within the county?			
now will the strategy sharige t	the previous arrangements for providing analor funding	ing this service within the county!			
lo change anticipated,					
List any formal service deliver	agreements or intergovernmental contracts that will	I have and to implement the strategy			
List any formal service delivery his service:	agreements or intergovernmental contracts that wil	I be used to implement the strategy			
his service:					
List any formal service delivery his service: Agreement Name	agreements or intergovernmental contracts that wil	I be used to implement the strategy Effective and Ending Date			
his service:					
his service:					
his service:					
his service:					
his service:					
his service:					
his service: Agreement Name	Contracting Parties	Effective and Ending Date			
this service: **Agreement Name** **Agreement Name** What other mechanisms (if any		Effective and Ending Date			
his service: Agreement Name What other mechanisms (if any	Contracting Parties (a) Will be used to implement the strategy for this servential to the strategy for the strategy for this servential to the strategy for th	Effective and Ending Date			
his service: **Agreement Name** **What other mechanisms (if any)	Contracting Parties (a) Will be used to implement the strategy for this servential to the strategy for the strategy for this servential to the strategy for th	Effective and Ending Date			
his service: Agreement Name What other mechanisms (if any acts of the General Assembly,	Contracting Parties (a) Will be used to implement the strategy for this servential to the strategy for the strategy for this servential to the strategy for th	Effective and Ending Date			
his service: Agreement Name What other mechanisms (if any acts of the General Assembly,	Contracting Parties (a) Will be used to implement the strategy for this servential to the strategy for the strategy for this servential to the strategy for th	Effective and Ending Date			
this service: **Agreement Name** **Agreement Name** What other mechanisms (if any	Contracting Parties (a) Will be used to implement the strategy for this servential to the strategy for the strategy for this servential to the strategy for th	Effective and Ending Date			
this service: **Agreement Name** What other mechanisms (if any acts of the General Assembly,	Contracting Parties (a) Will be used to implement the strategy for this servential to the strategy for the strategy for this servential to the strategy for th	Effective and Ending Date			
his service: Agreement Name What other mechanisms (if any acts of the General Assembly, one	Contracting Parties (a) Will be used to implement the strategy for this servential to the strategy for the strategy for this servential to the strategy for th	Effective and Ending Date			
Agreement Name What other mechanisms (if any acts of the General Assembly, one	Contracting Parties y) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take ef	Effective and Ending Date			
Agreement Name What other mechanisms (if any acts of the General Assembly, one Person completing form: John Phone number: 912-526-3311	Contracting Parties y) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, loffect?			







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COUNTY:TOOMBS	Service: Fire Protection
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Vidalia
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that

overlapping service areas or competition cannot be eliminated).

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

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

Toombs County Insurance City of Lyons General City of Santa Claus General	ce Premium Tax Fund
	Fund
City of Santa Claus General	
Oity of ourita oldas	Fund
City of Vidlaia General	Fund

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

No service change is anticipated. The City of Santa Claus contracts with the City of Lyons for fire service; the funding method of the contract has been updated for Santa Claus. Agreements were updated and are now renewed annually.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Automatic Aid	Toombs County, City of Lyons	9/1/99, Renewed Annually
Mutual Aid	City of Vidalia, City of Lyons	Annual Renewal

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

None			

7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019

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

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







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

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	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Autho	rity	Funding Method	
Toombs County Hospital Author		Bonded Indebtedness, Fees, Grants	
,	•		
	_		
\ <u></u>			
4. How will the strategy change th	e previ	ious arrangements for providing and/or funding this	service within the county?
Grants have been added as a ne	w func	ling method.	
this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.çfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: John Phone number: 912-526-3311	D	ate completed: 1/10/2019	
projects are consistent with the	service		oposed local government
If not, provide designated contact ALSO, NICK OVERSTREET, VI 912-526-3626	ct pers IDALIA	on(s) and phone number(s) below: A CITY MANAGER, 912-537-7661 AND JASON HA	LL, LYONS CITY MANAGER,







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

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fees, bonded indebtedness, etc.).			
Local Government or Authority	Funding Method		
Toombs County	Grant Funds		
City of Lyons	Grant Funds		
City of Santa Claus	Grant Funds		
City of Vidalia	Grant Funds		
Housing Rehabilitation is a new service	e and will be funded through grant awards.		
	e and will be funded through grant awards. ements or intergovernmental contracts that w	ill be used to implement the strategy fo	
5. List any formal service delivery agree		rill be used to implement the strategy fo	
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that w		
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that w		
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that w		

What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None
Person completing form: John Jones, Toombs County Manager

Phone number: **912-526-3311** Date completed: 1/10/2019

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

If not, provide designated contact person(s) and phone number(s) below: ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:TOOMBS	Service:Indigent Defense			
4. Object, the best best best describes the served was	delivery among the thick and inc.			
. Check the box that best describes the agreed upon delivery arrangement for this service:				
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If his box is checked, identify the government, authority or organization providing the service.):				
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
	ne or more cities will provide this service only within their incorporated boundaries, and the service will not be provided incorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Vidalia			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that				

overlapping service areas or competition cannot be eliminated).

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

Page 1 of 2

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

Local Government or Authority	Funding Method
Toombs County	General Fund, Fines
City of Lyons	General Fund, Fines
City of Vidalia	General Fund, Fines

4.	How will the strategy	change the previous	arrangements for p	providing and/or fu	nding this service within the	ne county?

No service change is anticipated. The Cities will provide the service for their municipal court, while the County will provide the service for all other courts countywide.

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

Agreement Name	Contracting Parties	Effective and Ending Da

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

None	

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:TOOMBS	Service: Library
1. Check the box that best describes the agreed u	pon delivery arrangement for this service:
•	luding all cities and unincorporated areas) by a single service provider. (If
	thority or organization providing the service.):Ohoopee Regional Library
Service will be provided only in the unincorporchecked, identify the government, authority or o	prated portion of the county by a single service provider. (If this box is rganization providing the service.):
	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
	lly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping seidentified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
	y, <u>attach an explanation for continuing the arrangement</u> (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that

overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority	Funding Method
Toombs County	General Fund, State
City of Lyons	General Fund, State
City of Vidalia	General Fund, State

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

Service funding has changed as the City of Vidalia contributes \$67,000 per year to the Ohoopee Regional Library Board; the City of Lyons now provides utilities and building maintenance and \$8,000, and the County provides \$46,000 and grounds maintenance at the regional library board building.

