





COUNTY: DODGE COUNTY

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Dodge County, City of Chauncey, City of Chester, City of Eastman, City of Milan, City of Rhine, Eastman-Dodge County Development Authority, Dodge County Development Authority, Dodge County Hospital Authority, Eastman Downtown Development Authority, Eastman Housing Authority, Heart of Georgia Regional Airport Authority, Heart of Georgia Solid Waste Management Authority, Milan Development Authority, Eastman-Dodge County Area Chamber of Commerce, Dodge County Farmer's Market Authority, Dodge County Board of Education, Joint Development Authority of Bleckley County and Dodge County, Dodge County Recreation Authority, Dodge County Health Department, Dodge County Council on Aging, Dodge County Historical Society, Dodge-Wilcox Regional E911, Dodge County-Murrell Memorial Library Board, Concerned Citizens of Dodge County, Dodge County DFCS

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

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

Housing Revitalization

Hospital

Indigent Defense

Library

Mapping/GIS

Mosquito Control

Public Housing

Public Welfare

Tax Assessment

Tax Collection

Tourism

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

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

Aging Services

Airport

Ambulance Service

Animal Control

Broadband Services (New Service)

Cemeteries

Code Enforcement/Building Inspection

Courts-Municipal (New Service)

Courts-State and County (New Service)

Cultural(Historical Society)- Now referenced as Cultural

Eastman House (New Service)

E-911

Economic Development

Elections

Emergency Management

Extension Service

Farmers Market

Fire Proection

Jail

Law Enforcement

Parks

Peabody School (New Service)

Planning/Zoning

Probation Services

Public Health

Public Transportation

Recreation

Recycling

Road/Street Construction

Road/Street Maintenance

Sewage Collection/Disposal

Solid Waste Management

Storm Water Management

Water Supply/Distribution







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.	y. The contact person for this corrido (noted at the society of the page) changes, this
COUNTY:DODGE COUNTY Se	ervice:Aging Services
Check <u>one</u> box that best describes the agreed upon one of the content of th	delivery arrangement for this service:
	ding all cities and unincorporated areas) by a single service provider. rity or organization providing the service.): Eastman Housing
b.) Service will be provided only in the unincorpora checked, identify the government, authority or organiz	ated portion of the county by a single service provider. (If this box is ation providing the service.):
	within their incorporated boundaries, and the service will not be ed, identify the government(s), authority or organization providing the
	within their incorporated boundaries, and the county will provide the d, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legible ridentify</u> the government, authority, or other organization	map delineating the service area of each service provider, and on that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional document	tation as described, below)
⊠No	
	ch an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that inated).
If these conditions will be eliminated under the strategy, will be taken to eliminate them, the responsible party and	attach an implementation schedule listing each step or action that d the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method
Dodge County	General Fund, Grants	
Eastman Housing Authority	Grants	
How will the strategy change the p	previous arrangements for providing and/or fun-	ding this service within the county?
as a funding entity with the addition		
List any formal service delivery ag	reements or intergovernmental contracts that v	will be used to implement the strategy fo
this service:		
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 N/A . What other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca
Agreement Name N/A . What other mechanisms (if any) w	ill be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loca
Agreement Name N/A What other mechanisms (if any) w acts of the General Assembly, rate	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca







FORM 2: Summary of Service Delivery Arrangements

Instructions

Instructions:	
	sted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1, sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Airport
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.): Heart of Georgia
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	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 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 strategodill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding Method	
Dodge County	General Fund, Grants, SPLOST, TSPLOST	
Heart of Georgia Airport Authority	Rent and Fuel Sales, Grants	
City of Eastman	General Fund, Grants, SPLOST, TSPLOST	

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

Funding methods have been updated to include grants, SPLOST, and TSPLOST; the City of Eastman has been added as a funding local government.

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
N/A		

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?

Capital projects will be paid 50/50 between Dodge County and Eastman

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 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 ques		ice listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1, ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DOD	GE COUNTY	Service: Ambulance Service
1. Check <u>one</u> b	oox that best describes the agreed	upon delivery arrangement for this service:
		, including all cities and unincorporated areas) by a single service provider, authority or organization providing the service.): Dodge County
		corporated portion of the county by a single service provider. (If this box is organization providing the service.):
		ce only within their incorporated boundaries, and the service will not be checked, identify the government(s), authority or organization providing the
d.)	or more cities will provide this servic incorporated areas. (If this box is cl	ce only within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the
e.) Other identify the go	(If this box is checked, <u>attach a le</u> overnment, authority, or other orga	gible map delineating the service area of each service provider, and inization that will provide service within each service area.):
In developing identified?	g this strategy, were overlapping se	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Ye	es," you must attach additional doc	:umentation as described, below)
⊠No		
overlapping but		y, <u>attach an explanation for continuing the arrangement</u> (i.e., .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these condition will be taken to	ons will be eliminated under the straeliminate them, the responsible pa	ategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Author	rity Funding M	lethod
odge County	General Fund & Fees, Grants, SPLOST	
nding methods were updated	o include Grants and SPLOST.	
ist any formal service delivery	o include Grants and SPLOST. agreements or intergovernmental contracts that wil	be used to implement the strateg
ist any formal service delivery is service:	agreements or intergovernmental contracts that wil	
st any formal service delivery s service: Agreement Name		
st any formal service delivery is service: Agreement Name	agreements or intergovernmental contracts that wil	
st any formal service delivery is service: Agreement Name	agreements or intergovernmental contracts that wil	
st any formal service delivery is service: Agreement Name	agreements or intergovernmental contracts that wil	
st any formal service delivery is service: Agreement Name	agreements or intergovernmental contracts that wil	
ist any formal service delivery is service:	agreements or intergovernmental contracts that wil	be used to implement the strategrate and Ending Da
st any formal service delivery is service: Agreement Name A	agreements or intergovernmental contracts that wil	ice (e.g., ordinances, resolutions,

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

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

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







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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:DODGE COUNTY	Service: Animal Control
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., including 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 or services.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service or provided in unincorporated areas. (If this box is che 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 strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Author	rity Funding I	Method
City of Eastman	General Fund	
Dodge County	General Fund	
. How will the strategy change the	e previous arrangements for providing and/or fund	ling this service within the county?
Dodge County has been added a	as a service provider and funding local government	t.
List any formal service delivery	agreements or intergovernmental contracts that w	ill be used to implement the strategy for
this service:	agreemente er miergeremmenten eentraets triat m	in be assa to implement the strategy to
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
N/A 5. What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
N/A 5. What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
N/A . What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
N/A . What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
N/A . What other mechanisms (if any) acts of the General Assembly, random of the General Asse	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local
N/A . What other mechanisms (if any) acts of the General Assembly, random N/A . Person completing form: Conner Phone number: 478-374-4361 . Is this the person who should be projects are consistent with the second consistency with the se	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e er Bearden, County Manager Date completed: 7/1/2021	vice (e.g., ordinances, resolutions, local







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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:DODGE COUNTY	Service: Broadband Services
1. Check <u>one</u> 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.
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 inization providing the service.):
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Chester, City of Eastman, City of Milan, City of Rhine
e.)	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
	entation as described, below)
If these conditions will continue under this strategy, at	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method
Dodge County	General Funds & SPLOST, Grants
City of Chauncey	General Funds & SPLOST, Grants
City of Chester	General Funds & SPLOST, Grants
City of Eastman	General Funds & SPLOST, Grants
City of Milan	General Funds & SPLOST, Grants
City of Rhine	General Funds & SPLOST, Grants

City of Rhine	General Funds & SPLOST, Grants	
How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?
Broadband Services is a new se	rvice.	
5. List any formal service delivery this service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca effect?
None		
None		
7. Person completing form: Conn Phone number: 478-374-4361	er Bearden, County Manager Date completed: 7/1/2021	
	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government
	ct person(s) and phone number(s) below: STMAN CITY MANAGER, 478-374-7721	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . ssary, If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Cemeteries
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., in (If this box is checked, identify the government, au	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 of Milan, City of Rhine
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ple map delineating the service area of each service provider, and eation 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).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding Method	
City of Chauncey	General Fund	
City of Eastman	General Fund, Lot Fees	
City of Milan	General Fund	
City of Rhine	General Fund	

4. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
Lot Fees were added as a funding	method for the City of Eastman.	
List any formal service delivery age this service:	reements or intergovernmental contracts that w	ill be used to implement the strategy for
Agroomant Name	Contracting Portion	Effective and Ending Dates

