

Board of Commissioners of Spalding County Special Called Meeting March 10, 2020 10:00 AM One Griffin Center

- I. OPENING (CALL TO ORDER)
 - PLEASE SILENCE YOUR CELL PHONES AND ALL OTHER ELECTRONIC DEVICES.
- II. INVOCATION
- III. PLEDGE TO FLAG
- IV. AGENDAITEMS
 - 1. A joint meeting between the Spalding County Board of Commissioners and the City of Griffin Commission to discuss the Service Delivery Strategy (SDS).
- V. ADJOURNMENT



SPALDING COUNTY BOARD OF COMMISSIONERS Joint Meeting to Discuss SDS

Requ	esting Agency		
Cou	nty Clerk		
Requ	uested Action		
	int meeting between the Spaldingus the Service Delivery Strate	g County Board of Commissioners and the (gy (SDS).	City of Griffin Commission to
Requ	irement for Board Action		
1- 4-	- Kow Cool Balata 10		
is thi	s Item Goal Related?		
Sum	mary and Background		
Fisca	I Impact / Funding Source		
STAI	FF RECOMMENDATION		
ATTA	CHMENTS:		
	Description	Upload Date	Туре
D	SDS Form 2	3/6/2020	Cover Memo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY:SPALDING	Service:800 mHz		
Check <u>one</u> box that best describes the agreed upo N Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service:		
	thority or organization providing the service.): Spalding County		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	1		W- (1,)	
Local Government or Authority		Funding N		
Spalding County		General Fund, User Fees, Grants, SPLOS		
City of Griffin		General Fund, Enterprise Funds, Grants, SPLOST		
. How will the strategy change	the previ	ous arrangements for providing and/or fundi	ng this service within the county?	
			<u> </u>	
	ery agreen	nents or intergovernmental contracts that wi	Il be used to implement the strategy fo	
this service:				
Agreement Name		Contracting Parties	Effective and Ending Dates	
IGA - 800 mHz	Spaldi	ng County & City of Griffin	11/01/2017-06/30/2020	
M/hat ather mechanisms (if a	ما النب (برم	a used to implement the etrategy for this con	viae (e.g. ordinances recelutions less	
		e used to implement the strategy for this serves changes, etc.) and when will they take e		
		e used to implement the strategy for this senee changes, etc.), and when will they take e		
	, rate or f	ee changes, etc.), and when will they take e		
Person completing form: Will Phone number: 770-467-422. Is this the person who should	liam P W	ee changes, etc.), and when will they take e	ffect?	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY:SPALDING	Service: Administration		
Check one box that best describes the agreed upo Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service:		
(If this box is checked, identify the government, aut	thority or organization providing the service.):		
checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing ty of Sunny Side & City of Orchard Hill		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
	entation as described, below)		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

O List and a second and the site the				
	at will help to pay for this service and indicate how the unds, special service district revenues, hotel/motel ta			
Local Government or Authority	Funding Method			
Spalding County	General Fund, Indirect Cost			
City of Griffin	General Fund			
City of Sunny Side	General Fund	General Fund		
City of Orchard Hill	General Fund			
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?		
this service:	ements or intergovernmental contracts that will be use	ed to implement the strategy for		
4 4 4				
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e.g. fee changes, etc.), and when will they take effect?			
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e.			
6. What other mechanisms (if any) will	be used to implement the strategy for this service (e.g. fee changes, etc.), and when will they take effect?			
6. What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembl	be used to implement the strategy for this service (e.g. fee changes, etc.), and when will they take effect? Wilson, Jr Date completed: 09/19/2019 tacted by state agencies when evaluating whether pr	g., ordinances, resolutions, local		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY:SPALDING	Service: Adult & Juvenile Probation		
Check one box that best describes the agreed upon. a.) Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service:		
(If this box is checked, identify the government, aut			
checked, identify the government, authority or orga			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the		
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
	entation as described, below)		
If these conditions will continue under this strategy, a	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

SDS FORM 2, continued

	that will help to pay for this service and indicate horal funds, special service district revenues, hotel/mot			
Local Government or Authori	ty Funding Met	hod		
Spalding County	General Fund, User Fees, State of Georgia			
City of Griffin	User Fees			
Oity of Offillin	00011000	9001 1 000		
4. How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?		
	Probation through Municipal Court. All Juvenile Probrent jurisdiction between entities for certain offenses			
List any formal service delivery a this service:	greements or intergovernmental contracts that will b	e used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Probation Service Agreement S	Spalding County & Judicial Alternative Services	01/01/2018-12/31/2022		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
Adult and Juvenile Probation services are porvided in accordance with Georgia Law and Court Orders.				
 7. Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government 				
projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Airport-New
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
identify the government, authority, or other organization	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Spalding Authority, Federal Aviation Administration, Georgia Department of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Spalding County	General Fund, Bonds, Grants, SPLOST
City of Griffin	General Fund, Bonds, Grants, SPLOST
Griffin-Spalding Airport Authority	User Fees, Grants, Sales
Federal Aviation Administration	Grants
Georgia Dept of Transportation	Grants

How will the strategy ch	nange the previous	arrangements for p	providing and/or funding	g this service within the county	/?

Griffin-Spalding Airport Authority was established by local legislation on 07/01/2012. Jointly funded by City of Griffin and Spalding County for operating of existing airport and construction/operations of new Airport once constructed.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Joint Funding of a New	City of Griffin, Spalding County, Airport Authority	08/2014-12/2030
MOU Replacing Griffin	City of Griffin, FAA, Spalding County	10/2014 - None

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

Services at the Griffin-Spalding Airport are provided in accordance with Federal and State Laws, City Code, and Federal Rules and Regulations. City and County agree that the new Airport will be annexed into the City of Griffin.

