GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



SERVICE DELIVERY STRATEGY

FOR _

WHEELER

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Wheeler County, City of Alamo, City of Glenwood, City of Helena, City of Scotland, Wheeler County Economic Development Authority, Telfair-Wheeler Airport Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Airport, Ambulance, Cemeteries, Community Center, Courts, Economic Development, Elections, Emergency Management, Extension Service, Fire Protection, Indigent Defense, Jail, Law Enforcement, Library, Mosquito Control, Parks and Recreation, Public Health, Public Housing, Public Transportation, Public Works, Road and Street Construction/Maintenance, Social Services, Solid Waste Collection, Solid Waste Disposal, Street Lights, Tax Collection, Wastewater, Water Supply



To Whom It May Concern;

Although a small portion of the City of Helena is located in Wheeler County, no persons reside in this part of the city. Therefore, no services are offered in the portion of Helena that is in Wheeler County.

Ted McLaughlin, Mayor

City of Helena



PAGE 2

Instructions:

County: Wheeler	Service: Airport
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
Service will be provided count	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
☐ Service will be provided only i	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this l	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provide	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked,	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Telfair-Wheeler Airport Authority	General Fund (Wheeler & Telfair County)
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	
245ALIL	

List any formal service delivery agree service:	ments or intergovernmental contracts that will be us	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		Dates.
General Assembly, rate or fee changes None	e used to implement the strategy for this service (e.g., etc.), and when will they take effect?	3., ordinances, resolutions, local acts of the
7. Person completing form: Michael Cl	nambers	
Phone number: (912) 568-7135	Date completed: 4/15/99	
 Is this the person who should be contacted consistent with the service delivery str If not, provide designated contact person 		oosed local government projects are



PAGE 2

Instructions:

County: Wheeler	Service: Ambulance
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.) wheeler County
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provide	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
 In developing the strategy, were ☐ Yes ☑ No 	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.6 competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be eliminal taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
3. List each government or authori	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Wheeler County	General Fund
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
No Change.	
THO Chango.	

5. List any formal service delivery agreer service:	ments or intergovernmental contracts that will be use	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		8 - 1101
General Assembly, rate or fee changes None	e used to implement the strategy for this service (e.g., etc.), and when will they take effect?	., ordinances, resolutions, local acts of the
7. Person completing form: Michael Ch	nambers	
Phone number: (912) 568-7135	Date completed: 4/15/99	
8. Is this the person who should be contact consistent with the service delivery str. If not, provide designated contact person		osed local government projects are



PAGE 2

Instructions:

County: Wheeler	Service: Cemeteries
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided coun	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
☐ Service will be provided only	in the unincorporated portion of the county by a single service provider. (If this box is checked, sority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this City of Alamo, City of Glenwood One or more cities will provide unincorporated areas.)	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.) de this service only within their incorporated boundaries, and the county will provide the service in
unincorporated areas. (If this	box is checked, identify the government(s), authority or organization providing the service.)
 Other. (If this box is checked, government, authority, or oth 	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue ur higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or authorit	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Alamo	General Fund & Fees
city of Glenwood	General Fund & Fees
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	
No Change.	

List any formal service delivery agreements service:	or intergovernmental contracts that will be used to	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
General Assembly, rate or fee changes, etc.) None	I to implement the strategy for this service (e.g., or , and when will they take effect?	rdinances, resolutions, local acts of the
7. Person completing form: Michael Chamb	ers	
Phone number: (912) 568-7135	Date completed: 4/15/99	
8. Is this the person who should be contacted by consistent with the service delivery strategy?	y state agencies when evaluating whether proposed? Yes No	d local government projects are
If not, provide designated contact person(s) a	and phone number(s) below:	



PAGE 2

Instructions:

County: Wheeler	Service: Community Center		
1. Check the box that best describes the agreed upon delivery arrangement for this service:			
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)			
☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)			
One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)		
unincorporated areas. (If this be wheeler County, City of Glenwood, City of Other. (If this box is checked, and the county of th	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) Scotland attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)		
	overlapping service areas, unnecessary competition and/or duplication of this service identified?		
If these conditions will continue unchigher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or		
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.		
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded		
Local Government or Authority:	Funding Method:		
Vheeler County	General Fund		
City of Glenwood	General Fund		
City of Scotland	General Fund		
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?		
No Change.			
no onango.			

List any formal service delivery agr service:	eements or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) will General Assembly, rate or fee chan None	Il be used to implement the strategy for this service (e. ges, etc.), and when will they take effect?	.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael	Chambers	
Phone number: (912) 568-7135	Date completed: 5/28/99	
consistent with the service delivery		posed local government projects are
If not, provide designated contact po	erson(s) and phone number(s) below:	



PAGE 2

Instructions:

County: Wheeler	Service: Courts
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
☐ Service will be provided only identify the government, authorized and identify the government.	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this leads to be a second or control of the second or control or control of the second o	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this t	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authorit funds, user fees, general funds, s indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vheeler County	General Fund & Fines
City of Alamo	General Fund & Fines
City of Glenwood	General Fund & Fines
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	