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A	7	

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

None

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service: Cultural
 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 	on delivery arrangement for this service: Cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.): Dodge County
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.):
c.) One or more cities will provide this service or provided in unincorporated areas. (If this box is che service:	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 service in unincorporated areas. (If this box is check service.):	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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	nat will help to pay for this service and indicate how the funds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Dodge County	General Fund, Grants	
City of Eastman	General Fund, Grants	
Only of Eddinari	Constant una, Cranto	
How will the strategy change the pre	evious arrangements for providing and/or funding this	service within the county?
	ossible funding methods. Historical Society has been rural avenues outside of the Historical Society mission	
this service:	ements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this service (e.gor fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
7, Person completing form: Conner Bo Phone number: 478-374-4361	earden, County Manager Date completed: 7/1/2021	
Is this the person who should be con projects are consistent with the serving	ntacted by state agencies when evaluating whether price delivery strategy? $oxtimes$ Yes $oxtimes$ No	roposed local government
If not provide designated contact ne	erson(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:DODGE COUNTY	Service:Code Enforcement/Building Inspection
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., 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	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.): Dodge
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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method
Dodge County	General Fund	
City of Eastman	General Fund	
How will the strategy change the prev	vious arrangements for providing and/or fund	ling this service within the county?
		•
		<u> </u>
A new service area map has been atta	ached.	
A new service area map has been atta	ached.	
A new service area map has been atta List any formal service delivery agree	ements or intergovernmental contracts that w	ill be used to implement the strategy
		ill be used to implement the strategy f

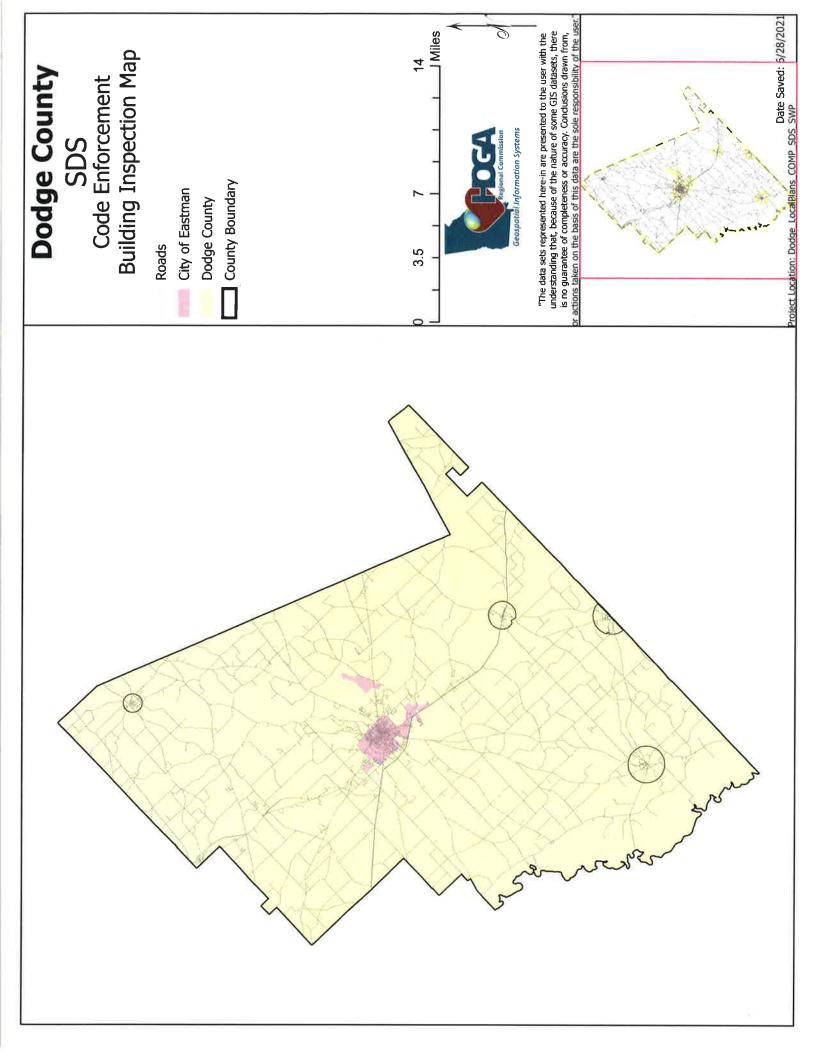
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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

None

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721









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:DODGE COUNTY	Service:Courts - Municipal
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 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
	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	
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

List each government or authorit	y that will help to pay for this service and indica	ate how the service will be funded (e.g.,
	ral funds, special service district revenues, hot	
Local Government or Authori	ty Fundin	g Method
City of Eastman	General Fund, Fines, Fees, Forfeitures	-
City of Chauncey	General Fund, Fines, Fees, Forfeitures	
4. How will the strategy change the	previous arrangements for providing and/or fu	nding this service within the county?
	to reflect a seperation between state and mun	
this service:	greements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this see or fee changes, etc.), and when will they take	
None		
7. Person completing form: Conner Phone number: 478-374-4361 8. Is this the person who should be	Bearden, County Manager Date completed: 7/1/2021 contacted by state agencies when evaluating was a state agencies.	whether proposed local government

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721

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







FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service: Courts - State and County
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., inc (If this box is checked, identify the government, aut State, Juvenile, Probate, Magistrate)	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Dodge County (Superior,
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legibl</u> identify the government, authority, or other organization)	e 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	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	ritv	Funding Method	
Dodge County	,	General Fund, Fines, Fees, Grants, SPLOST	
, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	
4. How will the strategy change th	e previ	ious arrangements for providing and/or funding this	service within the county?
Courts-State is a new service to	reflect	a seperation between state and municipal courts.	
this service:	agreer	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service (e.giee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Conne Phone number: 478-374-4361		rden, County Manager ate completed: 7/1/2021	
		acted by state agencies when evaluating whether predefivery strategy? $oxtimes$ Yes $oxtimes$ No	oposed local government
		on(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:DODGE COUNTY	Service:Eastman House
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.): Dodge County Historical
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	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).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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
Dodge County	General Fund, Grants	
City of Eastman	General Fund, Grants	
. How will the strategy change the pre	vious arrangements for providing and/or fun	ding this service within the county?
Eastman House is a new service.		
List any formal service delivery agree this service:	ements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this see fee changes, etc.), and when will they take	
None		
Person completing form: Conner Be Phone number: 478-374-4361	arden, County Manager Date completed: 7/1/2021	
. Is this the person who should be con projects are consistent with the service	tacted by state agencies when evaluating w e delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact per	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:E-911
Check <u>one</u> box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc.)	on delivery arrangement for this service:
(If this box is checked, identify the government, aut E911	hority or organization providing the service.): Dodge-Wilcox Regional
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	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 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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

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

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

The service provider was updated to reflect Dodge-Wilcox Regional E911. Funding methods were updated to include Grants and SPLOST. The service includes non-emergent calls and will continue to be provided countywide. The City of Eastman will continue to contribute a flat fee annually. Wilcox County contributes fees collected from telephone and cellular services.

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
N/A		

What oth	er mechanisms (if	any) will be use	ed to implemer	it the strategy	for this se	rvice (e.g.,	ordinances,	resolutions,	local
acts of th	e General Assemb	oly, rate or fee o	hanges, etc.),	and when wil	they take	effect?			

None

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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should be reported to the Department of Community Affairs.	
COUNTY:DODGE COUNTY	Service: Economic Development
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 orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	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 service in unincorporated areas. (If this box is check service.):	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 organize Dodge County Development Authority, Joint De	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Eastman-evelopment Authority of Bleckley County and Dodge County uthority, Heart of Georgia Regional Airport Authority
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>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be electrical entry.	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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
Dodge County	General Fund, Fees, Grants, SPLOST
JDA Bleckley Dodge	General Fund, Fees, Grants, SPLOST
Eastman-Dodge County Dev. Auth.	General Fund, Fees, Grants, SPLOST
Eastman DDA	General Fund, Fees, Grants, SPLOST
Heart of GA Reg. Airport Auth.	General Fund, Fees, Grants, SPLOST
City of Eastman	General Fund, Fees, Grants, SPLOST

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

Service providers have been modified in addition to funding methods.

Economic Development is provided Countywide and regionally by the Dodge County-Eastman Development Authority, Joint Development Authority of Bleckley County and Dodge County, and the Heart of Georgia Regional Airport Authority.

Within the City of Eastman, Economic Development is provided by the Downtown Development Authority and provides a higher level of service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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?

٨	lo	ne
ı١	ıU	ИС

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

ALSO, , EASTMAN CITY MANAGER, 478-374-7721

Joint Development Authority of Bleckley County & Dodge County Project Location; Dodge_LocalPlans_COMP_SDS_SWP "The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, actions taken on the basis of this data are the sole responsibility of the user. **Economic Development Map J** Miles **Dodge County** Eastman - Dodge County Development Authority Eastman Downtown Development Authority Heart of GA Regional Airport Authority Geospatial Information Systems County Boundary City Limits 3.5







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1. Section 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:DODGE COUNTY	Service: Elections
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., 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
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Chester, City of Eastman, City of Milan, City of Rhine
	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

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
Dodge County	General Fund
City of Chauncey	General Fund
City of Chester	General Fund
City of Eastman	General Fund
City of Milan; City of Rhine	General Fund
Dodge County Board of Education	General Fund

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

The Dodge County Board of Education has been added as a funding local government. Dodge County will continue to conduct elections for countywide elections. The Dodge County Board of Education periodically holds special called elections for ESPLOST and will reimburse the County for the cost incurred for holding the election. The municipalities remain responsible for conducting municipal elections.