7. Person completing form: William P Wilson, Jr

Phone number: **770-467-4224** Date completed: 09/19/2019

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes
No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Airport - 6A2
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
1. Check one box that best describes the agreed upo	on delivery arrangement for this service.
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
identify the government, authority, or other organization	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): Spalding Authority, Federal Aviation Administration, Georgia Department of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Spalding County	General Fund, Bonds, Grants
City of Griffin	General Fund, Bonds, Grants
Griffin-Spalding Airport Authority	User Fees, Grants, Sales
Federal Aviation Administration	Grants - Federal
Georgia Dept of Transportation	Grants - State

How will the strategy ch	nange the previous	arrangements for p	providing and/or funding	g this service within the county	/?

Griffin-Spalding Airport Authority was established by local legislation on 07/01/2012. Jointly funded by City of Griffin and Spalding County for operating of existing airport and construction/operations of new Airport once constructed.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA Joint Funding of General	City of Griffin, Spalding County, Airport Authority	07/2013-06/2023
MOA Replacing G+S Airport	City of Griffin, Federal Aviation Administration, Spalding	10/2014-None
- 1 3 - 1		

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

Services at the Griffin-Spalding Airport are provided in accordance with Federal and State Laws, City Code, and Federal Rules and Regulations. City and County agree that the new Airport will be annexed into the City of Griffin.

7. Person completing form: William P Wilson, Jr

Phone number: **770-467-4224** Date completed: 09/19/2019

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Animal Control
1. Check one box that best describes the agreed upo	
 a.)	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

 List each government or authority enterprise funds, user fees, gener fees, bonded indebtedness, etc.). 				
Local Government or Authori	'V	F	unding Method	
Spalding County		Fund, User Fees, SPLOS		
City of Griffin		und, User Fees, SPLOS		
. How will the strategy change the	orevious arrange	ements for providing and	d/or funding this s	service within the county?
Liet one formal coming delicery	wooments as inte		to that will be	d to implement the strate f-
. List any formal service delivery at this service:	greements or int		is that will be use	
Agreement Name		Contracting Parties		Effective and Ending Dates
. What other mechanisms (if any) vacts of the General Assembly, rate				., ordinances, resolutions, loca
7. Person completing form: William Phone number: 770-467-4224	P Wilson, Jr	Date completed: 09/	19/2019	
s. Is this the person who should be projects are consistent with the se			ating whether pro	pposed local government
If not, provide designated contact	person(s) and p	hone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Animal Shelter
1. Check one box that best describes the agreed upo	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Spalding County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ity that will help to pay for this service and indic eral funds, special service district revenues, ho).	
Local Government or Author	rity Fundii	ng Method
Spalding County	General Fund, User Fees, SPLOST, G	
4. How will the strategy change th	e previous arrangements for providing and/or fu	unding this service within the county?
5. List any formal service delivery this service:	agreements or intergovernmental contracts tha	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	
7. Person completing form: Willia Phone number: 770-467-4224	m P Wilson, Jr Date completed: 09/19/20	019
B. Is this the person who should b	e contacted by state agencies when evaluating	whether proposed local government
projects are consistent with the	service delivery strategy? Yes No	whether proposed local government
		whether proposed local government

ANIMAL SHELTER

2. Explanation for Continuing the Arrangement

Spalding County and the City of Griffin have separate Animal Control Departments. However, the City of Griffin's Animal Control Department enforces a City Wide leash law and potentially dangerous and vicious animals: Spalding County only enforces rabies control laws and responds to calls regarding potentially dangerous animals or animals that are damaging private property in unincorporated Spalding County. Consequently, the City provides a higher level of service by collecting the animals and bringing them to the Spalding County Animal Shelter in medically acceptable shape.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Service: Archivist
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the Spalding School System
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
e.) X Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

Local Government or Auti	hority Funding M	ethod
Spalding County	General Fund, Grants, Donations	
City of Griffin	General Fund, Grants, Donations	
low will the strategy change	the previous arrangements for providing and/or funding	ng this service within the county?
ist any formal service delive	ry agreements or intergovernmental contracts that will	he used to implement the strategy
ist any formal service delive nis service:	ry agreements or intergovernmental contracts that will	be used to implement the strategy
is service:		
nis service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name		
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
Agreement Name iffin Spalding Archives	Contracting Parties Spalding County and City of Griffin	Effective and Ending Da 03/26/2013-06/30/2023
Agreement Name iffin Spalding Archives What other mechanisms (if all	Contracting Parties	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if all	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this servi	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if all	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this servi	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if all	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this servi	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if all	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this servi	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if all	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this servi	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if all	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this servi	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if all	Contracting Parties Spalding County and City of Griffin any) will be used to implement the strategy for this serving, rate or fee changes, etc.), and when will they take eff	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name riffin Spalding Archives What other mechanisms (if another of the General Assembly	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this serving, rate or fee changes, etc.), and when will they take efficient P Wilson, Jr	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I
Agreement Name iffin Spalding Archives What other mechanisms (if and the General Assembly) Person completing form: Will hone number: 770-467-4224 Is this the person who should the service:	Contracting Parties Spalding County and City of Griffin ny) will be used to implement the strategy for this serving, rate or fee changes, etc.), and when will they take efficient P Wilson, Jr	Effective and Ending Da 03/26/2013-06/30/2023 ice (e.g., ordinances, resolutions, I fect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: City Police
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
(If this box is checked, identify the government, aut	thority or organization providing the service.):
 b.)	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☑ Yes (if "Yes," you must attach additional docum ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	entation as described, below)
□No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dage 1 of 2