5. List any formal service delivery ag service:	reements or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) wi	Il be used to implement the strategy for this service (ages, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of the
None	igos, etc.), and when will they take effect?	
34 g		
7. Person completing form: Michael	Chambers	
Phone number: (912) 568-7135	Date completed: 4/15/99	
8. Is this the person who should be co consistent with the service delivery	ntacted by state agencies when evaluating whether prestrategy? ✓ Yes 🗆 No	roposed local government projects are
If not, provide designated contact p	erson(s) and phone number(s) below:	



PAGE 2

Instructions:

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

 List any formal service delivery agreements or service: 	intergovernmental contracts that will be used to	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		Ziening Dutes.
What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), ar	implement the strategy for this service (e.g., or	rdinances, resolutions, local acts of the
None	id when will diey take effect?	
7. Person completing form: Michael Chambers		
Phone number: (912) 568-7135	Date completed: 4/15/99	
8. Is this the person who should be contacted by st consistent with the service delivery strategy?	ate agencies when evaluating whether proposed Yes \(\sigma\) No	d local government projects are
If not, provide designated contact person(s) and	phone number(s) below:	



PAGE 2

Instructions:

County: Wheeler	Service: Elections
	the agreed upon delivery arrangement for this service:
☐ Service will be provided count	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
☐ Service will be provided only i	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the county will provide the service in service, it is checked, identify the service in the service in service in service in the service in service in the
government, authority, or other	r organization that will provide service within each service area.)
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
·	Funding Method:
Wheeler County	General Fund
City of Alamo	General Fund
City of Glenwood	General Fund
City of Scotland	General Fund
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	

List any formal service delivery agre service:	ements or intergovernmental contracts that will be use	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
 What other mechanisms (if any) will General Assembly, rate or fee chang None 	be used to implement the strategy for this service (e.ges, etc.), and when will they take effect?	g., ordinances, resolutions, local acts of the
7. Person completing form: Michael (Chambers	2
Phone number: (912) 568-7135	Date completed: <u>5/28/99</u>	
consistent with the service delivery s		posed local government projects are
If not, provide designated contact per	rson(s) and phone number(s) below:	



PAGE 2

Instructions:

County: Wheeler	Service: Emergency Management
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.) Wheeler County
☐ Service will be provided only	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
 One or more cities will provid unincorporated areas. (If this 	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
 Other. (If this box is checked, government, authority, or oth 	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
 In developing the strategy, were Yes ☑ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be a sible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vheeler County	General Fund
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
No Change.	
No Change.	

ements or intergovernmental contracts that will b	be used to implement the strategy for this
Contracting Parties:	Effective and Ending Dates:
be used to implement the strategy for this service es, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
Chambers	
Date completed: 4/15/99	9
acted by state agencies when evaluating whether trategy? Yes No son(s) and phone number(s) below:	proposed local government projects are
	Contracting Parties: be used to implement the strategy for this services, etc.), and when will they take effect? Chambers Date completed: 4/15/9 acted by state agencies when evaluating whether trategy? Yes \(\sigma\) No



PAGE 2

Instructions

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

List any formal service delivery agr service:	reements or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
General Assembly, rate or fee chan None	Il be used to implement the strategy for this service (ges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael	Chambers	
Phone number: (912) 568-7135	Date completed: 4/15/99	
consistent with the service delivery	ntacted by state agencies when evaluating whether prostrategy? Yes No erson(s) and phone number(s) below:	roposed local government projects are



PAGE 2

Instructions:

County: Wheeler	Service: Fire Protection
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
☐ Service will be provided count checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
☐ Service will be provided only identify the government, authorized	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this leads to be a considered or consid	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this i	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) Jenwood, City of Scotland attach a legible map delineating the service area of each service provider, and identify the
government, authority, or other	er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the response	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authorit funds, user fees, general funds, s indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vheeler County	General Fund
City of Alamo	General Fund
City of Glenwood	General Fund
City of Scotland	General Fund
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	

 List any formal service delivery a service: 	greements or intergovernmental contracts that will be t	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) we General Assembly, rate or fee chat None	vill be used to implement the strategy for this service (earlier) and when will they take effect?	e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michae	el Chambers	
Phone number: (912) 568-7135	Date completed: <u>5/28/99</u>	
consistent with the service deliver	ontacted by state agencies when evaluating whether pry strategy? Yes No person(s) and phone number(s) below:	roposed local government projects are



PAGE 2

Instructions:

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

List any formal service delivery agreements or service:	intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) will be used to	implement the strategy for this service (e.g., ordina	nces, resolutions, local acts of the
General Assembly, rate or fee changes, etc.), an None	id when will they take effect?	
7. Person completing form: Michael Chambers		
Phone number: (912) 568-7135	Date completed: 4/15/99	
8. Is this the person who should be contacted by st consistent with the service delivery strategy?	ate agencies when evaluating whether proposed local Yes \(\sigma\) No	al government projects are
If not, provide designated contact person(s) and	phone number(s) below:	



PAGE 2

Instructions:

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

tive and Ending Dates:
Dates,
solutions, local acts of the
nment projects are



PAGE 2

Instructions:

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

5. List any formal service de service:	elivery agreements or in	tergovernmental contracts that will be used to i	mplement the strategy for this
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
None			
6 What ather machanisms (: C \ : 11 1 1 ·		
General Assembly, rate o	r fee changes, etc.), and	mplement the strategy for this service (e.g., ord when will they take effect?	inances, resolutions, local acts of the
None		,	
7. Person completing form:	Michael Chambers		
		- 4/15/00	
Phone number: <u>(912) 56</u>	10-7 133	Date completed: 4/15/99	
8. Is this the person who sho consistent with the service	ould be contacted by sta e delivery strategy?	te agencies when evaluating whether proposed Yes No	local government projects are
If not, provide designated	contact person(s) and p	phone number(s) below:	
<u> </u>			