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
N/A	7	

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

None

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Emergency Management
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.): Dodge County
b.) Service will be provided only in the unincorporachecked, 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
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization)	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	
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	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

	neral fund	vill help to pay for this service and industries, special service district revenues,		
Local Government or Author	rity	Fun	ding Method	
Dodge County		General Fund & State Funds, Grants		
	-			
How will the strategy change the strategy	e previo	us arrangements for providing and/o	r funding this	service within the county?
Funding methods were updated 5. List any formal service delivery		e Grants and SPLOST. ents or intergovernmental contracts t	that will be us	and to implement the strategy for
this service:	agreeme		nat will be use	-
Agreement Name N/A		Contracting Parties		Effective and Ending Dates
TWA				
What other mechanisms (if any acts of the General Assembly, r) will be ate or fee	used to implement the strategy for the changes, etc.), and when will they	is service (e.ç take effect?	g., ordinances, resolutions, loca
None				
7. Person completing form: Conn o Phone number: 478-374-4361		l en, County Manager e completed: 7/1/2021		
8. Is this the person who should b projects are consistent with the		ted by state agencies when evaluatii lelivery strategy? ⊠Yes ⊡No	ng whether pr	oposed local government
If not, provide designated conta	ct persor	n(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section 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.	
COUNTY:DODGE COUNTY	Service:Extension Service
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.): Dodge 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 cation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv 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).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	- 4.60

Page 1 of 2

Local Government or Author		
Dodge County	General Fund, State & Federal Funds, Gr	ants
How will the strategy change the Grants have been added as a fund	previous arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery a	grooments or intergovernmental contracts that w	vill be used to implement the etratery of
	greements of intergovernmental contracts that w	nii be used to implement the strategy r
this service:	•	
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	•	
this service: Agreement Name	•	
this service: Agreement Name	•	
this service: Agreement Name	•	
this service: Agreement Name	•	
this service:	•	
this service: Agreement Name N/A . What other mechanisms (if any)	•	Effective and Ending Date vice (e.g., ordinances, resolutions, loc
this service: Agreement Name N/A . What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this se	Effective and Ending Date vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rate	Contracting Parties will be used to implement the strategy for this serie or fee changes, etc.), and when will they take	Effective and Ending Date vice (e.g., ordinances, resolutions, loc







FORM 2: Summary of Service Delivery Arrangements

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 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:DODGE COUNTY	Service: Farmers Market	
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., in (If this box is checked, identify the government, au Market Authority 	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.): Dodge County Farmer's	
b.) Service will be provided only in the unincorporated 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.):	
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	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 service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the	
e.) Other (If this box is checked, <u>attach a legib</u> 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.):	
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		
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strate vill 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.	

List each government or author enterprise funds, user fees, ge	rity that neral fu	will help to pay for this service and indicate he	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
fees, bonded indebtedness, etc	c.).		· ·
Local Government or Author	ority	Funding Me	thod
Dodge County		General Fund, Grants	
City of Eastman		General Fund, Grants	
4. How will the strategy change the	ne previ	ous arrangements for providing and/or funding	this service within the county?
Farmers Market is a new service	e with n	ew funding organizations and methods.	
List any formal service delivery this service: Agreement Name	agreer	nents or intergovernmental contracts that will	
N/A		Contracting Parties	Effective and Ending Dates
	-		
-			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effe	
None			
	Da e conta	rden, County Manager ate completed: 7/1/2021 sected by state agencies when evaluating wheth delivery strategy? ⊠Yes □No	ner proposed local government

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







FORM 2: Summary of Service Delivery Arrangements

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 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:DODGE COUNTY	Service:Fire Protection		
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 or control of the	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		
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
e.) 🗵 Other (If this box is checked, attach a legib identify the government, authority, or other organize County, Cityof Eastman, City of Chauncey, City	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Dodge of Chester, City of Milan, City of Rhine		
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			
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	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.		

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	
Dodge County	General Fund, SPLOST Funds, Grants, Insurance Premium Tax	
City of Eastman	General Fund & Grants	
City of Chauncey	General Fund & Grants	
City of Chester	General Fund & Grants	
Cityof Milan	General Fund & Grants	
City of Rhine	General Fund & Grants	

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

Dodge County provides fire protection for its citizens through 9 volunteer fire departments - 4 of these departments are located within cities in the county (Chancey, Chester, Milan, & Rhine) and the other 5 are in unincorporated Dodge County. The budgets for departments located within these 4 cities are suplemented by these cities. The City of Eastman maintains a full-time fire department with both paid and volunteer firefighters. The City of Eastman agrees to continue providing fire protection within a 5 mile radius of the city limits in exchange for the county housing their prisoners at no cost.

A new service area map has been attached and funding methods have been updated to include grants, Insurance Premium Tax proceeds, and SPLOST.

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

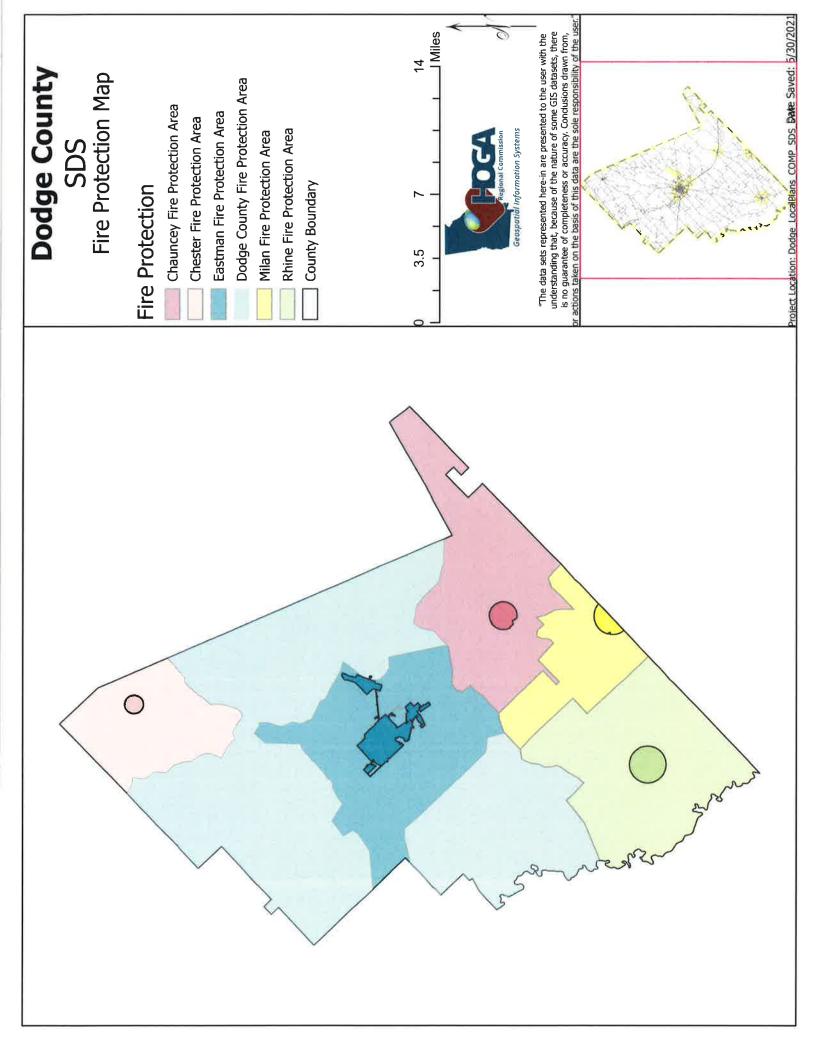
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
. What other mechanisms (if any) will bacts of the General Assembly, rate or	e used to implement the strategy for this sel fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, local
The state of the state of the state of	tee changes, etc.), and when will they take t	ellect?

7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021

None

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

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721









FORM 2: Summary of Service Delivery Arrangements

	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Housing Revitalization
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
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the of Chester, City of Eastman, City of Milan, City of Rhine
	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	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3	List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.	٠,
	enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact	ţ
	fees, bonded indebtedness, etc.).	