	•	_				_							т
-	S	30	115	w	12	C	O	m	TI	n	ıur	ρ,	

	neral funds, specia		ndicate how the service will be funded (e.g., , hotel/motel taxes, franchise taxes, impact
Local Government or Author	ority	Fur	nding Method
City of Griffin			Fines and Forfeitures, SPLOST
4. How will the otrotogy change to		omente for providing and/	or funding this service within the county?
5. List any formal service delivery this service:	agreements or int	tergovernmental contracts	that will be used to implement the strategy t
Agreement Name		Contracting Parties	Effective and Ending Date
Automatic Aid		palding County Sheriff's O	Office 12/11/2018-07/01/2019 auto
acts of the General Assembly,			this service (e.g., ordinances, resolutions, lo
7. Person completing form: Willia Phone number: 770-467-4224	nm P Wilson, Jr	Date completed: 09/19	9/2019
projects are consistent with the	service delivery st	trategy? ⊠Yes ⊡No	ting whether proposed local government
If not, provide designated conta	ict person(s) and p	onone number(s) below:	

CITY POLICE

2.

The City of Griffin and Spalding County have found some overlap of service areas between the Griffin Police Department and the Spalding County Sheriff's Department exist. However, the provision of law enforcement services by the Griffin Police Department represents a higher level of service by the City of Griffin which is permitted by OCGA 36-70-1, et seq.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Code Enforcement
Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut).	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

Local Carramanant and Arthur		lethe d
Local Government or Author	User Fees, Fines	etnod
Spalding County	General Fund, Fines, Court Fees	
City of Griffin	General Fund, Fines, Court Fees	
	I	
How will the strategy change the	previous arrangements for providing and/or fundir	ng this service within the county?
_		
	greements or intergovernmental contracts that will	be used to implement the strategy f
	greements or intergovernmental contracts that will	be used to implement the strategy f
this service:		
	greements or intergovernmental contracts that will Contracting Parties	Effective and Ending Date
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this serv	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this serv	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this serv	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this serv	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this serv	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Vill be used to implement the strategy for this serv	Effective and Ending Date
What other mechanisms (if any) acts of the General Assembly, ra	Contracting Parties vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	Contracting Parties vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	Effective and Ending Date
Mhat other mechanisms (if any) acts of the General Assembly, ra	Contracting Parties vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	Effective and Ending Date
What other mechanisms (if any) acts of the General Assembly, ra Person completing form: William Phone number: 770-467-4224 Is this the person who should be	Contracting Parties vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	Effective and Ending Date







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:SPALDING	Service: Collection Centers
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☑ Yes (if "Yes," you must attach additional documents ———————————————————————————————————	entation as described, below)
□No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

fees, bonded indebtedness, etc.		ate how the service will be funded (e.g., cel/motel taxes, franchise taxes, impact
Local Government or Author	rity Fundin	ng Method
Spalding County	General Fund	g
. How will the strategy change th	e previous arrangements for providing and/or fu	anding this service within the county?
. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this sate or fee changes, etc.), and when will they tak	
acts of the General Assembly, ra	ate or fee changes, etc.), and when will they tak	e effect?
acts of the General Assembly, ra		e effect?
acts of the General Assembly, ra	ate or fee changes, etc.), and when will they take	e effect?
Solid Waste Services are provided. Person completing form: William Phone number: 770-467-4224 Is this the person who should be	ate or fee changes, etc.), and when will they take the decision of the secondary country code at the secondary code at the sec	e.
Solid Waste Services are provided. Person completing form: William Phone number: 770-467-4224 Is this the person who should be projects are consistent with the services.	ed in accordance with the Spalding County Code m P Wilson, Jr Date completed: 09/19/20 e contacted by state agencies when evaluating	e.

COLLECTION CENTERS

2

Spalding County and The City of Griffin provide different levels of services for Solid Waste. Griffin provides a curbside collection program while Spalding County provides collection centers throughout the County for household garbage and certain recyclables.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service:Cooperative Extension
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	(IVI 2. C	ontinued

Local Government or Aut	hority Funding	Method
palding County	General Fund,USG Board of Regents, U	
low will the strategy change	the previous arrangements for providing and/or fun	nding this service within the county?
_		
onsumer Science and 4H		
ist any formal service delive	ary agreements or intergovernmental contracts that	will be used to implement the strategy
	ery agreements of intergovernmental contracts that	will be deed to implement the endlegy
	ay agreements of intergovernmental contracts that	will be deed to implement the endlegy
	Contracting Parties	Effective and Ending Date
nis service: Agreement Name		
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name Dunty Agent	Contracting Parties USG and Spalding County	Effective and Ending Date 07/01/2018-until rescinded
Agreement Name Ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County In parties USG and Spalding County In parties USG and Spalding County	Effective and Ending Date 07/01/2018-until rescinded ervice (e.g., ordinances, resolutions, le
Agreement Name ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County	Effective and Ending Date 07/01/2018-until rescinded ervice (e.g., ordinances, resolutions, le
Agreement Name ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County In parties USG and Spalding County In parties USG and Spalding County	Effective and Ending Date 07/01/2018-until rescinded ervice (e.g., ordinances, resolutions, le
Agreement Name ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County In parties USG and Spalding County In parties USG and Spalding County	Effective and Ending Date 07/01/2018-until rescinded ervice (e.g., ordinances, resolutions, le
his service: Agreement Name ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County In parties USG and Spalding County In parties USG and Spalding County	Effective and Ending Date 07/01/2018-until rescinded ervice (e.g., ordinances, resolutions, le
his service: Agreement Name ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County In parties USG and Spalding County In parties USG and Spalding County	Effective and Ending Date 07/01/2018-until rescinded ervice (e.g., ordinances, resolutions, le
Agreement Name ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County any) will be used to implement the strategy for this so, rate or fee changes, etc.), and when will they take	Effective and Ending Date 07/01/2018-until rescinded ervice (e.g., ordinances, resolutions, le
Agreement Name Ounty Agent What other mechanisms (if a	Contracting Parties USG and Spalding County Iny) will be used to implement the strategy for this so, rate or fee changes, etc.), and when will they take	Effective and Ending Date 07/01/2018-until rescinded on the control of the contro
Agreement Name ounty Agent What other mechanisms (if a cts of the General Assembly Person completing form: Will Phone number: 770-467-422 as this the person who should	Contracting Parties USG and Spalding County Iny) will be used to implement the strategy for this so, rate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, le effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