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

Contracting Parties	Effective and Ending Dates
	Contracting Parties

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

None						

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:TOOMBS	Service:Mapping/GIS			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Heart of Georgia Altamaha			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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•	u	•	30	u	M.	V.	4	con		ш	e a

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

Funding Method	
General Fund	
	General Fund General Fund General Fund

4. How will the strategy chang	ge the previous arrang	gements for providing	and/or funding	this service within the coun	tv?
--------------------------------	------------------------	-----------------------	----------------	------------------------------	-----

The Heart of Georgia Altamaha Regional Commission (HOGARC) is available for mapping/GIS services and has been updated as the provider for the service. Each local government, as member of the HOGARC, has access to Regional Commission services on a fee for service basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None		
TAOLIC		

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes ⊡No

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







FORM 2: Summary of Service Delivery Arrangements

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

S	n	\$	E	R	M 2		on	tin	ued
_	-	•		-	111	3.88		-	

Local Government or Author	rity Fundir	g Method
City of Vidalia	General Fund	
. How will the strategy change th	e previous arrangements for providing and/or fo	anding this service within the county?
No change is anticipated. The C citizens.	ty of Vidalia continues to use mosquito tablets a	and spray to provide this service to its
this service:	agreements or intergovernmental contracts tha	
Agreement Name	Contracting Parties	Effective and Ending Dates
		-
) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	
None		
7. Person completing form: John Phone number: 912-526-3311	Jones, Toombs County Manager Date completed: 1/10/2019	
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government
	ct person(s) and phone number(s) below:	IACON HALL I VONC CITY MANACED







FORM 2: Summary of Service Delivery Arrangements

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:TOOMBS	Service:Municipal Police Protection
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including).	n delivery arrangement for this service: ng all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, author	
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	
City of Lyons	General Fund, State, Federal, Fees, Fines, Forfeiture, Grants	
City of Vidalia	General Fund, State, Federal, Fees, Fines, Forfeiture, Grants	

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

Grants have been added as a funding method; however, no change in service is anticipated.. The cities of Lyons and Vidalia provide a higher level of protection within their own jurisdiction and have a mutual aid agreement with each other.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Mutual Aid	City of Lyons, City of Vidalia	renewed annually

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

None		
Tionic		

7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019

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

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







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Arians.			
COUNTY:TOOMBS	Service: Parks		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
•	ing all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the Vidalia, City of Santa Claus		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that		

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

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

Toombs County	General Fund, State, Grants, SPLOST	
City of Lyons	General Fund, State, Grants, SPLOST	
City of Vidalia	General Fund, State, Grants, SPLOST	
City of Santa Claus	General Fund, State, Grants, SPLOST	

The City of Santa Claus has been added as a service provider and funding local government. Funding methods have been updated for the City of Santa Claus and now include SPLOST funds for all local governments.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None			
None			

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:TOOMBS	Service: Planning/Zoning	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible m identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions of the conditions are serviced to the conditions of the conditions are serviced to the conditions of the cond	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	- 4.45	

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

Local Government or Authority	Funding	Method
City of Lyons	General Fund, Fees	
City of Vidalia	General Fund, Fees	
I. How will the strategy change the pre	vious arrangements for providing and/or fund	ding this service within the county?
No change is anticipated.		
i. List any formal service delivery agree this service:	ements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this se fee changes, etc.), and when will they take	
None		
7. Person completing form: John Jone Phone number: 912-526-3311	s, Toombs County Manager Date completed: 1/10/2019	
 Is this the person who should be con projects are consistent with the service 	tacted by state agencies when evaluating whee delivery strategy? ⊠Yes ⊡No	nether proposed local government
If not, provide designated contact per ALSO, NICK OVERSTREET, VIDAL	rson(s) and phone number(s) below: IA CITY MANAGER, 912-537-7661 AND JA	SON HALL, LYONS CITY MANAGER,







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.					
COUNTY:TOOMBS	Service: Prisoner Housing - Municipal Prisoners				
	ing all cities and unincorporated areas) by a single service provider. (If				
this box is checked, identify the government, autho Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is				
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
	Page 1 of 2				

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

Local Government or Authority	Funding Method
City of Lyons	General Fund, Jail Construction and Staffing (JAIL) add-on fee
City of Vidalia	General Fund, Jail Construction and Staffing (JAIL) add-on fee

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

This is a new service to the Service Delivery Strategy Agreement. The County charges municipalities per diem for offenders held in the County jail who have been charged with offenses for which a municipal court maintains jurisdiction. This per diem helps to pay for costs associated with housing inmates charged with violating municipal laws. Although municipalities are under no obligation to use the County jail, each municipality in Toombs County may choose to enter into an agreement with the County to house municipal offenders in the County's facility because of the prohibitive cost to construct additional jails or to send inmates to nearby counties. Georgia law allows municipalities to impose a 10% jail add-on fee. The cities of Lyons and Vidalia charge this fee to inmates, which covers a portion of the cost of City per diem reimbursements to the County. General funds are utilized to pay the remaining balance of per diem.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

What other mechanisms (if any) v	vill be used to implement the	strategy for this service	ce (e.g., ordinance	s, resolutions, loca
acts of the General Assembly, rat	e or fee changes, etc.), and v	when will they take effe	ect?	

None			

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

S	DS	FOR	M 2.	conti	nued

	eral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Autho	rity	Funding Method	
Toombs County		General Fund	
			1
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
This is a new service to the Serv	ice Del	ivery Strategy Agreement.	
List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: John Phone number: 912-526-3311		Toombs County Manager ate completed: 1/10/2019	
8. Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whether pro delivery strategy? ⊠Yes ⊡No	oposed local government
		on(s) and phone number(s) below: A CITY MANAGER, 912-537-7661 AND JASON HA	LL, LYONS CITY MANAGER,







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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Local Government or Authority	Funding Method
Toombs County	Fines, Fees
City of Lyons	Fines, Fees
City of Vidalia	Fines, Fees
Fees have been added as a funding m	vious arrangements for providing and/or funding this service within the county? nethod for the City of Lyons. The City of Vidalia will provide this service through its d Toombs County contract with private firms.
Fees have been added as a funding m Municipal Court. The City of Lyons and	nethod for the City of Lyons. The City of Vidalia will provide this service through its

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

None			

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311** Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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should be reported to the Department of Community Affairs.				
COUNTY:TOOMBS	Service: Public Health			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Toombs County (Health			
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:			
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible m identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			

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Local Government or Authority	Funding	Method
oombs County	General Fund, Grants	
How will the strategy change the p	revious arrangements for providing and/or fund	ling this service within the county?
o change is anticipated.		
List any formar service delivery agi his service:	reements or intergovernmental contracts that w	ill be used to implement the strategy
	Contracting Posting	Effective and English Det
Agreement Name	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Da
	Contracting Parties	Effective and Ending Da
Agreement Name What other mechanisms (if any) wi	Contracting Parties If be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, l
Agreement Name What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, l
Agreement Name What other mechanisms (if any) wincts of the General Assembly, rate	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, l