Local Government or Authority	or Authority Funding Method	
Dodge County	Grants	
City of Chauncey	Grants	
City of Chester	Grants	
City of Eastman	Grants	
City of Milan	Grants	
City of Rhine	Grants	

City of Milan	Grants	
City of Rhine	Grants	
I. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
No change anticipated.		
this service:	greements or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take o	
None		
7. Person completing form: Conner Phone number: 478-374-4361	Date completed: 7/1/2021	
	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes ⊡No	nether proposed local government
	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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:DODGE COUNTY	Service:Hospital		
1. Check <u>one</u> box that best describes the agreed upo a.) ⊠ Service will be provided countywide (i.e. inc.).	on delivery arrangement for this service:		
	hority or organization providing the service.): Dodge County Hospital		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	orated portion of the county by a single service provider. (If this box is nization providing the service.):		
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	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)		
MO			
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

		A DESCRIPTION OF THE PARTY OF T	A STATE OF THE PARTY OF THE PAR
SDSI	=(0)R(W)	2, con	tinued

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

Local Government or Author			ding Method	
Dodge County Hospital Authority	State & F	ederal Funds, Fees for Ser	vices, & SPLOST	
Dodge County	SPLOST	Funds		
4. How will the strategy change the	e previous arrang	ements for providing and/o	r funding this service	e within the county?
No Change				
List any formal service delivery this service:	agreements or int		that will be used to i	mplement the strategy for
Agreement Name		Contracting Parties	Effe	ctive and Ending Dates
N/A				
6. What other mechanisms (if any) acts of the General Assembly, ra				inances, resolutions, local
None				
7. Person completing form: Conne Phone number: 478-374-4361	Date complet	ted: 7/1/2021		
Is this the person who should be projects are consistent with the second s	service delivery st	trategy? ⊠Yes ⊡No	ng whether propose	d local government
If not, provide designated contac	π person(s) and p	onone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Indigent Defense
Check <u>one</u> box that best describes the agreed up	on delivery arrangement for this service;
	ncluding all cities and unincorporated areas) by a single service provider. uthority or organization providing the service.): Dodge County
b.) Service will be provided only in the unincor checked, identify the government, authority or org	rporated 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 necked, 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 zation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	mentation 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	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.

Page 1 of 2

	at will help to pay for this service and indicate how thunds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Dodge County	General Fund	
4. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
List any formal service delivery agree this service: Agreement Name	ements or intergovernmental contracts that will be us Contracting Parties	ed to implement the strategy for Effective and Ending Dates
N/A	Contracting Farties	Effective and Effairing Dates
	be used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
8. Is this the person who should be conf	Date completed: 7/1/2021 tacted by state agencies when evaluating whether pr	oposed local government
projects are consistent with the servic	, . – –	







FORM 2: Summary of Service Delivery Arrangements

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.						
COUNTY:DODGE COUNTY	Service: Jail					
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.): Dodge 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 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).					
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					
	Page 4 of 2					

3.	List each	govern	ment or au	ithority t	hat will	help to p	bay for t	his serv	ice and in	dicate how	the ser	vice will be fu	ınded (e.g.,
6	enterprise	funds,	user fees,	general	funds,	special	service	district	revenues,	hotel/motel	taxes,	franchise tax	es, impact
f	ees, bon	ded inde	ebtedness,	etc.).									•

Local Government or Authority	Funding Method				
Dodge County	General Fund, Fees & Fines				
City of Chauncey	General Fund, Fees & Fines				
City of Eastman	General Fund, Fees & Fines				

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

Dodge County will continue to house the City of Eastman's prisoners at no cost in exchange for continued fire protection within a 5-mile radius of the city limits and free sewer and water at jail. The City of Chauncey will be charged a per diem cost, currently \$55/day (increased from \$35 in previous SDS), for housing their prisoners. Fees and fines have been added for the City of Chauncey. A JAIL add-on fee will be collected from offenders and provided to the county by the municipal governments. The City of Eastman has been added as a funding local government with general funds, fees and fines. Other municipalities of the County have been removed from funding local governments since they no longer have departments with arresting capabilities and no longer need the Jail service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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

N/A

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 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 Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Law Enforcement
Check <u>one</u> box that best describes the agreed up	oon delivery arrangement for this service:
a.) Service will be provided countywide (i.e., ir (If this box is checked, identify the government, as	ncluding all cities and unincorporated areas) by a single service provider, uthority or organization providing the service.):
b.) Service will be provided only in the unincorchecked, identify the government, authority or org	rporated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be necked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the y of Eastman
e.) Other (If this box is checked, <u>attach a legilidentify</u> the government, authority, or other organization)	ble map delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docur	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding Method	
Dodge County	General Fund & Fines, SPLOST & Grants	
City of Chauncey	General Fund & Fines, SPLOST & Grants	
City of Eastman	General Fund & Fines, SPLOST & Grants	

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

The Cities of Chester, Milan, and Rhine have been removed from providing and funding this service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A	•	

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 Asser	mbly, rate or fee changes, etc.), and when will they take effect?	

None

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Library
(If this box is checked, identify the government, aut	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Dodge County-Murrell
 Memorial Library Board 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 nization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	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 service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legible 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 docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Authority	Funding	Method
Dodge County	General Fund	
How will the strategy change the pr	revious arrangements for providing and/or fund	ing this service within the county?
lo Change.		
	eements or intergovernmental contracts that w	ill be used to implement the strategy
his service:		
Agreement Name	Contracting Parties	Effective and Ending Date
I/A	•	
Mhat other mechanisms (if any) wil	Il ha used to implement the strategy for this con	
What other mechanisms (if any) will acts of the General Assembly, rate	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
acts of the General Assembly, rate	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
acts of the General Assembly, rate	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loeffect?
acts of the General Assembly, rate	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
acts of the General Assembly, rate	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loeffect?
lone Person completing form: Conner B	or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
None Person completing form: Conner B Phone number: 478-374-4361	searden, County Manager Date completed: 7/1/2021	effect?
None Person completing form: Conner B Phone number: 478-374-4361 Is this the person who should be connerted.	searden, County Manager Date completed: 7/1/2021 ontacted by state agencies when evaluating wh	effect?
Person completing form: Conner Beach Phone number: 478-374-4361 Is this the person who should be concepted are consistent with the server person who should be concepted are consistent with the server person who should be concepted are consistent with the server person who should be concepted are consistent with the server person who should be concepted are consistent with the server person who should be concepted as a server person who should be conc	searden, County Manager Date completed: 7/1/2021	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> , as necessary. If the contact person for this service (listed at the bottom of the page) changes, this irs.
COUNTY:DODGE COUNTY	Service:Mapping/GIS
Check <u>one</u> box that best describes the agree	eed upon delivery arrangement for this service:
	(i.e., including all cities and unincorporated areas) by a single service provider, ent, authority or organization providing the service.): Dodge County
b.) Service will be provided only in the u checked, identify the government, authority	inincorporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	ervice only within their incorporated boundaries, and the service will not be x is checked, identify the government(s), authority or organization providing the
	ervice only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
	a legible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlappin identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
	ategy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
	e strategy, <u>attach an implementation schedule</u> listing each step or action that e party and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Authority	Funding	Method
Dodge County	General Fund	
low will the strategy change the prev	rious arrangements for providing and/or fun	ding this service within the county?
lo Change.		
o change.		
List any formal service delivery agree	ments or intergovernmental contracts that v	will be used to implement the strategy t
his service:		,
Agreement Name	Contracting Parties	Effective and Ending Date
/A		
	be used to implement the strategy for this se fee changes, etc.), and when will they take	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
lone Person completing form: Conner Bea	fee changes, etc.), and when will they take	
lone Person completing form: Conner Bea Phone number: 478-374-4361	fee changes, etc.), and when will they take arden, County Manager Date completed: 7/1/2021	effect?
Person completing form: Conner Beathone number: 478-374-4361	fee changes, etc.), and when will they take arden, County Manager Date completed: 7/1/2021 Eacted by state agencies when evaluating w	effect?
None Person completing form: Conner Beat Phone number: 478-374-4361 Is this the person who should be content of the content	fee changes, etc.), and when will they take arden, County Manager Date completed: 7/1/2021 Eacted by state agencies when evaluating w	effect?
None Person completing form: Conner Beat Phone number: 478-374-4361	fee changes, etc.), and when will they take arden, County Manager Date completed: 7/1/2021 Eacted by state agencies when evaluating w	effect?







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section 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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary, it the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Mosquito Control
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., including this box is checked, identify the government, automatically the provided countywide (i.e., including this box is checked, identify the government, automatically the provided countywide (i.e., including this box is checked, identify the government, automatically the provided countywide (i.e., including this box is checked, identify the government, automatically the government. 	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.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: City of Chauncey, City of Eastman, City	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the of Milan
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv 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, and overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected by the condition of the control of the condition of the conditions will continue under this strategy, and overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be conditionally and the conditions of the conditions will continue under this strategy, and the conditions will continue under this strategy, and the condition of the conditions will continue under this strategy.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	David of 2

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

Local Government or Authority	Funding	Method
City of Chauncey	General Fund	
City of Eastman	General Fund	
City of Milan	General Fund	
4. How will the strategy change the prev	vious arrangements for providing and/or fund	ing this service within the county?
No Change.		
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
		-
What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take o	vice (e.g., ordinances, resolutions, local effect?
None		
7. Person completing form: Conner Bea	arden, County Manager Pate completed: 7/1/2021	

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







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.	sted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service: Parks
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	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	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 service in unincorporated areas. (If this box is check service.): Dodge County, City of Chester, City of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Eastman, City of Rhine
e.) Other (If this box is checked, attach a legible 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 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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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.).

City of Chester Gene	ral Fund, Grants, SPLOST ral Fund, Grants, SPLOST
	ral Fund, Grants, SPLOST
	rair and, Granto, or 2001
City of Eastman Gene	ral Fund, Grants, SPLOST
City of Rhine Gene	ral Fund, Grants, SPLOST

City of Rhine	General Fund, Grants, SPLOST	
. How will the strategy change th	ne previous arrangements for providing and/or fund	ding this service within the county?
Funding methods have been upo	dated to include Grants and SPLOST,	
this service:	agreements or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
2 10% - 4 - 4		
acts of the General Assembly, i	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, local effect?