PAGE 2

Instructions:

County: Wheeler	Service: Library
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.) wheeler County
☐ Service will be provided only identify the government, authorized and the service of the serv	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authorit funds, user fees, general funds, s indebtedness, etc.). 	by that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Wheeler County	General Fund & State Funds
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	
w w	

List any formal service de service:	livery agreements or inter	governmental contracts that will b	e used to implement the strategy for this
Agreement Name:	C	ontracting Parties:	Effective and Ending Dates:
None			
			1
6. What other mechanisms (if any) will be used to imp r fee changes, etc.), and w	plement the strategy for this service	e (e.g., ordinances, resolutions, local acts of the
None	r rec changes, etc.), and w	nen win they take effect:	
7. Person completing form:	Michael Chambers		
Phone number: (912) 56	8-7135	Date completed: 4/15/9)
8. Is this the person who sho consistent with the service	ould be contacted by state e delivery strategy?	agencies when evaluating whether les lest lest lest lest lest lest lest	proposed local government projects are
If not, provide designated	contact person(s) and pho	one number(s) below:	



PAGE 2

Instructions:

· · · · · · · · · · · · · · · · · · ·	
County: Wheeler	Service: Mosquito Control
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
☐ Service will be provided count checked, identify the government	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
 Service will be provided only i identify the government, author 	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this because of Scotland	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provide	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Scotland	General Fund
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	

List any formal service delivery agr service:	reements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
General Assembly, rate or fee chan, None	Il be used to implement the strategy for this service ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael	Chambers	
Phone number: (912) 568-7135	Date completed: 5/28/99)
consistent with the service delivery	ntacted by state agencies when evaluating whether particles of Yes No No erson(s) and phone number(s) below:	proposed local government projects are



PAGE 2

Instructions:

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

· · · · · · · · · · · · · · · · · · ·	
County: Wheeler	Service: Parks and Recreation
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
☐ Service will be provided count checked, identify the government	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
 Service will be provided only i identify the government, author 	n the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
government, authority, or othe	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und nigher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authority funds, user fees, general funds, spindebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vheeler County	General Fund & User Fees
city of Alamo	General Fund & User Fees
ity of Glenwood	General Fund & User Fees
city of Scotland	General Fund
	4
	previous arrangements for providing and/or funding this service within the county? s of Alamo and Glenwood each contributes \$500 annually to their parks and recreation

*Wheeler County and the cities of Alamo and Glenwood each contributes \$500 annually to their parks and recreation facilities. They feel that this amount is not significant enough to cause a tax inequity. The City of Scotland provides this service only within its incorporated boundary and is not involved in the arrangement with the other governments in Wheeler County.

List any formal service delivery agre service:	eements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) will General Assembly, rate or fee chang None	l be used to implement the strategy for this service ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael	Chambers	
Phone number: (912) 568-7135	Date completed: <u>5/28/99</u>	9
consistent with the service delivery	ntacted by state agencies when evaluating whether strategy? versus No erson(s) and phone number(s) below:	proposed local government projects are
	woonly and phone namoor(s) below.	



PAGE 2

Instructions:

County: Wheeler	Service: Public Health
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the government	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.) wheeler County
 Service will be provided only i identify the government, author 	n the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
 In developing the strategy, were o Yes ✓ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vheeler County	General Fund & State Funds
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	
	l de la companya de

List any formal service delivery ag service:	reements or intergovernmental contracts that will be u	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
o. What other mechanisms (if any) w General Assembly, rate or fee char None	ill be used to implement the strategy for this service (enges, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael	el Chambers	
Phone number: (912) 568-7135	Date completed: 4/15/99	
8. Is this the person who should be co- consistent with the service delivery	ontacted by state agencies when evaluating whether propositions of the proposition of the	oposed local government projects are
If not, provide designated contact p	person(s) and phone number(s) below:	



PAGE 2

Instructions:

County: Wheeler	Service: Public Housing		
1. Check the box that best describes	the agreed upon delivery arrangement for this service:		
☐ Service will be provided count checked, identify the government	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)		
☐ Service will be provided only in identify the government, author	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)		
unincorporated areas. (If this b City of Alamo, City of Glenwood One or more cities will provide	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 Alamo, City of Glenwood 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 b	ox is checked, identify the government(s), authority or organization providing the service.)		
☐ Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)		
 In developing the strategy, were of ☐ Yes ☑ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?		
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or		
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.		
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded		
Local Government or Authority:	Funding Method:		
City of Alamo	Rent & Federal Funds		
City of Glenwood	Rent & Federal Funds		
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?		
No Change.			
· ·			

List any formal service delivery service:	y agreements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any General Assembly, rate or fee c None) will be used to implement the strategy for this service changes, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mich	nael Chambers	
Phone number: (912) 568-713	Date completed: 4/15/99	9
8. Is this the person who should be consistent with the service deliv	e contacted by state agencies when evaluating whether powery strategy? very strategy?	proposed local government projects are
If not, provide designated conta	act person(s) and phone number(s) below:	



PAGE 2

Instructions:

County: Wheeler	Service: Public Transportation
	es the agreed upon delivery arrangement for this service:
Service will be provided coun	itywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.) Wheeler County
☐ Service will be provided only	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
 In developing the strategy, were ☐ Yes ☑ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respor	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vheeler County	General Fund, State Funds and User Fees
4 ** 111.4 1	
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
No Change.	