FORM 2: Summary of Service Delivery Arrangements

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

9	DS	FORN	12	continued

	neral funds,	help to pay for this service and indicate how the special service district revenues, hotel/motel ta				
Local Government or Author	ority	Funding Method				
City of Lyons		Federal				
City of Vidalia	Fe	deral				
		-				
How will the strategy change the	ne previous	arrangements for providing and/or funding this	service within the county?			
No change is anticipated.						
List any formal service delivery this service:	agreement	ts or intergovernmental contracts that will be us	ed to implement the strategy for			
Agreement Name		Contracting Parties	Effective and Ending Dates			
		ed to implement the strategy for this service (e., changes, etc.), and when will they take effect?	g., ordinances, resolutions, local			
None						
7. Person completing form: John Phone number: 912-526-3311		ombs County Manager completed: 1/10/2019				
Is this the person who should b projects are consistent with the		d by state agencies when evaluating whether privery strategy? $oxtimes$ Yes $igsquare$ No	roposed local government			
If not, provide designated conta ALSO, NICK OVERSTREET, V 912-526-3626		s) and phone number(s) below: TY MANAGER, 912-537-7661 AND JASON HA	ALL, LYONS CITY MANAGER,			







FORM 2: Summary of Service Delivery Arrangements

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

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

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List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).					
Local Government or Author	rity	Funding Method			
Toombs County		General Fund			
How will the strategy change the	ie previ	ous arrangements for providing and/or funding this s	service within the county?		
No change is anticipated.					
List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for		
Agreement Name		Contracting Parties	Effective and Ending Dates		
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local		
None					
7. Person completing form: John Phone number: 912-526-3311		Toombs County Manager ate completed: 1/10/2019			
		icted by state agencies when evaluating whether prodelivery strategy? \square Yes \square No	oposed local government		
If not, provide designated conta ALSO, NICK OVERSTREET, V 912-526-3626	ct perso	on(s) and phone number(s) below: • CITY MANAGER, 912-537-7661 AND JASON HA	LL, LYONS CITY MANAGER,		







FORM 2: Summary of Service Delivery Arrangements

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

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3.	3. List each gov	ernment or au	uthority that will	help to pay	for this ser	rvice and in	idicate how t	he service v	vill be funde	d (e.g.,
	enterprise fur	nds, user fees,	general funds,	special ser	vice district	t revenues,	hotel/motel	taxes, franc	hise taxes, i	mpact
	fees, bonded	indebtedness	, etc.).							

Funding Method					
General Fund, Grants, Fees, SPLOST					
General Fund, Grants, Fees, SPLOST					
General Fund, Grants, Fees, SPLOST					

4. How will the strategy change the previous arrangements for providing and/or funding thi	is service within the county?
No change in service delivery is anticipated. Funding methods have been updated to incl	ude fees and SPLOST funds.

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

Agreement Name	Contracting Parties	Effective and Ending Date		
4				

6.	What other mechanisms (i	if any) will be us	sed to implemen	t the strategy	for this s	service (e.g.	, ordinances,	resolutions,	local
ě	acts of the General Assem	bly, rate or fee	changes, etc.), a	and when will	they tak	e effect?			

None	

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.						
COUNTY:TOOMBS	Service:Recycling					
Check the box that best describes the agreed upon Service will be provided countywide (i.e. include).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If					
this box is checked, identify the government, autho						
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):					
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:					
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Vidalia					
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
	entation as described, below)					
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).					
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					
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3	List each	govern	ment or au	ithority th	nat will	help to	pay for t	his ser	vice and i	ndicate h	now the se	rvice will be	e funded	(e.g.,
	enterprise	funds,	user fees,	general	funds,	special	service	district	revenues	s, hotel/m	otel taxes	, franchise	taxes, im	pact
	fees, bond	led inde	ebtedness	etc.).										

Local Government or Authority	Funding Method	
Toombs County	General Fund, Solid Waste Collection Fees & Grants	
City of Lyons	General Fund, Solid Waste Collection Fees & Grants	
City of Vidalia	General Fund, Solid Waste Collection Fees & Grants	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change is anticipated. Each government collects recyclable items within its own jurisdiction.

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

Agreement Name	Contracting Parties	Effective and Ending Dates	

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

None			
140110			

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311** Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

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

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

Local Government or Authority	Funding Method
Toombs County	General Fund, State, Grants, SPLOST, TSPLOST
City of Lyons	General Fund, State, Grants, SPLOST, TSPLOST
City of Vidalia	General Fund, State, Grants, SPLOST, TSPLOST

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

Funding methods have been updated to include TSPLOST, grants, and general funds. Each government will provide this service within their own jurisdiction.

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

Agreement Name	Contracting Parties	Effective and Ending Dates	

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

None

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:TOOMBS	Service:Road/Street Maintenance
Check the box that best describes the agreed upo	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
⊠One or more cities will provide this service only service in unincorporated areas. (If this box is check service.): Toombs County, City of Lyons, City of	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the f Santa Claus, City of Vidalia
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Funding Method	
General Fund, State, Grants, SPLOST, TSPLOST	
General Fund, State, Grants, SPLOST, TSPLOST	
General Fund, State, Grants, SPLOST, TSPLOST	
General Fund, State, Grants, SPLOST, TSPLOST	
	General Fund, State, Grants, SPLOST, TSPLOST General Fund, State, Grants, SPLOST, TSPLOST General Fund, State, Grants, SPLOST, TSPLOST

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

The City of Santa Claus has been added as a local government providing the service. Funding methods have been updated to include SPLOST, TSPLOST, state, grants, and general funds. Each government will provide this service within their own jurisdiction.

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

Agreement Name	Contracting Parties	Effective and Ending Dates	

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

None

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

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

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

Local Government or Authority	Funding Method
City of Lyons	Enterprise Fund/Fees, State, SPLOST, Grants
City of Santa Claus Enterprise Fund/Fees, State, SPLOST, Grants	
City of Vidalia	Enterprise Fund/Fees, State, SPLOST, Grants

4	. How will the strategy	change the	previous arrand	gements for r	providing and/or	funding th	his service	within the count	ν?
	. I low will the strategy	, oriarigo tiro	providus arran		novialing anapol	iuiiuiiiu u	110 001 1100	Within the count	

Funding methods have been updated to include enterprise funds. Each government will provide this service within their own jurisdiction. A new service agreement between the City of Lyons and the City of Santa Claus has been attached.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Santa Claus Sewer Provision	City of Lyons, City of Santa Claus	10/10-Open