7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361** Date completed: 7/1/2021

None

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

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







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

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	Answer each question below, attaching additional pages as necessary, if the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
COUNTY:DODGE COUNTY	Service: Peabody School	
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Concerned Citizens of	
b.) Service will be provided only in the unincorpolecked, 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 eation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Local Government or Authority	Funding	Method
Dodge County	General Fund, Grants	
City of Eastman	General Fund, Grants	
. How will the strategy change the pre	vious arrangements for providing and/or fun	ding this service within the county?
Paghady Sahaal is a naw sarving		
Peabody School is a new service.		
List any formal service delivery agree	ements or intergovernmental contracts that v	will be used to implement the strategy for
this service:	•	
A	04	
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
IVA		
NATIONAL AND		
	be used to implement the strategy for this se fee changes, etc.), and when will they take	
acts of the General Assembly, fate of	lee changes, etc.), and when will they take	ellecty
None		
. Person completing form: Conner Be		
Phone number: 478-374-4361	Date completed: 7/1/2021	
le this the nerson who should be seen	tacted by state agencies when evaluating w	hother prepared least severage-

If not, provide designated contact person(s) and phone number(s) below: SPENCE BARRON, CITY OF EASTMAN CITY MANAGER, 478-231-5175







FORM 2: Summary of Service Delivery Arrangements

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.		
COUNTY:DODGE COUNTY	Service: Planning/Zoning	
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. chority or organization providing the service.):	
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organized to the control of the contro	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
c.) 🗵 One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: City of Eastman	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 service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
e.) 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 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		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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	

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5D5	FOR	VI 2. C	ontinue	- 6

Local Covernment of Authority			
City of Footman	Funding	Method	
City of Eastman	General Fund, Fees		
y			
I. How will the strategy change the prev	vious arrangements for providing and/or fund	ling this service wi	thin the county?
Fees have been added as a funding m	ethod.		
_			
 List any formal service delivery agree this service; 	ments or intergovernmental contracts that wi	ill be used to imple	ment the strategy for
ulis selvice.			
Agreement Name	Contracting Parties		
	Contracting Parties		and Ending Dates
Agreement Name	Contracting Parties		
Agreement Name	Contracting Parties		
Agreement Name	Contracting Parties		
Agreement Name	Contracting Parties		
Agreement Name	Contracting Parties		
Agreement Name	Contracting Parties		
Agreement Name N/A . What other mechanisms (if any) will b	Contracting Parties e used to implement the strategy for this senfee changes, etc.), and when will they take e	Effective	e and Ending Dates
Agreement Name N/A . What other mechanisms (if any) will b	e used to implement the strategy for this sen	Effective	e and Ending Dates
Agreement Name N/A . What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this sen	Effective	e and Ending Dates
Agreement Name N/A . What other mechanisms (if any) will b	e used to implement the strategy for this sen	Effective	e and Ending Dates
Agreement Name N/A . What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this sen	Effective	e and Ending Dates
Agreement Name N/A . What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this sen fee changes, etc.), and when will they take e	Effective	e and Ending Dates
Agreement Name N/A . What other mechanisms (if any) will b acts of the General Assembly, rate or None Person completing form: Conner Bea	e used to implement the strategy for this sen fee changes, etc.), and when will they take e	Effective	e and Ending Dates
Agreement Name N/A . What other mechanisms (if any) will be acts of the General Assembly, rate or the General Assembly and the General Assembly acts of the Gen	e used to implement the strategy for this senfee changes, etc.), and when will they take e rden, County Manager ate completed: 7/1/2021	vice (e.g., ordinand	e and Ending Dates Des, resolutions, local







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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:DODGE COUNTY	Service: Probation Services
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 unincorpolecked, 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
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Dodge County, City of Chauncey, City	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Eastman,
e.)	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Authority	Funding M	Funding Method		
odge County	Fines & Fees			
ity of Chauncey	Fines & Fees			
ity of Eastman	Fines & Fees			
ne City of Milan was removed as a s	evious arrangements for providing and/or fundirections are service provider and funding local government. ements or intergovernmental contracts that will			
ne City of Milan was removed as a s	service provider and funding local government.			
ne City of Milan was removed as a s List any formal service delivery agree his service: Agreement Name	service provider and funding local government. ements or intergovernmental contracts that will	be used to implement the strateg		
he City of Milan was removed as a s List any formal service delivery agreens his service:	service provider and funding local government. ements or intergovernmental contracts that will	be used to implement the strateg		

7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361** Date completed: 7/1/2021

None

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

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:DODGE COUNTY	Service: Public Health	
	n delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):Dodge County Health	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the	
	nly 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>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	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.	

Method ding this service within the county?
ding this service within the county?
vill be used to implement the strategy for
Effective and Ending Dates
ervice (e.g., ordinances, resolutions, local effect?
hether proposed local government
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FORM 2: Summary of Service Delivery Arrangements

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COUNTY:DODGE COUNTY	Service: Public Housing	
Check <u>one</u> box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc	on delivery arrangement for this service:	
(If this box is checked, identify the government, aut	chority 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 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)	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Dave 4 of 0	

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		A COLUMN TWO IS NOT THE OWNER.		

Local Government or Authority	Funding N	Method
Eastman Housing Authority	Local, State & Federal Funds	
How will the strategy change the p	revious arrangements for providing and/or fundi	ing this service within the county?
No Change.		
. List any formal service delivery agr this service:	eements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
N/A		
N/A . What other mechanisms (if any) wi	Contracting Parties If be used to implement the strategy for this server fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
N/A . What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) wi acts of the General Assembly, rate	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) wi acts of the General Assembly, rate None Person completing form: Conner E	ll be used to implement the strategy for this servor fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
N/A . What other mechanisms (if any) wi acts of the General Assembly, rate None . Person completing form: Conner E Phone number: 478-374-4361	Il be used to implement the strategy for this servor fee changes, etc.), and when will they take elearden, County Manager Date completed: 7/1/2021	vice (e.g., ordinances, resolutions, loca iffect?







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service: Public Transportation
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Dodge County
b.)	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 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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Level Coverance A an A 41	a -14.	Madia ad
Local Government or Authorized County		Method
Dodge County	General Fund & State Funds, Fees	
How will the strategy change t	he previous arrangements for providing and/or fund	ing this service within the county?
Thow will the strategy change t	me previous arrangements for providing and/or fund	ing this service within the county?
ees have been added as a fun	nding method.	
The form the second of the state of the second		
	y agreements or intergovernmental contracts that wi	ill be used to implement the strategy fo
List any formal service delivery this service:	y agreements or intergovernmental contracts that wi	ill be used to implement the strategy fo
this service: Agreement Name	y agreements or intergovernmental contracts that wi	ill be used to implement the strategy fo Effective and Ending Dates
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this service: Agreement Name N/A What other mechanisms (if any	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name N/A What other mechanisms (if any	Contracting Parties	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name N/A What other mechanisms (if any	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name N/A What other mechanisms (if any	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
What other mechanisms (if any acts of the General Assembly,	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
What other mechanisms (if any acts of the General Assembly,	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name N/A What other mechanisms (if any	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
What other mechanisms (if any acts of the General Assembly,	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name N/A What other mechanisms (if any acts of the General Assembly, None Person completing form: Conn	Contracting Parties Contracting Parties y) will be used to implement the strategy for this ser	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
Agreement Name N/A What other mechanisms (if any acts of the General Assembly, None Person completing form: Conne	Contracting Parties y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take enter the strategy for this ser rate or fee changes, etc.) and when will they take enter the strategy for this ser rate or fee changes, etc.) and when will they take enter the strategy for this ser rate or fee changes, etc.) and when will they take enter the strategy for this ser rate or fee changes, etc.) and when will they take enter the strategy for this ser rate or fee changes, etc.) and when will they take enter the strategy for this ser rate or fee changes, etc.) and when will they take enter the strategy for this ser rate or fee changes.	vice (e.g., ordinances, resolutions, localifect?
What other mechanisms (if any acts of the General Assembly, None Person completing form: Connehone number: 478-374-4361 Is this the person who should the service:	Contracting Parties y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take enter the strategy for this servate or fee changes, etc.)	vice (e.g., ordinances, resolutions, localeffect?