List any formal service delivery agre service:	ements or intergovernmental contracts that will be	s used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) will General Assembly, rate or fee chang None	be used to implement the strategy for this service es, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael (Chambers	
Phone number: (912) 568-7135	Date completed: 4/15/99	<u> </u>
8. Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per		proposed local government projects are



PAGE 2

Instructions:

County: Wheeler	Service: Public Works	
l. Check the box that best describes the agreed upon delivery arrangement for this service:		
☐ Service will be provided county checked, identify the government	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)	
Service will be provided only in identify the government, author	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)	
☐ One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)	
unincorporated areas. (If this b	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)	
Other. (If this box is checked, a government, authority, or other	nwood ttach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)	
 In developing the strategy, were of Yes ✓ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?	
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	ler the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or	
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.	
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	
Local Government or Authority:	Funding Method:	
Wheeler County	General Fund	
City of Alamo	General Fund	
City of Glenwood	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?	
No Change.		
v		

5. List any formal service delivery service:	agreements or intergovernmental contracts that will be u	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
General Assembly, rate or fee ch None	will be used to implement the strategy for this service (enanges, etc.), and when will they take effect?	.g., ordinances, resolutions, local acts of the
7. Person completing form: Micha	ael Chambers	
Phone number: (912) 568-713		
consistent with the service delive	contacted by state agencies when evaluating whether properly strategy? Yes No et person(s) and phone number(s) below:	oposed local government projects are



PAGE 2

Instructions:

County: Wheeler	Service: Road and Street Construction/Maintenance
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
☐ Service will be provided cou	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nment, authority or organization providing the service.)
 Service will be provided onlidentify the government, au 	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
☐ One or more cities will prov unincorporated areas. (If thi	vide this service only within their incorporated boundaries, and the service will not be provided in its box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provunincorporated areas. (If thi Wheeler County, City of Alamo, City o Other. (If this box is checker	ride this service only within their incorporated boundaries, and the county will provide the service in is box is checked, identify the government(s), authority or organization providing the service.) If Glenwood, City of Scotland d, attach a legible map delineating the service area of each service provider, and identify the ther organization that will provide service within each service area.)
	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue this higher levels of service (See O.C competition cannot be eliminated	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but I.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or 1).
If these conditions will be eliminate them, the response	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
3. List each government or author	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise , special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Wheeler County	General Fund & State Grants
City of Alamo	General Fund & State Grants
City of Glenwood	General Fund & State Grants
City of Scotland	General Fund & State Grants
4. How will the strategy change the	he previous arrangements for providing and/or funding this service within the county?
	restriction and desired the processing and of failure doctrice within the country:
No Change.	
	*

ents or intergovernmental contracts that will be	used to implement the strategy for this
Contracting Parties:	Effective and Ending Dates:
used to implement the strategy for this service (etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
ambers	
Date completed: 5/28/99	
ed by state agencies when evaluating whether pages? Yes I No n(s) and phone number(s) below:	roposed local government projects are
	Contracting Parties: used to implement the strategy for this service etc.), and when will they take effect? ambers Date completed: 5/28/99 ed by state agencies when evaluating whether pegy? Yes \(\sigma\) No



PAGE 2

Instructions:

County: Wheeler Service: Social Services	
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 checked, identify the government, authority or organization providing the service.) wheeler County	s box is
☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)	ed,
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the serv unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	ice in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify to government, authority, or other organization that will provide service within each service area.)	he
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identification. Yes ☑ No	ed?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service competition cannot be eliminated).	but areas or
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that wittaken to eliminate them, the responsible party and the agreed upon deadline for completing it.	li be
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enter funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).	prise
Local Government or Authority: Funding Method:	
Wheeler County General Fund & State Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
No Change.	

List any formal service delivery agree service:	ments or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
General Assembly, rate or fee change None	be used to implement the strategy for this service s, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael C	hambers	
Phone number: (912) 568-7135	Date completed: 4/15/99	
8. Is this the person who should be contact consistent with the service delivery str. If not, provide designated contact person		proposed local government projects are
	723	



PAGE 2

Instructions:

· · · · · · · · · · · · · · · · · · ·	
County: Wheeler	Service: Solid Waste Collection
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
☐ Service will be provided count	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
 Service will be provided only i identify the government, author 	on the unincorporated portion of the county by a single service provider. (If this box is checked, portry or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this h	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
government, authority, or othe	enwood, City of Scotland attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Wheeler County	General Fund & Fees
City of Alamo	General Fund & Fees
City of Glenwood	General Fund & Fees
City of Scotland	General Fund & Fees
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
No Change.	i i i i i i i i i i i i i i i i i i i

5. List any formal service delivery agreservice:	ements or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) will General Assembly, rate or fee change None	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michael C	Chambers	
Phone number: (912) 568-7135	Date completed: <u>5/28/9</u>	9
8. Is this the person who should be cont consistent with the service delivery s If not, provide designated contact per		proposed local government projects are