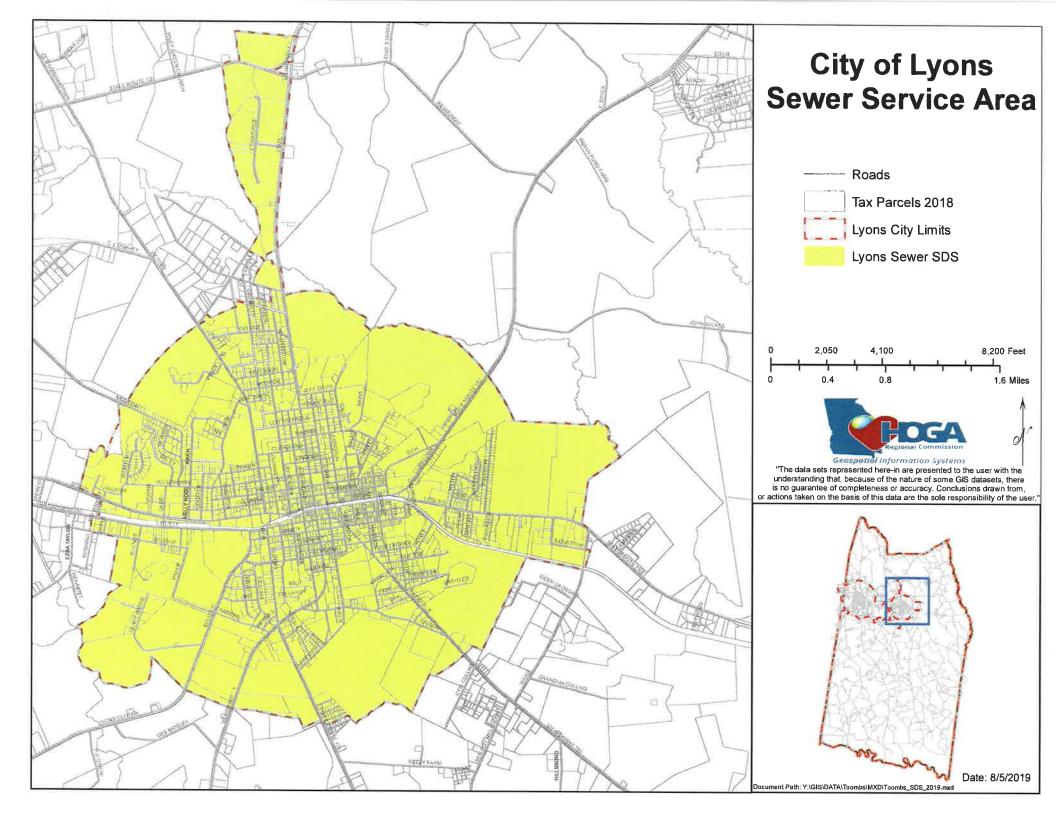
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances,	resolutions, local
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

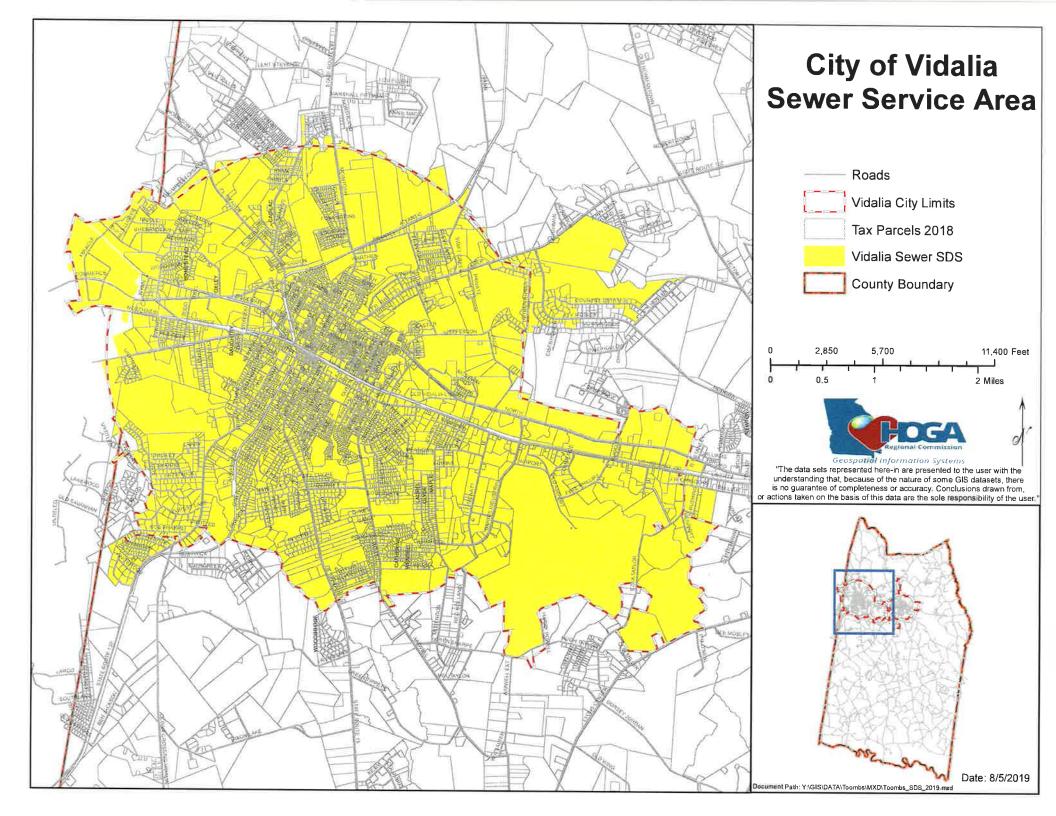
N	or	٦e
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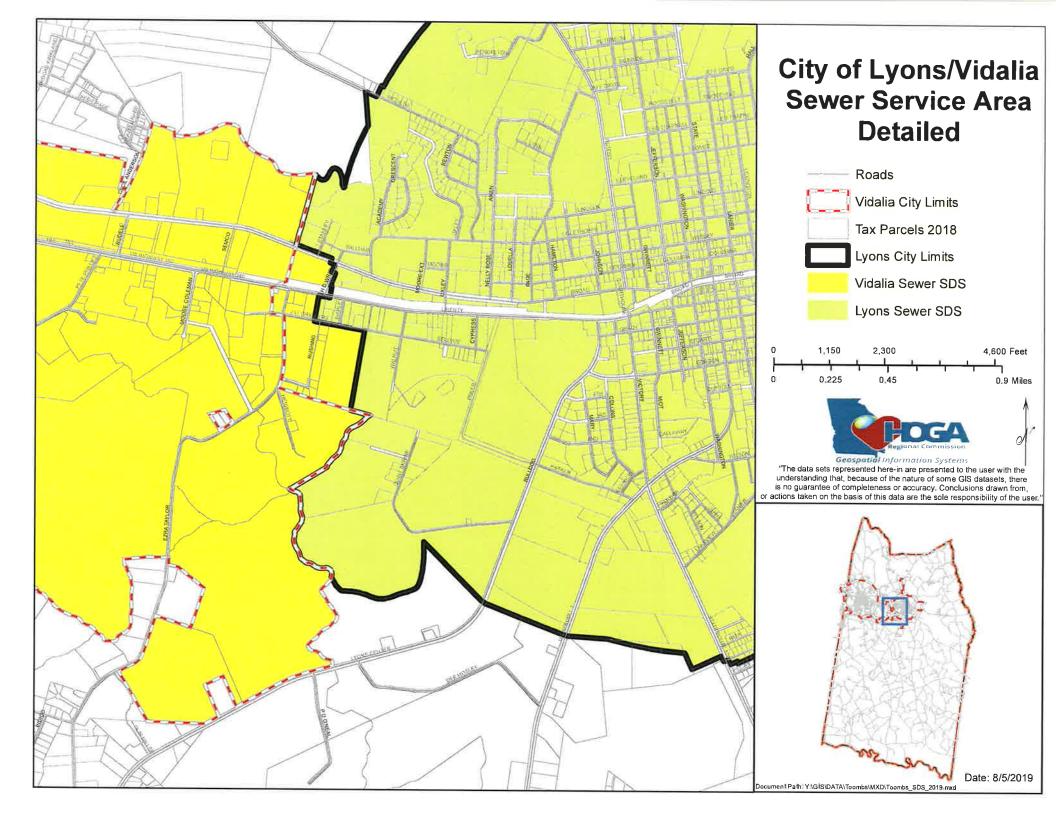
- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