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:DODGE COUNTY	Service: Public Welfare	
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.): Dodge County (DFCS)	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or control of the	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 service identified?	ce areas, unnecessary competition and/or duplication of this service	
Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Page 1 of 2

Local Government or Authority	Funding	Method
Dodge County	General Fund & State Funds	Metriod
Dougo County	Contrain and a state rands	
. How will the strategy change the pre	evious arrangements for providing and/or fund	ding this service within the county?
No Change.		
this service:	ements or intergovernmental contracts that w	
this service: Agreement Name	ements or intergovernmental contracts that w	vill be used to implement the strategy fo
this service: Agreement Name		
this service:		
this service: Agreement Name N/A S. What other mechanisms (if any) will		Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name N/A S. What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
Agreement Name N/A N/A None None Person completing form: Conner Be	be used to implement the strategy for this ser fee changes, etc.), and when will they take	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

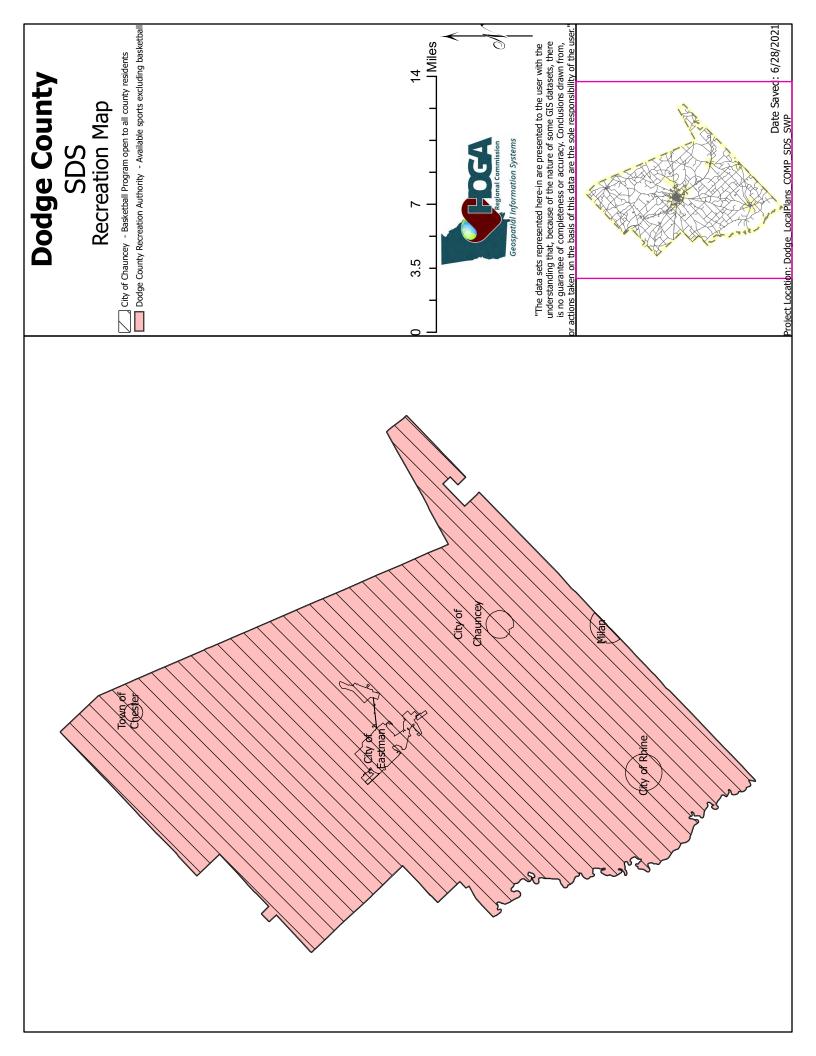
Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <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.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service: Recreation
Check <u>one</u> box that best describes the agreed up	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., ir (If this box is checked, identify the government, au	ncluding all cities and unincorporated areas) by a single service provider, uthority or organization providing the service.):
b.) Service will be provided only in the unincor checked, identify the government, authority or organized to the checked.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service provided in unincorporated areas. (If this box is ch service:	only within their incorporated boundaries, and the service will not be necked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service service in unincorporated areas. (If this box is che service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legil</u> identify the government, authority, or other organiz Recreation Authority, City of Chauncey	ble map delineating the service area of each service provider, and zation that will provide service within each service area.): Dodge County
2. In developing this strategy, were overlapping serv identified?	rice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be e	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

S	DS	FO	RM	2.	con	tinı	ied

List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc.	neral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., exes, franchise taxes, impact		
Local Government or Author	ority	Funding Method			
Dodge County		General Fund, SPLOST Funds & Grants			
City of Chauncey		General Funds & Grants			
4. How will the strategy change the	ne previ	ious arrangements for providing and/or funding this	service within the county?		
receive a higher level of service.	ball onl	ovides recreation services except basketball county of the provider and a new map has been attached.	wide. The City of Chauncey ervice overlap since residents		
this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for		
N/A		Contracting Parties	Effective and Ending Dates		
IN/A					
6. What other mechanisms (if any acts of the General Assembly, r) will be	e used to implement the strategy for this service (e.g ee changes, etc.), and when will they take effect?	., ordinances, resolutions, local		
None					
7. Person completing form: Conne Phone number: 478-374-4361	Da	ite completed: 7/1/2021			
Is this the person who should be projects are consistent with the	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	ct perso	on(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.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Recycling
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, automotive (i.e., income in the countywide).	cluding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorporatecked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) 🔀 One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: Dodge County, City of Eastman	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 service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) 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 docume	entation as described, below)
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	d
Dodge County	General Fund	
City of Eastman	General Fund, Fees	
I. How will the strategy change the pre	vious arrangements for providing and/or funding this	s service within the county?
Fees have been added as a funding n	nethod for the City of Eastman.	
i. List any formal service delivery agree this service:	ements or intergovernmental contracts that will be u	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
i. What other mechanisms (if any) will l acts of the General Assembly, rate or	pe used to implement the strategy for this service (e fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
None		
7. Person completing form: Conner Be Phone number: 478-374-4361	arden, County Manager Date completed: 7/1/2021	

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







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.		
COUNTY:DODGE COUNTY	Service:Road/Street Construction	
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., 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 unincorpolecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):	
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Chester, City of Eastman, City of Milan, City of Rhine	
e.) Other (If this box is checked, attach a legib 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.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Page 1 of 2

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

Local Government or Authority	Funding Method
Dodge County	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Chauncey	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Chester	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Eastman	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Milan	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Rhine	General Funds & SPLOST, TSPLOST, Grants, LMIG

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

New service providers and funding local governments were added. TSPLOST, Grants and LMIG were added as funding methods.

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
N/A		

6.	What other mechanisms	(if any) will be	used to imple	ement the str	ategy for this	service (e.g.,	ordinances,	resolutions,	local
á	icts of the General Asser	mbly, rate or fe	e changes, e	etc.), and whe	n will they tak	ke effect?			

None

- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section 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:DODGE COUNTY	Service:Road/Street Maintenance		
Check <u>one</u> box that best describes the agreed upo			
a.) Service will be provided countywide (i.e., ine (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		
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Chester, City of Eastman, City of Milan, City of Rhine		
	ple map delineating the service area of each service provider, and eation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method
Dodge County	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Chauncey	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Chester	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Eastman	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Milan	General Funds & SPLOST, TSPLOST, Grants, LMIG
City of Rhine	General Funds & SPLOST, TSPLOST, Grants, LMIG

4. How will the strategy change the p	revious arrangements for providing and/or fundi	ng this service within the county?
TSPLOST, and SPLOST were adde	ed as funding methods.	
List any formal service delivery agonthis service:	reements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) w acts of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca effect?
None		
7. Person completing form: Conner I Phone number: 478-374-4361	Bearden, County Manager Date completed: 7/1/2021	
8. Is this the person who should be c projects are consistent with the ser	ontacted by state agencies when evaluating wh vice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact p	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:DODGE COUNTY	Service:Sewage Collection/Disposal				
Check <u>one</u> box that best describes the agreed upo	1. Check one box that best describes the agreed upon delivery arrangement for this service:				
 a.) Service will be provided countywide (i.e., incomplete 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 unincorporated portion of the county by a single service provider. checked, identify the government, authority or organization providing the service.):					
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	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 service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
e.) Other (If this box is checked, <u>attach a legiblidentify</u> the government, authority, or other organization Chester, City of Eastman, City of Milan, City of F	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Rhine				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).				
f these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.					
	Page 1 of 2				

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

Local Government or Authority	Funding Method	
City of Chester	Water/Sewage Fund & Grants	
City of Eastman	Water/Sewage Fund & Grants, GEFA (state)	
City of Milan	Water/Sewage Fund & Grants	
City of Rhine	General Fund, USDA & GEFA Grant Funds	

 How will the strategy change the previous arrangeme 	nts for providing and/or funding this service within the county?
---	--

Funding methods were updated to include GEFA funds for the City of Eastman. New service area maps have been attached.