CDC	FOR		
2D2	FORI	VI 2. CC	ontinued

	ity that will help to pay for this service and indic eral funds, special service district revenues, ho).	
Local Government or Author	rity Fundi	ing Method
Spalding County	General Fund	
. How will the strategy change th	e previous arrangements for providing and/or f	funding this service within the county?
List any formal service delivery this service:	agreements or intergovernmental contracts that	at will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this ate or fee changes, etc.), and when will they ta	
. Person completing form: Willia Phone number: 770-467-4224	m P Wilson, Jr Date completed: 09/19/20	019
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes □No	g whether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

CDC	FOR		
2D2	FORI	VI 2. CC	ontinued

	ority that will help to pay for this service and indicaneral funds, special service district revenues, hoto.).	
Local Government or Auth	ority Fundir	ng Method
Spalding County	General Fund, State of Georgia DOC, C	
I. How will the strategy change t	he previous arrangements for providing and/or fu	unding this service within the county?
5. List any formal service deliver this service:	y agreements or intergovernmental contracts that	t will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Inmate Work Detail	City of Griffin	07/01/19-06/30/20
Inmate Work Detail	City of Thomaston	07/01/19-06/30/20
Inmate Work Detail	Upson County	07/01/19-06/30/20
Inmate Work Detail	Fayette County	07/01/17-06/30/18
Inmate Work Detail	Henry County	07/01/17-06/30/18
Inmate Work Detail	Griffin-Spalding School System	07/01/17-06/30/18
	y) will be used to implement the strategy for this rate or fee changes, etc.), and when will they tak	
	am P Wilson, Jr Date completed: 09/19/20 be contacted by state agencies when evaluating a service delivery strategy? ⊠Yes □No	
If not, provide designated cont	act person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:SPALDING	Service: Court - Municipal	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider.	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☑ Yes (if "Yes," you must attach additional documents ———————————————————————————————————	entation as described, below)	
□No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

CDC	FOE		
SUS	s FUR	(IVI 2. C	ontinued

	ty that will help to pay for this service and indiceral funds, special service district revenues, how).	
Local Government or Author	rity Fundi	ing Method
City of Griffin	General Fund, Grants, Fines, User Fe	
5. List any formal service delivery	e previous arrangements for providing and/or f	
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ate or fee changes, etc.), and when will they ta	
7. Person completing form: Willia Phone number: 770-467-4224	n P Wilson, Jr Date completed: 09/19/2	019
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	g whether proposed local government
If not, provide designated conta	et person(s) and phone number(s) below:	

Court – Municipal

2.

Municipal court cases could be heard in either City of Griffin or Spalding County Courts depending on the charge.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Court - Accountability, Superior, Juvenile, State & Probate
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
1. Officer disc box that best describes the agreed apo	in delivery arrangement for this service.
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is unization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ty that will help to pay for this service and inc eral funds, special service district revenues, h).	
Local Government or Author	rity Fund	ding Method
Spalding County	General Fund, Grants, Fines, User F	
	e previous arrangements for providing and/or	
i. List any formal service delivery	agreements or intergovernmental contracts t	hat will be used to implement the strategy for
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
rigi coment riame	John dodnig Fal doc	Enouve and Enamy Butto
	will be used to implement the strategy for thate or fee changes, etc.), and when will they t	is service (e.g., ordinances, resolutions, locatake effect?
7. Person completing form: Willia Phone number: 770-467-4224	n P Wilson, Jr Date completed: 09/19/	/2019
projects are consistent with the	e contacted by state agencies when evaluatir service delivery strategy? ⊠Yes ⊡No	ng whether proposed local government
If not, provide designated conta	et person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Curbside Solid Waste Collection
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☑ Yes (if "Yes," you must attach additional docum —	entation as described, below)
□No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