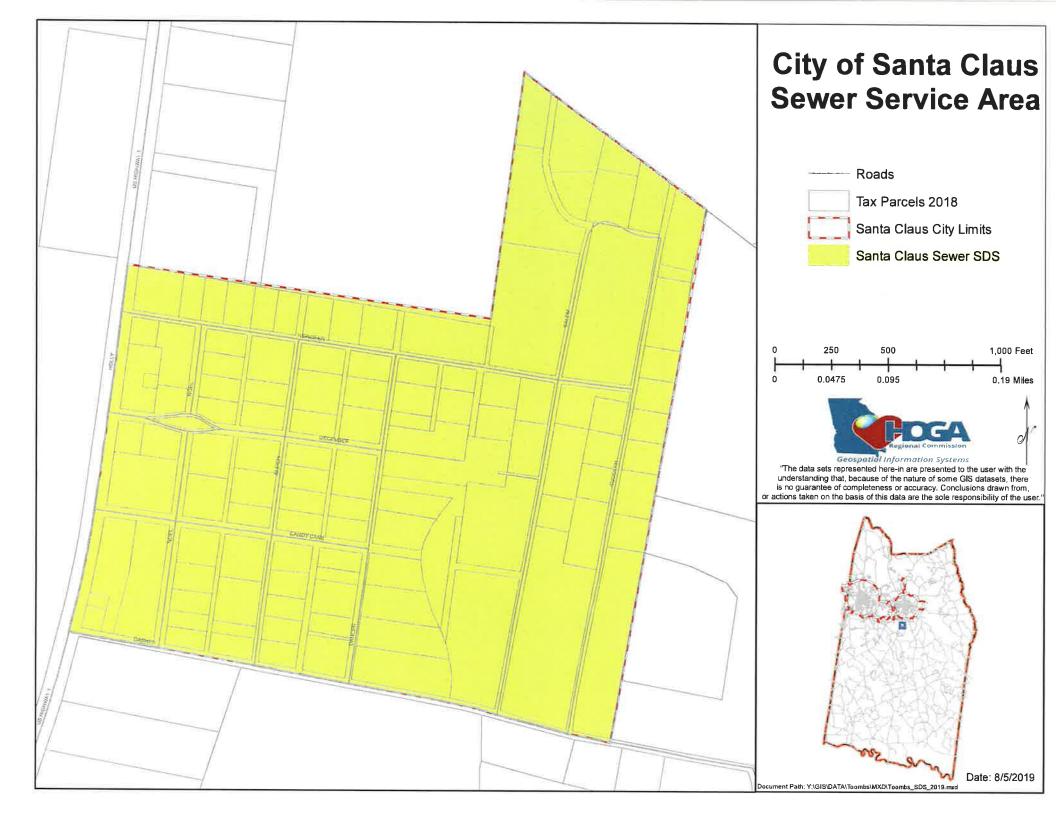
 Yes
 No

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









STATE OF GEORGIA

ORIGINAL

COUNTY OF TOOMBS

AGREEMENT BETWEEN CITY OF SANTA CLAUS AND CITY OF LYONS

This agreement made and entered into this the 5th day of October, 2010, between the City of Santa Claus, Georgia, and the City of Lyons, Georgia.

WITNESSETH:

WHEREAS, the City of Santa Claus is desirous of obtaining sewer services and emergency water services for the residents of the City of Santa Claus and

WHEREAS, the City of Santa Claus has commissioned the preparation of certain Plans for a sewage system and emergency water services for the City of Santa Claus which will be more particularly described hereinafter; and

WHEREAS, the Parties hereto are desirous of entering into an agreement which will be binding upon themselves and future administrations for the placement of the sewage lines and a water line from the existing lines of the City of Lyons to the City of Santa Claus and connecting therewith such that the City of Santa Claus shall have the use of certain sewage treatment facilities currently being operated by the City of Lyons; and

WHEREAS, the City of Lyons is currently operating the East Treatment Plant which contains sufficient capacity to satisfy the present needs of the City of Santa Claus; and

WHEREAS, the City of Santa Claus will furnish all expenses for both the sewage and water line projects according to engineering services of Hofstadter and Associates, Macon, Georgia.

NOW THEREFORE, the Parties hereto agree as follows, to wit:

(1) The City of Santa Claus shall construct said water lines, sewer lines and necessary Lift Stations in accordance to plans and specifications provided by Hofstadter and Associates, Consultant Engineers, Macon, Georgia. All construction work shall be accomplished by a competent general contractor hired pursuant to competitive bids as required by law. The sewer and water lines shall be the property of Santa Claus. The City of Santa Claus shall indemnify and save harmless the City of Lyons from any and all damages arising out of the construction, operation, repair, or existence of said City of Santa Claus sewer except to any such damages