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

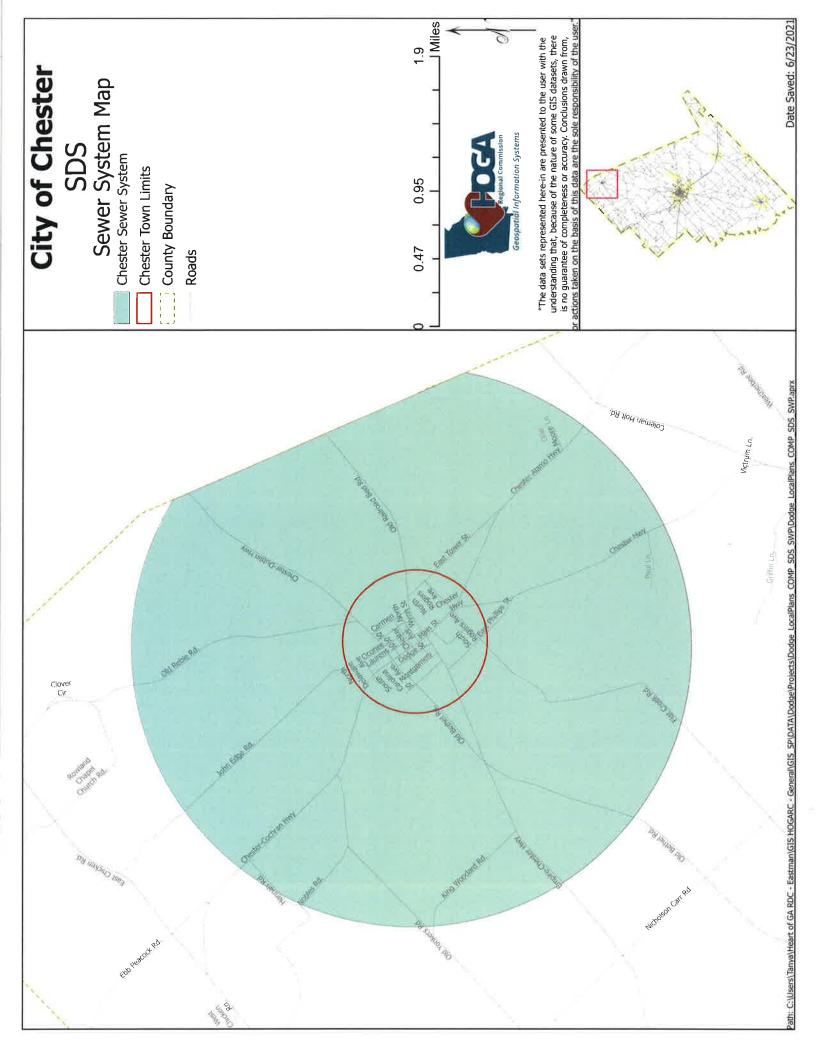
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A	*	

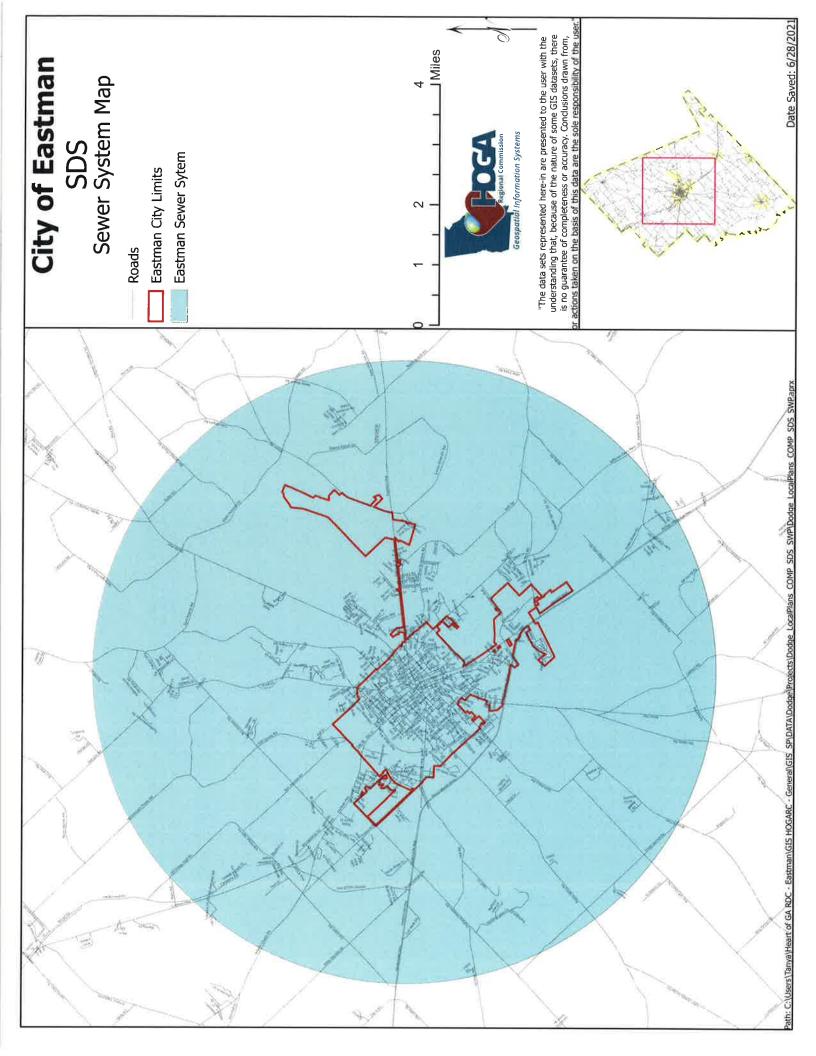
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances,	resolutions, local
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