PAGE 2

Instructions:

- Whooler	
County: Wheeler	Service: Solid Waste Disposal
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
☐ Service will be provided coun checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
☐ Service will be provided only identify the government, authorized and the service of the serv	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
☐ One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
wheeler County, City of Alamo, City of G Other. (If this box is checked,	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) lenwood, City of Scotland attach a legible map delineating the service area of each service provider, and identify the errorganization that will provide service within each service area.)
	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	ider the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authorit funds, user fees, general funds, s indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Wheeler County	General Fund & Fees
City of Alamo	General Fund & Fees
City of Glenwood	General Fund & Fees
City of Scotland	General Fund & Fees
4. How will the strategy change the No Change.	previous arrangements for providing and/or funding this service within the county?

List any formal service delivery ag service:	reements or intergovernmental contracts that will be u	ised to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7.11		
6. What other mechanisms (if any) wi	ill be used to implement the strategy for this service (e	g., ordinances, resolutions, local acts of the
None	nges, etc.), and when will they take effect?	
None		
7. Person completing form: Michae	l Chambers	
Phone number: (912) 568-7135		
	Date completed: <u>5/28/99</u>	
Is this the person who should be co consistent with the service delivery	ontacted by state agencies when evaluating whether provided strategy? I Yes No	oposed local government projects are
If not, provide designated contact p	person(s) and phone number(s) below:	



PAGE 2

Instructions:

· · · · · · · · · · · · · · · · · · ·											
County: Wheeler	Service: Street Lights										
1. Check the box that best describes	the agreed upon delivery arrangement for this service:										
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)											
☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)											
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) City of Alamo, City of Glenwood, City of Scotland One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)											
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)											
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?										
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or										
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.										
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded										
Local Government or Authority:	Funding Method:										
City of Alamo	General Fund										
City of Glenwood	General Fund										
City of Scotland	General Fund										
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?										
No Change.											

5. List any formal service delivery ag service:	reements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
 What other mechanisms (if any) winder General Assembly, rate or fee chark None 	ill be used to implement the strategy for this service ages, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Michae	l Chambers	
Phone number: (912) 568-7135	Date completed: 5/28/99)
consistent with the service delivery	ontacted by state agencies when evaluating whether particle of the strategy? Yes No No person(s) and phone number(s) below:	proposed local government projects are



PAGE 2

Instructions:

County: Wheeler	Service: Tax Collection									
1. Check the box that best describes	the agreed upon delivery arrangement for this service:									
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)										
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)										
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)										
One or more cities will provide unincorporated areas. (If this b Wheeler County, City of Alamo, City of Gle Other. (If this box is checked, a	this service only within their incorporated boundaries, and the county will provide the service in the service in service, identify the government(s), authority or organization providing the service.) attach a legible map delineating the service area of each service provider, and identify the									
	r organization that will provide service within each service area.) overlapping service areas, unnecessary competition and/or duplication of this service identified?									
If these conditions will continue und	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or									
If these conditions will be eliminated taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.									
3. List each government or authority	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded									
Local Government or Authority:	Funding Method:									
Vheeler County	General Fund									
ity of Alamo	General Fund									
ity of Glenwood	General Fund									
ity of Scotland	General Fund									
4. How will the strategy change the No Change.	previous arrangements for providing and/or funding this service within the county?									

List any formal service delivery agreements of service:	r intergovernmental contracts that will be used to	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		Dates.
 What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), a None 	to implement the strategy for this service (e.g., or and when will they take effect?	rdinances, resolutions, local acts of the
7. Person completing form: Michael Chamber	rs	
Phone number: (912) 568-7135	Date completed: 5/28/99	·
8. Is this the person who should be contacted by consistent with the service delivery strategy? If not, provide designated contact person(s) an	✓ Yes ∪ No	d local government projects are

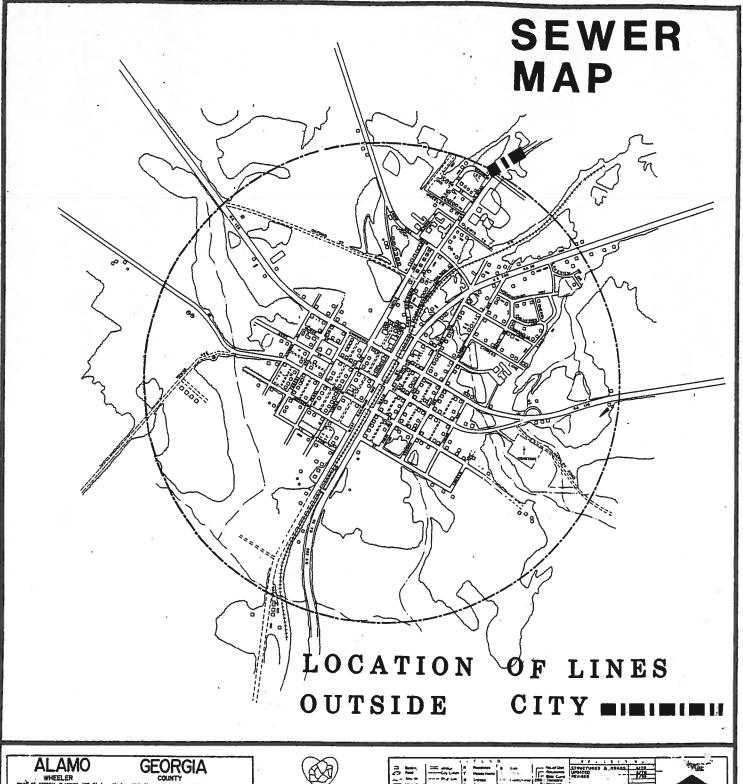


PAGE 2

Instructions:

County: Wheeler	Service: Wastewater									
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:									
☐ Service will be provided count checked, identify the government	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)									
 Service will be provided only i identify the government, author 	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)									
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in										
unincorporated areas. (If this b	ox is checked, identify the government(s), authority or organization providing the service.)									
Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)									
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?									
If these conditions will continue unchigher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or									
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.									
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded									
	Funding Method:									
City of Alamo	General Fund & User Fees									
ity of Glenwood	General Fund & User Fees									
ity of Scotland	General Fund & User Fees									
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?									
No Change.										
, , , , , , , , , , , , , , , , , , ,										
·										

List any formal service delivery agreed service:	ments or intergovernmental contracts that will be us	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
General Assembly, rate or fee changes None	ee used to implement the strategy for this service (e.g., etc.), and when will they take effect?	g., ordinances, resolutions, local acts of the
7. Person completing form: Michael Cl	hambers	
Phone number: (912) 568-7135	Date completed: <u>5/28/99</u>	
8. Is this the person who should be contactoristent with the service delivery str	cted by state agencies when evaluating whether propategy? Ves No	posed local government projects are



ALAMO GI GEORGIA





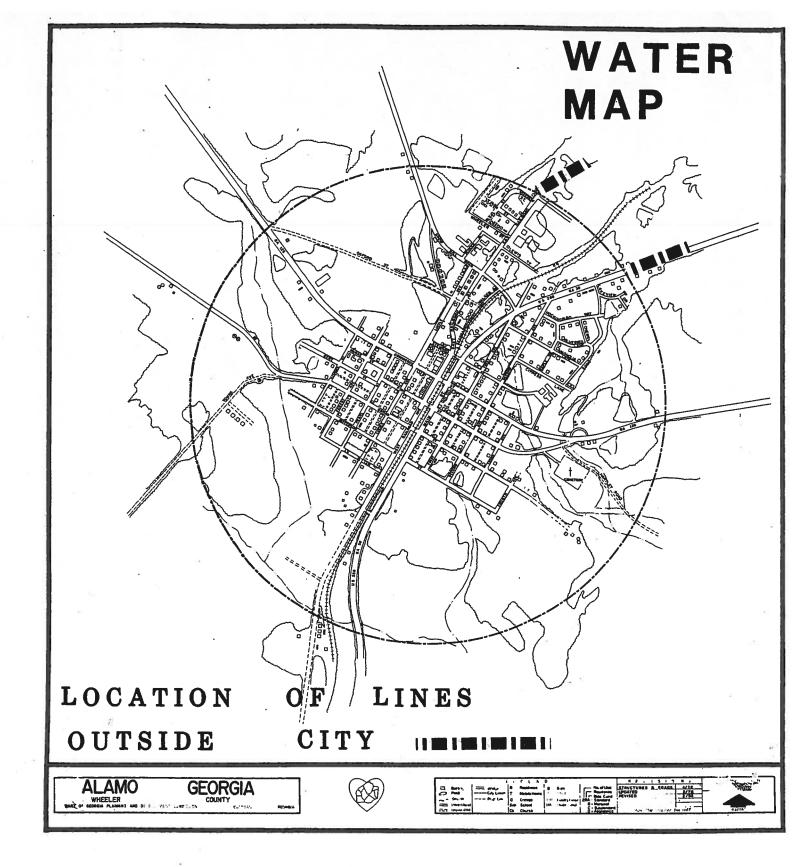


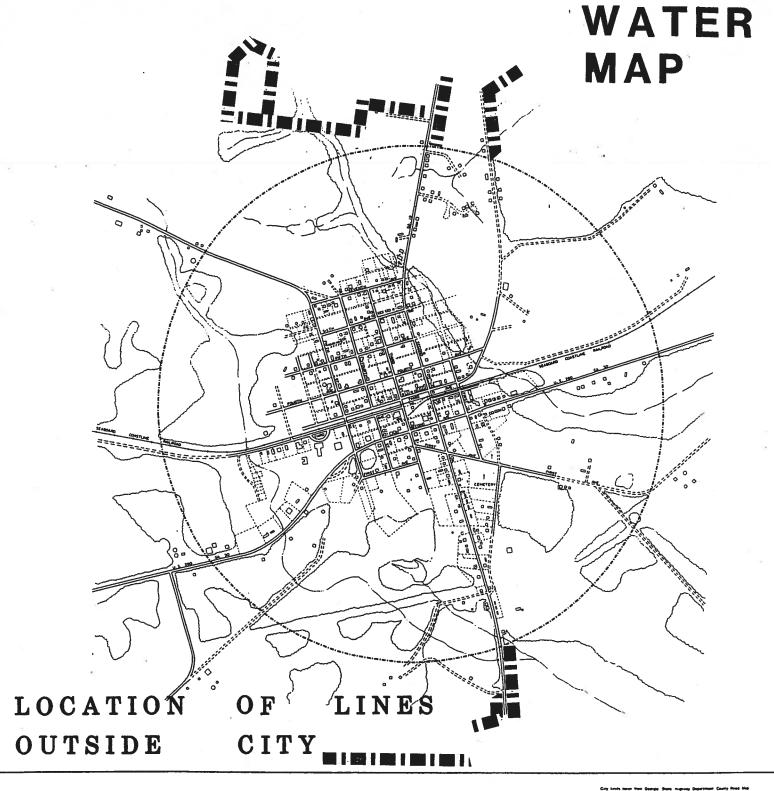
PAGE 2

Instructions:

NAME I									
County: Wheeler Service: Water Supply/Distribution									
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 checked, identify the government, authority or organization providing the service.)									
☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)									
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) City of Alamo, City of Glenwood, City of Scotland One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)									
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)									
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □ Yes 🗹 No									
If these conditions will continue under the 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 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.).									
Local Government or Authority: Funding Method:									
City of Alamo General Fund & User Fees									
City of Glenwood General Fund & User Fees									
City of Scotland General Fund & User Fees									
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?									
No Change.									
No Change.									

List any formal service delivery agreem service:	nents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
 What other mechanisms (if any) will be General Assembly, rate or fee changes, None 	used to implement the strategy for this service (e.g. etc.), and when will they take effect?	, ordinances, resolutions, local acts of the
7. Person completing form: Michael Cha	ambers	· · · · · · · · · · · · · · · · · · ·
Phone number: (912) 568-7135	Date completed: <u>5/28/99</u>	
8. Is this the person who should be contact consistent with the service delivery stra	eted by state agencies when evaluating whether propertiegy?	osed local government projects are
If not, provide designated contact person	m(a) and above mumber(a) below.	





GLENWOOD GEORGIA
WHEELER COUNTY
HEAT OF SECRICA PLANNING AND DEVELOPMENT COMMISSION EASTMAN, SECRICA

Delay Deep R Superior F																	 								 	•	
Annual	Feet	in P	1000	_	Г.	8	_	*	•	I	1	1	٧	ŧ	B			0	*	t	•	 ,	•	_	 •		· ·
2222 Unanced Re Co. Charges D. Appending Street Mag Properted May 1976 nagric			4	.									_	=	=	Paragraph 2 14 - Survey 2 - Surve	Sred Paulity I			•	 0	٠			.	Parag Straum Parad Ro	=

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

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

Department of Community Affairs.	graphic of reported to the							
County: WHEELER								
 What incompatibilities or conflicts between the land use plans of local government service delivery strategy? None 	nents were identified in the process of developing the							
2. Check the boxes indicating how these incompatibilities or conflicts were address	esed:							
☐ amendments to existing comprehensive plans	Note: If the necessary plan amendments,							
☐ adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been							
other measures (amend zoning ordinances, add environmental regulations, etc.								
If "other measures" was checked, describe these measures:	3 g · · · · · · · · · · · · · · · · · ·							
3. Summarize the process that will be used to resolve disputes when a county disagareas to be annexed into a city. If the conflict resolution process will vary for d. The county will notify the city that it has a bona fide land use classification in writing within 30 days by either (a) agreeing to implement the county's stopping the action, or (c) disagreeing with the county's objections and in needed.	ifferent cities in the county, summarize each process. n objection; the city will respond to the county stipulations, (b) agreeing with the county and itiating a joint meeting. Mediation will follow if							
4. What policies, procedures and/or processes have been established by local government that new extraterritorial water and sewer service will be consistent with all applica. The county and all cities have adopted a joint resolution to insure that profise compatible with land use plans and ordinances of the territory of the adservice is to be extended.	ble land use plans and ordinances?							
5. Person completing form: Michael Chambers								
Phone number: (912) 568-7135 Date completed: 4	/15/99							
6. Is this the person who should be contacted by state agencies when evaluating who consistent with land use plans of applicable jurisdictions? Yes No If not, provide designated contact person(s) and phone number(s) below:	hether proposed local government projects are							

SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions:

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

SERVICE DELIVERY STRATEGY FOR WHEELER

COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Michael Char	Michael Chambers	Chairman	Wheeler County	7/2/99
Maurie John	Maurice Johnson	Mayor	City of Alamo	7/2/99
Sm- Jeiner g	G.M. Joiner, Jr.	Mayor	City of Glenwood	7/2/99
Led W. M. Jang	Ted McLaughlin	Mayor	City of Helena	7/2/99
Teny Moon	Terry Moon	Mayor	City of Scotland	7/2/99
				:

WHEELER COUNTY INTERGOVERNMENTAL AGREEMENT

Process to Insure Compatibility with Applicable Land Use Plans and Ordinances Pursuant to the Provision of New Extraterritorial Water and Sewer Services

WHEREAS, the respective member governments of Wheeler County, which include the Wheeler County Board of Commissioners and the Mayor/Councils of the cities of Alamo, Glenwood, Helena and Scotland have, pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy including compatible future land use plans; and

WHEREAS, the respective governments party to this agreement have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of a new extraterritorial water and sewer service is consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

NOW THEREFORE BE IT RESOLVED THAT: The Wheeler County Board of Commissioners of Wheeler County, Georgia and the governing bodies of the cities of Alamo, Glenwood, Helena and Scotland hereby agree to implement the following process for the provision of extraterritorial water and sewer services effective immediately upon the adoption of this Resolution by the respective governments.