Local Government or Author	ity Funding I	Method
City of Griffin	User Fees	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
	greements or intergovernmental contracts that wi	ill be used to implement the strategy
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
	Spalding County and City of Griffin	11/2006-11-2056
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g. ordinances, resolutions le
	will be used to implement the strategy for this ser	
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take e	effect?
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take e	effect?
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take e	effect?
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take e	effect?
acts of the General Assembly, ra The County and the City of Griffin Their written agreement is 11/20/2 Person completing form: Willian	te or fee changes, etc.), and when will they take en the changes, etc.), and when will they take en the changes, etc.), and when will they take en the changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes.	effect?
acts of the General Assembly, ra The County and the City of Griffin Their written agreement is 11/20/2 Person completing form: Willian	te or fee changes, etc.), and when will they take en the changes, etc.), and when will they take en the changes, etc.), and when will they take en the changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes, etc.), and when will they take end to be changes.	effect?
The County and the City of Griffin Their written agreement is 11/20/2 Person completing form: William Phone number: 770-467-4224 Is this the person who should be	te or fee changes, etc.), and when will they take en the changes and the control of the changes are the changes and the control of the changes are the changes	effect?
The County and the City of Griffin Their written agreement is 11/20/2. Person completing form: William Phone number: 770-467-4224 Is this the person who should be projects are consistent with the second control of the control of	te or fee changes, etc.), and when will they take etc. have agreed to provide curbside collection service 2006 for 50 years Date completed: 09/19/2019 contacted by state agencies when evaluating wh	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Detention Center
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☑ Yes (if "Yes," you must attach additional document or an experience of the content of t	entation as described, below)
□No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel to	
Local Government or Author	rity	Funding Method General Fund, SPLOST, Grants, User Fees	
Spalding County City of Griffin			NET.
City of Griffin		Jail add on fees, User Fees, General Fund, SPLC)51
How will the strategy change the strategy	e prev	ious arrangements for providing and/or funding this	service within the county?
this service:	agree	ments or intergovernmental contracts that will be us	
Agreement Name		Contracting Parties	Effective and Ending Dates
City of Griffin Inmate	Spalo	ling County and City of Griffin	07/2017-07/31/2019 + auto
		e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Willia Phone number: 770-467-4224	m P W	ilson, Jr Date completed: 09/19/2019	
		acted by state agencies when evaluating whether per delivery strategy? \boxtimes Yes \square No	roposed local government
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Emergency Communications - 911
1. Check one box that best describes the agreed upo	
(If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporechecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dage 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

fees, bonded indebtedness, etc	neral funds, special service district revenues, hot .).	ate how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Author	rity Fundin	g Method
Spalding County	User Fees, General Funds, Impact Fee	
How will the strategy change th	ne previous arrangements for providing and/or fu	nding this service within the county?
this service:	agreements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
	y) will be used to implement the strategy for this state or fee changes, etc.), and when will they tak	
acts of the General Assembly, r	ate or fee changes, etc.), and when will they tak	e effect?
acts of the General Assembly, roots of the General Assembly, r	ate or fee changes, etc.), and when will they tak m P Wilson, Jr	e effect?
7. Person completing form: Willia Phone number: 770-467-4224 8. Is this the person who should be projects are consistent with the	m P Wilson, Jr Date completed: 09/19/20 De contacted by state agencies when evaluating the state of the sta	e effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Emergency Management Agency/Homeland Security
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and action that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expressed to the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel .).	
Local Government or Author	rity Funding	Method
Spalding County	General Fund, Grants, Impact Fees, SPL	
How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?
5. List any formal service delivery this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	
	ided in accordance with the County's Emergency gia Emergency Management Agency.	Operation Plan and rules and
7. Person completing form: Willia Phone number: 770-467-4224	m P Wilson, Jr Date completed: 09/19/2019	9
R Is this the person who should h		
	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government
projects are consistent with the		hether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Fire Protection
Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut).	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

fees, bonded indebtedness, e	,	
Local Government or Aut	thority Funding M	lethod
Spalding County	Fire District Tax, Insurance Premium Tax, 0	Grants, Impact Fees, SPLOST
City of Griffin	General Fund, SPLOST, Grants	
. How will the strategy change	the previous arrangements for providing and/or fundir	ng this service within the county?
L ist any formal service delive		
this service:	ery agreements or intergovernmental contracts that wil	
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name		
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service:	Contracting Parties	Effective and Ending Date
Agreement Name Automatic Aid 6. What other mechanisms (if a	Contracting Parties	Effective and Ending Date 10/01/2019-09/30/2024 rice (e.g., ordinances, resolutions, localizations)
Agreement Name Automatic Aid 6. What other mechanisms (if a	Contracting Parties Spalding County & City of Griffin any) will be used to implement the strategy for this serv	Effective and Ending Date 10/01/2019-09/30/2024 rice (e.g., ordinances, resolutions, localizations)
Agreement Name Automatic Aid 6. What other mechanisms (if a	Contracting Parties Spalding County & City of Griffin any) will be used to implement the strategy for this servey, rate or fee changes, etc.), and when will they take ef	Effective and Ending Date 10/01/2019-09/30/2024 rice (e.g., ordinances, resolutions, localizations)
Agreement Name Automatic Aid 5. What other mechanisms (if a acts of the General Assembly The Person completing form: Will Phone number: 770-467-422	Contracting Parties Spalding County & City of Griffin any) will be used to implement the strategy for this servey, rate or fee changes, etc.), and when will they take ef	Effective and Ending Date 10/01/2019-09/30/2024 vice (e.g., ordinances, resolutions, locations)







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Griffin-Spalding Development Authority
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., ind (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ble map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dage 1 of 2