- (1) arising from the failure of the City of Lyons to operate the East Treatment Plant efficiently.
- (2) The City of Santa Claus shall be responsible for the payment of all costs of design and construction of said water, sewer lines and lift stations, right of ways (row) and any upgrades to the City of Lyons necessary for this project to function properly.
- (3) The City of Santa Claus will pay to the City of Lyons a fee of \$2.75 per 1000 gallons of sewage received per day. The City of Lyons will send an invoice, based on the number of gallons received that month. Payment is due the 10th of the next month. Should the City of Lyons increase its sewer fee to its residents, then the same amount of increase will be added to the City of Santa Claus.
- (4) Either party or its designee may annually:
 - (a) inspect any of the facilities of the other party which are subject of this agreement or are reasonably related thereto, and/or
 - (b) audit all of the records maintained by or on behalf of the other party in connection therewith, in order to verify the amounts of actual flows, costs and fees referred to herein. Each party shall fully cooperate with the other in connection with said audit and inspections.
- (5) This agreement shall be binding upon and enure to the benefit of the parties hereto and their respective successors and assigns. Each party represents to the other that such party has the authority under Georgia law to undertake or provide the services, activities, and facilities described herein.
- (6) A flow meter will be established and maintained at the primary pumping station for measurement of the City of Santa Claus wastewater.
- (7) Should the City of Santa Claus decide to end this agreement a written notice to the City of Lyons ninety days (90) prior to termination is required.
- (8) A 6 inch water line will be installed along the same trench as the sewer main for the purpose of use in an emergency situation only. A gate valve will be installed at the City limits of Lyons and only the City of Lyons can open this valve after proper request from the City of Santa Claus is made.
- (9) The City of Santa Claus will be responsible for the upkeep and maintenance of both the water and sewer lines from the city limits of Lyons to Santa Claus.

IN WITNESS WHEROF this water and sewer agreement has been duly executed by the parties hereto on the day and year first above written.

CITY OF SANTA CLAUS

	CITT OF SANTA CLAUS
BY: Eas. Mayor	l Horton J.
ATTEST: Clerk	CITY OF LYONS
	CITT OF ETONS
Ι,	, Clerk of the
City of Santa Claus, Georgia do hereby certify that to Council of the City of Santa Claus, at a duly called measurement of the City of Santa Claus, at a duly called	
BY: Mayor ATTEST: Clerk	Im Bufal
I, Lynn Rowland, Clerk of the City of Lyons, above matter came before the Council of the City of a quorum present on the 500 percentage matter was adopted by said Council by resolution.	: HE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:TOOMBS	Service:Solid Waste Collection	
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including the countywide).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If	
this box is checked, identify the government, autho	rity or organization providing the service.): red portion of the county by a single service provider. (If this box is	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the f Santa Claus, City of Vidalia	
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
☑ No If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the cond	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
Page 1 of 2		

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

Local Government or Authority	Funding Method	
Toombs County	Insurance Premiums	
City of Lyons	Fees	
City of Santa Claus	General Fund	
City of Vidalia	Fees	

•	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
	No change is anticipated. Each government will continue to provide the service within their jurisdiction.			

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None		

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

ALSO, NICK OVERSTREET, VIDALIA CÌTY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

3. Lis	t each government or autho	rity that will help to pay	or this service and in	dicate how the serv	ice will be funded (e.g.,
ent	erprise funds, user fees, ger	neral funds, special serv	ice district revenues,	hotel/motel taxes, fi	ranchise taxes, impact
fee	s, bonded indebtedness, etc	c.).			

Local Government or Authority	Funding Method
Toombs County	General Fund, Fees
City of Lyons	Fees
City of Santa Claus	General Fund
City of Vidalia	Fees

ı	
ı	
ı	
ı	
ı	The cities of Lyons, Santa Claus, and Vidalia have been added as service providing entities. Funding methods have been
ı	
ı	updated for each local government. Each government will provide the service within their jurisdiction.
ı	

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

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

Agreement Name	Contracting Parties	Effective and Ending Dates

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None

- 7. Person completing form: **John Jones, Toombs County Manager** Phone number: **912-526-3311** Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:TOOMBS	Service: Tax Assessment			
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Toombs County			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will provide this service only very service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
If these conditions will continue under this strategy, a	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	D 4			

Page 1 of 2

Local Government or Author	rity Fun	ding Method
Toombs County	General Fund	
How will the strategy change th	e previous arrangements for providing and/o	r funding this service within the county?
No change is anticipated.		
List any formal service delivery this service:	agreements or intergovernmental contracts	that will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for thate or fee changes, etc.), and when will they	
None		
Person completing form: John Phone number: 912-526-3311	Jones, Toombs County Manager Date completed: 1/10/2019	
Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluati service delivery strategy? ⊠Yes ⊡No	ing whether proposed local government
If not, provide designated conta		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:TOOMBS	Service: Tax Collection - City Taxes			
Check the box that best describes the agreed upo	n delivery arrangement for this service:			
Service will be provided countywide (i.e., include this box is checked, identify the government, authority	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):			
⊠One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide City of Lyons, City of Santa Claus, City of Vidal	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible n identify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):			
2. In developing this strategy, were overlapping serv identified?	rice areas, unnecessary competition and/or duplication of this service			
	nentation as described, below)			
⊠NO .				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be overlapped to the condition of the control of the condition of the conditions will continue under this strategy, a condition of the conditions will continue under this strategy, and continue under this strategy, and conditions will continue under this strategy.	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.			

Page 1 of 2

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

Local Government or Authority	Funding Method
City of Lyons	General Fund
City of Santa Claus	General Fund
City of Vidalia	General Fund
	1 -

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

Name of service was modified to be specfic to City Taxes. Each municipality will continue to provide for tax collection within their respective jurisdiction. Toombs County utilizes the Toombs County Tax Commissioner, a constitutional officer, and no longer considers this service as being provided by the Board of Commissioners.

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

Agreement Name	Contracting Parties	Effective and Ending Dates		

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

None			
None			

- 7. Person completing form: **John Jones, Toombs County Manager**Phone number: **912-526-3311**Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:TOOMBS	Service: Tourism			
Check the box that best describes the agreed upo	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includ this box is checked, identify the government, authorand Visitors Bureau	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Vidalia Area Convention			
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):			
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ration that will provide service within each service area.):			
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
⊠No				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be e	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

	nat will help to pay for this service and indicate funds, special service district revenues, hotel/i	
Lacal Carrament or Arithority	Ermeline	Inthed
Local Government or Authority City of Lyons	General Fund, Hotel/Motel Tax	метноа
City of Vidalia	General Fund, Hotel/Motel Tax	
Oily of Vidana		
4. How will the strategy change the pre	evious arrangements for providing and/or fund	ing this service within the county?
	tity for providing tourism services countywide. are no longer provided to or funded in part by I	
this service:	eements or intergovernmental contracts that wi	
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	
None		
7. Person completing form: John Jone Phone number: 912-526-3311	es, Toombs County Manager Date completed: 1/10/2019	
8. Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating wh ice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact pe ALSO, NICK OVERSTREET, VIDAL 912-526-3626	erson(s) and phone number(s) below: LIA CITY MANAGER, 912-537-7661 AND JA	SON HALL, LYONS CITY MANAGER,







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

3. L	ist each government or au	uthority that will help to	pay for this ser	vice and indicat	e how the ser	vice will be funde	d (e.g.,
eı	nterprise funds, user fees,	general funds, specia	ıl service district	revenues, hote	l/motel taxes,	franchise taxes, i	mpact
fe	es, bonded indebtedness,	, etc.).					