- 1. Prior to initiating any extension of water or sewer services outside the boundaries of that respective local government, the city seeking such an extension will notify the county government of the proposed extension. The notification will provide information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use), and the existing land use classification of the property. Official notification of the county as required by this agreement shall be achieved by delivery of the required information to the county clerk.
- 2. Within thirty (30) working days following receipt of the above information, the county will forward to the city proposing the extension a statement:
 - (a) indicating that the proposed extraterritorial water or sewer extension is deemed compatible with the county's land use plan and all applicable ordinances and that the county has no objection to the proposal; or
 - (b) describing its bona fide objections to the proposed water or sewer extension stating why the proposal is incompatible with the land use plan or ordinances, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;
- 3. If the county has no objection, or fails to respond within thirty (30) working days, to the city's proposed extraterritorial water or sewer extension, the city is free to proceed with the provision of the service.

- 4. If the county notifies that city that it has a bona fide objection, the city will respond to the county in writing within thirty (30) working days by either:
 - (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer service extension;
 - (b) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection;
 - (c) requesting a meeting and informal resolution of the issues, including discussing a formal change, if necessary to the land use plan;
 - (d) disagreeing that the county's objection is bona fide and asking for county reconsideration, or requesting a meeting and informal resolution as in step 4(c);
 - (e) if the informal dispute resolution process in steps 4© or 4(d) do not result in agreement, the city or county may initiate a formal mediation process.
- 5. If the city and county reach agreement as described in step 4© or 4(d), the city is free to proceed with the extraterritorial service extension as agreed.
- 6. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.
- 7. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process, or have been taken to mediation.
- 8. If no resolution of the county's objection(s) occurs even after mediation, the city may:
 - (a) drop the proposal and not proceed with the extension; or
 - (b) take court action to obtain a declaratory judgment or otherwise take appropriate action which would lawfully allow the extension.
- 9. However, the final determination of the compatibility of the proposed extension with the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension, unless court action determines that the county's objection(s) is not bona fide and a declaratory judgment is obtained.

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WI	TNESS	WHERE	OF the under	signed parties ha	ve hereunto	affixed it	s names and	seals on
thiss	end	_day of	July	, 1999.				50010 011

Wheeler County Board of Commissioners

By: Muchael Charle Michael Chambers, Chairman

Attest:

Elaine Clark, County Clerk

Mayor and Council, Alamo, Georgia

By: Maurice Johnson, Mayor

Attest:

Debra Browning, City Clerk

Mayor and Council, Glenwood, Georgia

By: A Joiner It Moyer

Attest:

Sue Connell, City Clerk

Mayor and Council, Helena, Georgia

By: Ted McLaughlin, Mayor

Attest:

Jimmy Patterson, City Clerk

Mayor and Council, Scotland, Georgia

By: Terry Moon, Mayor

Attest:

Abbie Harris, City Clerk



SERVICE DELIVERY STRATEGY UPDATE CERTIFICATIONS

Instructions:

This two page form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 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.

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	UPI	DA"	TED SERVICE DELIVERY STRATEGY FOR	WHEELER	COUNTY
W	c, the w	nder	rsigned authorized representatives of the jurisdiction	s listed below, certify that:	
1.			reviewed our existing Service Delivery Strategy and rily one box for question #1)	have determined that:	
	Ø,	A.	Our Strategy continues to accurately reflect our pre- county and no changes in our Strategy are needed a		ng local services throughout our
		B.	Our Strategy has been revised to reflect our preferre	ed arrangements for providing lo	cal services.
If	Option A	A is	selected, only this form, signed by the appropriate lo	ocal government representatives	must be provided to DCA.
	Option I	B is	selected, this form, signed by the appropriate local g	government representatives, mus	t be submitted to DCA along
	• 2	any an u prov	updated "Summary of Service Arrangements" form (supporting local agreements pertaining to each of the updated service area map depicting the agreed upon a wider for each service that has been revised/updated to acide with local political boundaries.	ese services that has been revised service area for each provider if the	t/updated; and here is more than one service
2.	resolu	tion	our governing bodies (County Commission and City (as agreeing to the Service Delivery arrangements ide station of our service delivery strategy (O.C.G.A. 36	ntified in our strategy and have e	
3.			ce delivery strategy continues to promote the deliver nsive manner for all residents, individuals and prope		
4.	geogra	aphi	ce delivery strategy continues to provide that water of boundaries of a service provider are reasonable and ithin the geographic boundaries of the service provides.	d are not arbitrarily higher than t	
5.	those j	oint	the delivery strategy continues to ensure that the cost the funded by the county and one or more municipals borne by the unincorporated area residents, individually; (3));	ities) primarily for the benefit of	the unincorporated area of the

- Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));
- Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any
 jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- 8. Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))¹ and;
- 9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:

greed upon process exi	NAME: (Please print or type)	TTILE:	JURISDICTION:	DATE:
Just	Isaac J. Culver, Jr.	Chairman	Wheeler County	8-19-04
B-49.	Bobby Cox, Jr.	Mayor	City of Alamo	
am francy	G. M. Joiner, Jr.	Мауог	City of Glenwood	