CDC	FOR			r
SDS	FOR	W 2.	continue	ò

Local Government or Author	rity	Funding Method	
Spalding County		Spalding County may levy up to 1 mill ad valorem tax effective 7/01/2000	
. How will the strategy change the	e previ	ous arrangements for providing and/or funding this	s service within the county?
Joint City and County Appointme	nt		
List any formal service delivery a this service:	agreen	nents or intergovernmental contracts that will be us	sed to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e ee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, loca
acts of the General Assembly, ra	ate or f		
acts of the General Assembly, ra	ns for t	ee changes, etc.), and when will they take effect? he operation and management of the Griffin-Spalo	
A local act sets forth the provision Person completing form: William Phone number: 770-467-4224	ns for t	the operation and management of the Griffin-Spale Spale Date completed: 09/19/2019 Isotopy state agencies when evaluating whether p	ling Development Authority.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Health & Human Services
1. Check one box that best describes the agreed upo	
(If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel/r).	
Local Government or Author	rity Funding N	Method
Spalding County	General Fund, SPLOST, Grants	
4. How will the strategy change th	e previous arrangements for providing and/or fundi	ng this service within the county?
List any formal service delivery this service:	agreements or intergovernmental contracts that will	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
Health and Human Services are	provided in accordance with Federal and State Lav	v.
	F. S. 1.200 II. GOOD GAING WATER COOKER AND CHARLE EAV	
7. Person completing form: Willia Phone number: 770-467-4224	m P Wilson, Jr Date completed: 09/19/2019	
	Date completed. 03/13/2019	
	e contacted by state agencies when evaluating who service delivery strategy? Yes No	ether proposed local government
projects are consistent with the	e contacted by state agencies when evaluating whe	ether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Service: Indigent Medical Care
1. Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ty that will help to pay for this service and indiceral funds, special service district revenues, how.	
Local Government or Autho	ity Fundir	ng Method
Spalding County	Hospital Trust to fund indigent residents	
How will the strategy change th	e previous arrangements for providing and/or fu	unding this service within the county?
List any formal service delivery	agreements or intergovernmental contracts tha	t will be used to implement the strategy fo
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
J		
	will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	
. Person completing form: Willia Phone number: 770-467-4224	n P Wilson, Jr Date completed: 09/19/20	019
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated conta	et person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Library Services
1. Check one box that best describes the agreed upo	
(If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is unization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ty that will help to pay for this service and inderal funds, special service district revenues, h	
Local Government or Author	rity Fund	ding Method
Spalding County	General Fund, Grants, Impact Fees,	
5. List any formal service delivery	e previous arrangements for providing and/or	funding this service within the county? hat will be used to implement the strategy for
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
		,
	will be used to implement the strategy for thite or fee changes, etc.), and when will they t	is service (e.g., ordinances, resolutions, local cake effect?
7. Person completing form: Willia Phone number: 770-467-4224	n P Wilson, Jr Date completed: 09/19/	2019
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	ng whether proposed local government
If not, provide designated conta	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Parks and Recreation
Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut).	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	eral fur	will help to pay for this service and indicate how t nds, special service district revenues, hotel/motel	
Local Government or Author	rity	Funding Method	
Spalding County		General Fund, Grants, Impact Fees, SPLOST, U	
City of Griffin		General Fund, Grants, User Fees, SPLOST	
. How will the strategy change the	e previ	ous arrangements for providing and/or funding thi	s service within the county?
. List any formal service delivery this service: Agreement Name	agreen	nents or intergovernmental contracts that will be u	ised to implement the strategy fo
Agreement Name		Contracting Farties	Lifective and Lifeting Dates
		e used to implement the strategy for this service (eee changes, etc.), and when will they take effect?	
. Person completing form: William Phone number: 770-467-4224	n P Wi	ilson, Jr Date completed: 09/19/2019	
. Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whether delivery strategy? ⊠Yes □No	proposed local government
If not, provide designated contact	ct perso	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Planning, Zoning & Building Inspections
1. Check one box that best describes the agreed upo	
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docum	entation as described, below)
□No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	that will help to pay for this service and indicate ho al funds, special service district revenues, hotel/mo	
Local Government or Authorit	y Funding Me	thod
Spalding County	User Fees, General Fund, Grants, SPLOST	
City of Griffin	General Fund, User Fees, Grants, SPLOST	
. How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?
List any formal convice delivery or	uraamanta ar intargayarnmantal contracts that will b	on used to implement the strategy for
this service:	reements or intergovernmental contracts that will b	e used to implement the strategy to
Agreement Name	Contracting Parties	Effective and Ending Dates
	rill be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	
7. Person completing form: William Phone number: 770-467-4224	P Wilson, Jr Date completed: 09/19/2019	
	contacted by state agencies when evaluating wheth rvice delivery strategy? \square Yes \square No	ner proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:SPALDING	Service: Public Works	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider.	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	porated portion of the county by a single service provider. (If this box is unization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☑ Yes (if "Yes," you must attach additional documents ———————————————————————————————————	entation as described, below)	
□No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

Spalding County General Fund, Grants, SPLOST General Fund, Grants, SPLOST How will the strategy change the previous arrangements for providing and/or funding this service within the county? List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strateghis service:	Local Government or Author		Method
How will the strategy change the previous arrangements for providing and/or funding this service within the county? List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategonis service: Agreement Name Contracting Parties Effective and Ending Date of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	palding County	General Fund, Grants, SPLOST	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategoris service: Agreement Name	ity of Griffin	General Fund, Grants, SPLOST	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategoris service: Agreement Name			
Agreement Name Contracting Parties Effective and Ending Date What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
Agreement Name Contracting Parties Effective and Ending Date What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr thone number: 770-467-4224 Date completed: 09/19/2019 In this service (e.g., ordinances, resolutions, cts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
Agreement Name Contracting Parties Effective and Ending Date What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
Agreement Name Contracting Parties Effective and Ending Date What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr thone number: 770-467-4224 Date completed: 09/19/2019 In this the person who should be contacted by state agencies when evaluating whether proposed local government		greements or intergovernmental contracts that wi	III be used to implement the strategy
Cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 Set this the person who should be contacted by state agencies when evaluating whether proposed local government	iis service.		
Person completing form: William P Wilson, Jr hone number: 770-467-4224 Date completed: 09/19/2019 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Da
Person completing form: William P Wilson, Jr Thone number: 770-467-4224 So this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Da
Person completing form: William P Wilson, Jr Thone number: 770-467-4224 So this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Da
Cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Da
Person completing form: William P Wilson, Jr Thone number: 770-467-4224 So this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
Person completing form: William P Wilson, Jr hone number: 770-467-4224 Date completed: 09/19/2019 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Da
Phone number: 770-467-4224 Date completed: 09/19/2019 s this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
Phone number: 770-467-4224 Date completed: 09/19/2019 s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, l
Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, l
Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, l
Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, l
Phone number: 770-467-4224 Date completed: 09/19/2019 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, l
	Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, l
	Agreement Name What other mechanisms (if any) octs of the General Assembly, rate of the General Assembly, rate of the General Assembly of the General	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, l