Local Government or Authority	Funding Method
City of Lyons	Water & Sewer Enterprise Fund, Grants, SPLOST
City of Santa Claus	Water & Sewer Enterprise Fund, Grants, SPLOST
City of Vidalia	Water & Sewer Enterprise Fund, Grants, SPLOST

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

Funding methods have been updated to include Enterprise Funds, grants and SPLOST. New maps have also been attached. Each government will continue to provide and/or reserve the right to provide the service in areas as depicted on the attached map.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

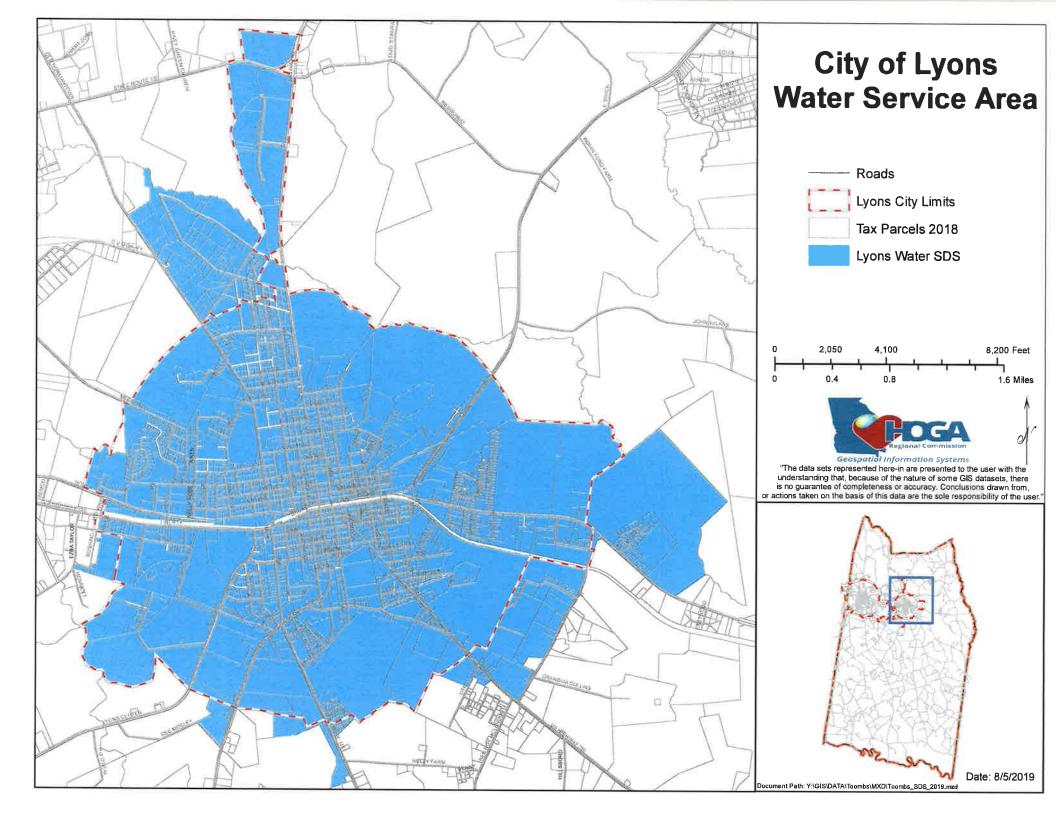
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinar	ces, resolutions, local
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