PUBLIC WORKS

2.

Public Works services for the City of Griffin have been reviewed and are deemed to be a higher level of service, which is consistent with the law. County Public Works services while principally offered in unincorporated Spalding County provide services for all citizens. Consequently, no violations of OCGA 36-70-1 et seq. exist.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

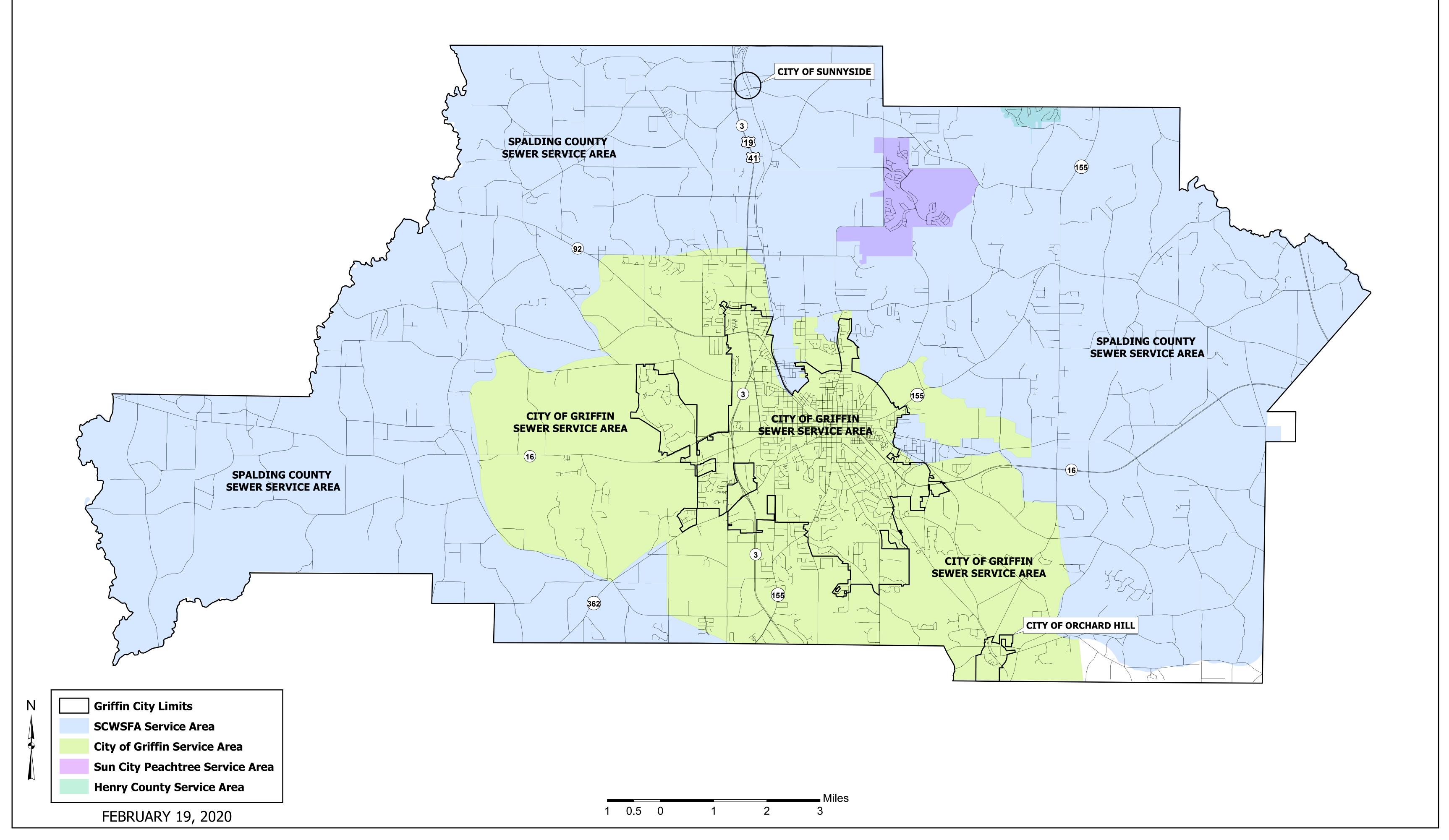
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Sewer
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is unization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☑ Yes (if "Yes," you must attach additional documents. ☐ Yes (if "Yes," you mus	entation as described, below)
□No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

fees, bonded indebtedness, etc.)			
Local Government or Author	Funding Method		
Spalding County	Enterprise Funds, Grants, SPLOST, User Fe	ees	
City of Griffin	Enterprise Funds, Grants, SPLOST, User Fe	ees	
. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?	
List any formal service delivery a this service:	greements or intergovernmental contracts that will be	be used to implement the strategy for	
uno sorvico.	3	or acce to improme mane changy in	
Agreement Name	Contracting Parties	Effective and Ending Date	
	- -		
Agreement Name . What other mechanisms (if any)	- -	Effective and Ending Date	
Agreement Name . What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this service	Effective and Ending Date	
Agreement Name . What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this service	Effective and Ending Date	
Agreement Name . What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this service	Effective and Ending Date	
Agreement Name . What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this service	Effective and Ending Date	
Agreement Name . What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this service	Effective and Ending Date	
Agreement Name What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this service or fee changes, etc.), and when will they take effective or fee changes.	Effective and Ending Date	
Agreement Name What other mechanisms (if any) acts of the General Assembly, rate of the General	Contracting Parties will be used to implement the strategy for this service or fee changes, etc.), and when will they take effect or fee changes.	Effective and Ending Date ce (e.g., ordinances, resolutions, locate)	

SANITARY SEWER SERVICE DELIVERY MAP SPALDING COUNTY, GEORGIA









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Stormwater Collection
Check one box that best describes the agreed upon Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider.
(If this box is checked, identify the government, aut b.) Service will be provided only in the unincorp	thority or organization providing the service.): porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ity that will help to pay for this service and indic eral funds, special service district revenues, ho).	
Local Government or Author	rity Fundii	ng Method
City of Griffin	Stormwater Utility Fees	.g
How will the strategy change th	e previous arrangements for providing and/or fu	unding this service within the county?
5. List any formal service delivery this service:	agreements or intergovernmental contracts tha	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	
The City of Griffin has secured s	pecial legislation to create and operate the Stor	mwater Utility.
7. Person completing form: Willia Phone number: 770-467-4224	m P Wilson, Jr Date completed: 09/19/20	019
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Street Lighting
Check one box that best describes the agreed upon Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider.
(If this box is checked, identify the government, aut b.) Service will be provided only in the unincorp	thority or organization providing the service.): porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOE		
SUS	s FUR	NV 2. C	ontinued

	ral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	ity	Funding Method	
Spalding County		User Fees	
City of Griffin		Enterprise Fund, General Fund	
. How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?
this service:	agreer	nents or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.e changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
7. Person completing form: Willian Phone number: 770-467-4224	n P W	ilson, Jr Date completed: 09/19/2019	
s. Is this the person who should be projects are consistent with the s		acted by state agencies when evaluating whether problems delivery strategy? \boxtimes Yes \square No	roposed local government
If not, provide designated contac	t pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

CDC	FOE		
SUS	s FUR	(IVI 2. C	ontinued

	eneral funds, special service district reve	and indicate how the service will be funded (e.g., enues, hotel/motel taxes, franchise taxes, impact
Local Government or Auti	pority	Funding Method
Spalding County	General Fund	Tunding metrod
How will the strategy change	the previous arrangements for providing	and/or funding this service within the county?
List any formal service delive this service:	y agreements or intergovernmental con	tracts that will be used to implement the strategy for
Agreement Name	Contracting Partie	es Effective and Ending Dates
Collection of City Taxes	City of Griffin	07/01/1999-06/30/2049
Collection of City Taxes	City of SunnySide	01/01/2000-12/31/2050
Collection of City Taxes	City of Orchard Hill	01/01/2000-12/31/2050
,		
	ny) will be used to implement the strateg, rate or fee changes, etc.), and when wi	y for this service (e.g., ordinances, resolutions, loc ill they take effect?
. Person completing form: Will Phone number: 770-467-422		. 09/19/2019
. Is this the person who should	2.00 000.00	valuating whether proposed local government
If not, provide designated con	tact person(s) and phone number(s) belo	ow:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:SPALDING	Service: Voter Registration and Elections
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Spalding County
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed in the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CDC	FOR			ľ
SDS	FOR	VI 2.	continued	ì

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** Spalding County General Fund, Grants SPLOST City of Griffin General Fund General Fund City of Orchard Hill 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name **Contracting Parties** Effective and Ending Dates IGA Conducting Municipal Spalding County and City of Griffin 07/2012-07/2062 IGA Conducting Municipal Spalding County and City of Orchard Hill 08/09/2017-08/08/2067 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Voter Registration and Elections services are provided in accordance with State, County and City Law. 7. Person completing form: William P Wilson, Jr Phone number: 770-467-4224 Date completed: 09/19/2019 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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:SPALDING	Service: Water		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

CDC	FOE		
SUS	s FUR	(IVI 2. C	ontinued

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

Local Government or Authority	Funding Method	
Spalding County	User Fees, SPLOST	
City of Griffin	Enterprise Fund, Grants, SPLOST, User Fees, Bonds	
SCWA	User Fees, Grants, Bonds	

SCWA	User Fees	User Fees, Grants, Bonds		
4. How will the strategy change th	ne previous arrange	ments for providing and/or f	unding this s	service within the county?
List any formal service delivery this service:	agreements or inte	ergovernmental contracts that	at will be use	ed to implement the strategy for
tilis service.				
Agreement Name		Contracting Parties		Effective and Ending Dates
Water Sales Agreement	Spalding County a	and City of Griffin		
What other mechanisms (if any acts of the General Assembly,				g., ordinances, resolutions, local
7. Person completing form: Willia Phone number: 770-467-4224	m P Wilson, Jr	Date completed: 09/19/20	019	
8. Is this the person who should be projects are consistent with the			whether pro	oposed local government
If not, provide designated conta	act person(s) and ph	none number(s) below:		
, ,	(-) (-)	(3) = 5:5:		

WATER SERVICE DISTRICTS SPALDING COUNTY, GEORGIA