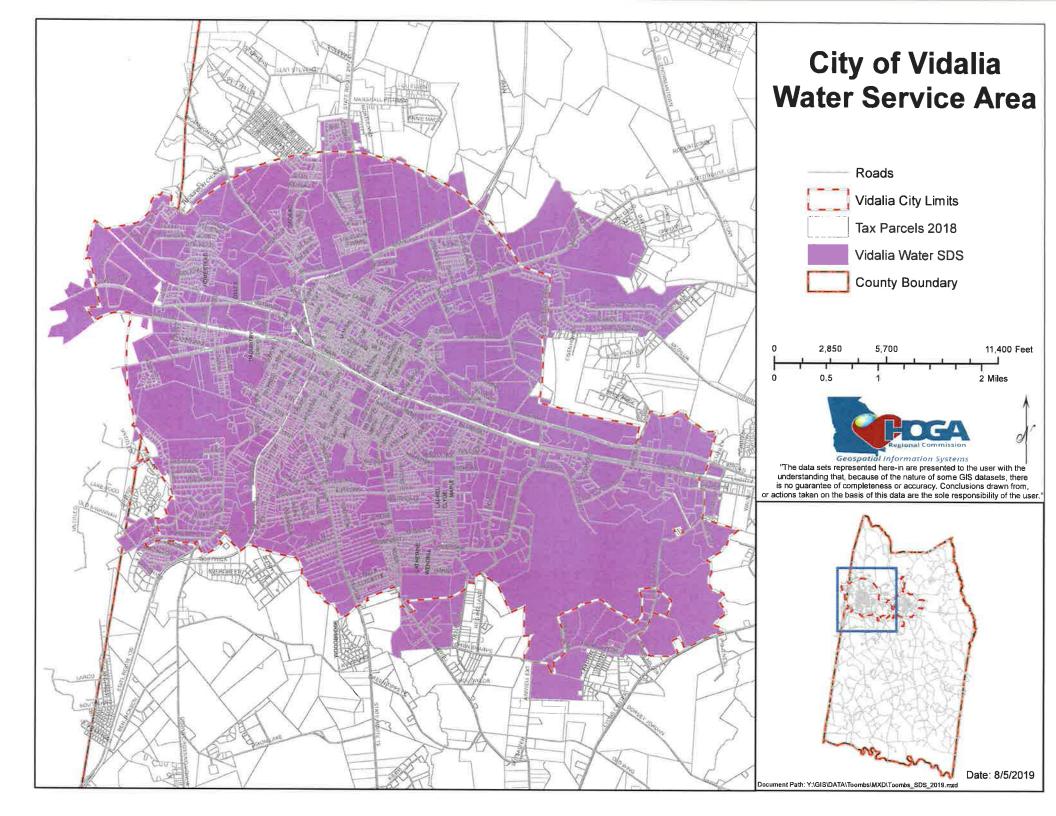
None			

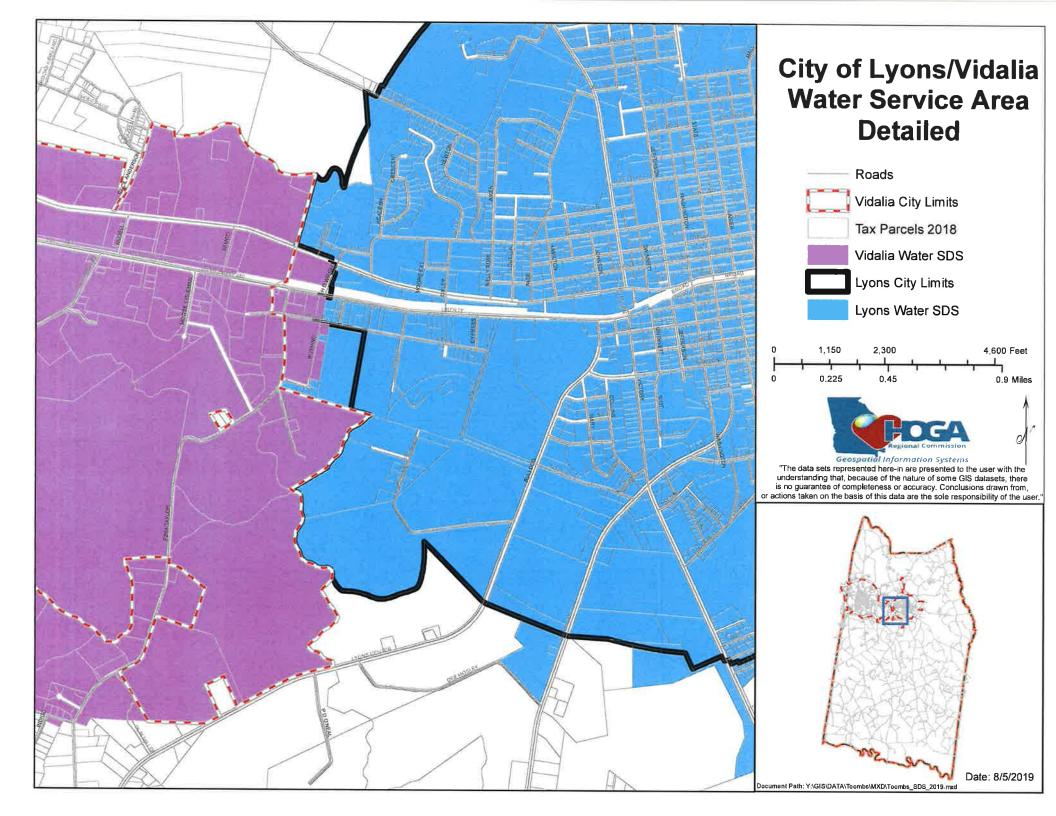
- 7. Person completing form: **John Jones, Toombs County Manager** Phone number: **912-526-3311** Date completed: 1/10/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

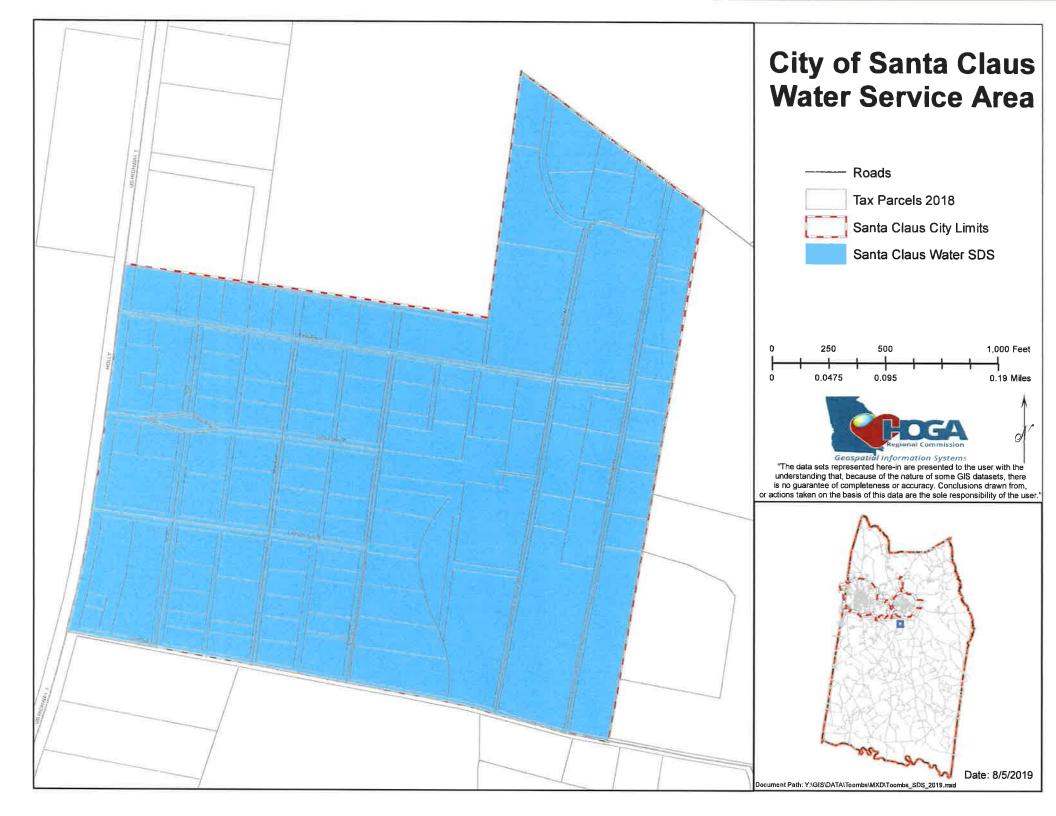
If not, provide designated contact person(s) and phone number(s) below:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626















FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the a service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this Community Affairs.						
COUNTY:TOOMBS COUNTY						
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of					
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:						
Amendments to existing comprehensive plans	NOTE:					
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet					
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, insidate when each of the affected local governments					
If "other measures" was checked, describe these measures: N/A	will adopt them.					
B. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Toombs County and the cities of Lyons, Santa Claus, and Vidalia have signed a joint resolution that establishes a process for handling disputes concerning property annexation and land use.						
4. Person completing form: John Jones						
Phone number: 912-526-3311 Date completed: 1/10/19						
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government					
If not, provide designated contact person(s) and phone number(s) below:						







FORM 4: Certifications

Instructions:

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

COUNTY: TOOMBS

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));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
TOOMBS COUNTY	Chairman	David Sikes	Lavil Siles	9-12-19
CITY OF LYONS	Mayor	Willis NeSmith, Jr.	CATO COM	9/9/19
CITY OF SANTA CLAUS	Mayor	Vincent Meadows	0	9/26/19
CITY OF VIDALIA	Mayor	Ronnie Dixon	Homisof	9-18-19
			-	