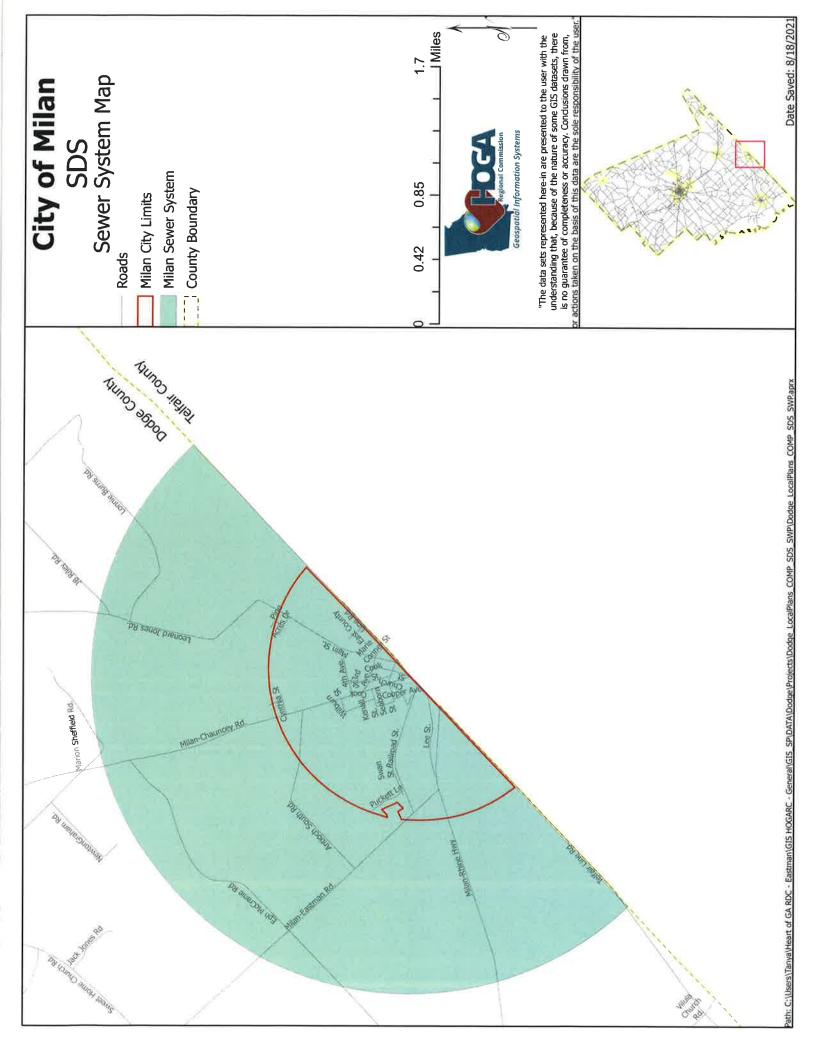
None

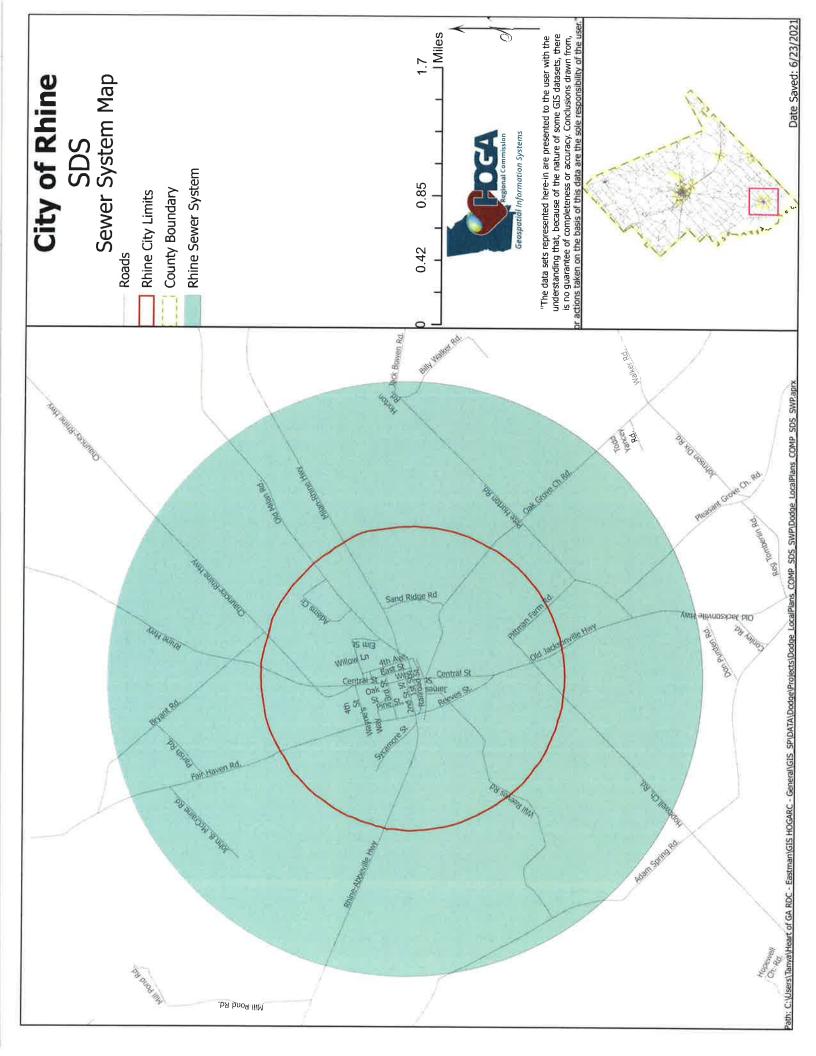
- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361**Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721















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.

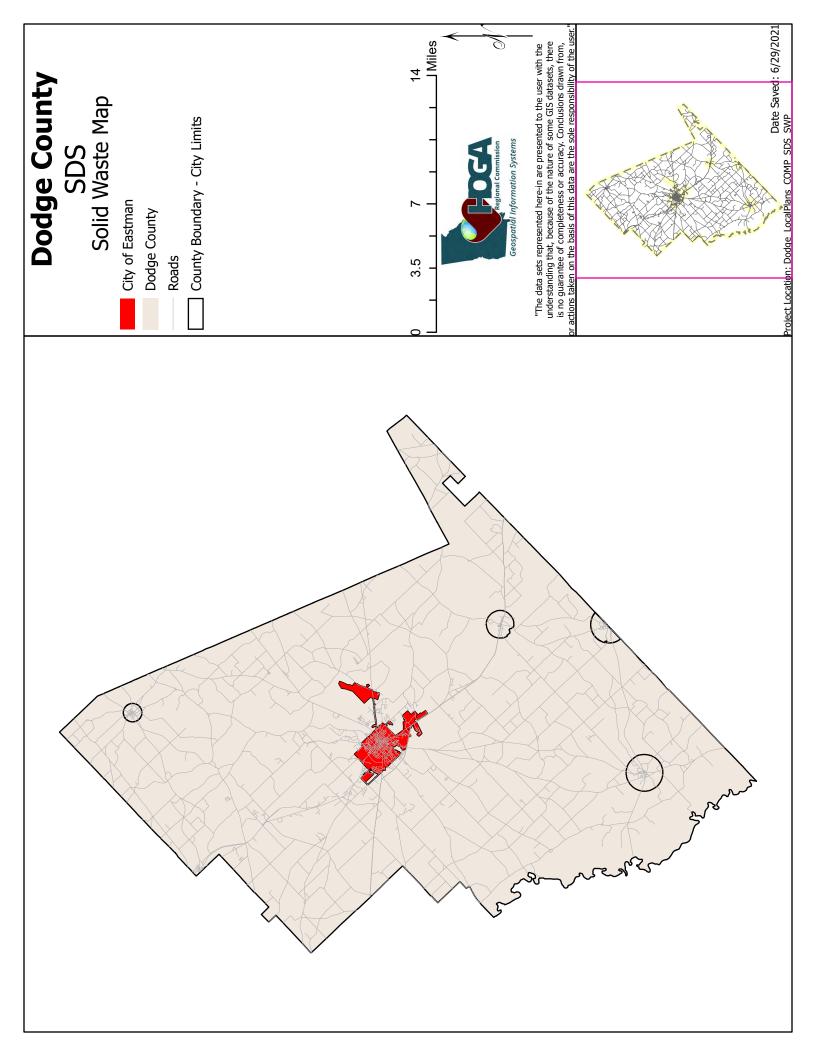
COUNTY:DODGE COUNTY	Service:Solid Waste Management	
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):	
b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this bo checked, identify the government, authority or organization providing the service.):		
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providin service:		
	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.): Dodge	
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		

Local Government or Authority	Funding Meti	hod
Dodge County	General Fund, Insurance Premium Tax Proceed	eds, SPLOST, Fees
City of Eastman	Sanitation Fund	
How will the strategy change the p	revious arrangements for providing and/or funding t	this service within the county?
The Cities of Miles and Phine were		
	removed as service providers and funding local gov	
has been attached. Funding method	removed as service providers and funding local governments of the service providers and funding local governments.	
has been attached. Funding method		
has been attached. Funding method		
has been attached. Funding method		
has been attached. Funding method County.		es, SPLOST and Fees for Dodge
has been attached. Funding method County.	s were updated to include Insurance Premium Tax	es, SPLOST and Fees for Dodge
has been attached. Funding method County. List any formal service delivery agrethis service:	s were updated to include Insurance Premium Tax	e used to implement the strategy f
nas been attached. Funding method County. List any formal service delivery agrithis service: **Agreement Name**	s were updated to include Insurance Premium Tax	es, SPLOST and Fees for Dodge
has been attached. Funding method County. List any formal service delivery agrithis service: **Agreement Name**	s were updated to include Insurance Premium Tax	e used to implement the strategy
nas been attached. Funding method County. List any formal service delivery agrithis service: **Agreement Name**	s were updated to include Insurance Premium Tax	e used to implement the strategy
nas been attached. Funding method County. List any formal service delivery agrithis service: **Agreement Name**	s were updated to include Insurance Premium Tax	e used to implement the strategy
nas been attached. Funding method County. List any formal service delivery agrithis service: **Agreement Name**	s were updated to include Insurance Premium Tax	e used to implement the strategy
has been attached. Funding method County. List any formal service delivery agrithis service: Agreement Name	s were updated to include Insurance Premium Tax	e used to implement the strategy
has been attached. Funding method County. List any formal service delivery agrithis service: **Agreement Name**	s were updated to include Insurance Premium Tax	e used to implement the strategy
has been attached. Funding method County. List any formal service delivery agrithis service: Agreement Name N/A	s were updated to include Insurance Premium Tax eements or intergovernmental contracts that will be Contracting Parties	e used to implement the strategy Effective and Ending Date
has been attached. Funding method County. List any formal service delivery agrithis service: Agreement Name N/A . What other mechanisms (if any) wi	s were updated to include Insurance Premium Tax	e used to implement the strategy Effective and Ending Date e (e.g., ordinances, resolutions, localizations)

7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361** Date completed: 7/1/2021

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

If not, provide designated contact person(s) and phone number(s) below: ALSO, SPENCE BARRON, EASTMAN CITY MANAGER, 478-374-7721









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:DODGE COUNTY	Service:Storm Water Management	
 Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., income of this box is checked, identify the government, aut 	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 services.	porated portion of the county by a single service provider. (If this box is anization providing the service.):	
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Chester, City of Eastman, City of Milan, City of Rhine	
e.) 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 docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>ar</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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	
Dodge County	General Fund, Grants, SPLOST, LMIG	
City of Chauncey	General Fund, Grants, SPLOST, LMIG	
City of Chester	General Fund, Grants, SPLOST, LMIG	
City of Eastman	General Fund, Grants, SPLOST, LMIG	
City of Milan	General Fund, Grants, SPLOST, LMIG	
City of Rhine	General Fund, Grants, SPLOST, LMIG	

City of Kriline	General Fund, Grants, SPLOST, LIVING	
4. How will the strategy chang	e the previous arrangements for providing and/or fund	ding this service within the county?
Funding methods were upda	ted to include SPLOST funds.	
5. List any formal service deliv this service:	ery agreements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	any) will be used to implement the strategy for this se ly, rate or fee changes, etc.), and when will they take	
Phone number: 478-374-436 8. Is this the person who shou	onner Bearden, County Manager 61 Date completed: 7/1/2021 Id be contacted by state agencies when evaluating whether the service delivery strategy? ⊠Yes □No	nether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:DODGE COUNTY	Service: Tax Assessment
Check <u>one</u> box that best describes the agree	d upon delivery arrangement for this service:
 a.) Service will be provided countywide (i. (If this box is checked, identify the government) 	e., including all cities and unincorporated areas) by a single service provider. it, authority or organization providing the service.): Dodge County
b.)	ncorporated portion of the county by a single service provider. (If this box is organization providing the service.):
c.) One or more cities will provide this serviced in unincorporated areas. (If this box is service:	vice only within their incorporated boundaries, and the service will not be s checked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service in unincorporated areas. (If this box is service.):	vice only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a lidentify the government, authority, or other org	egible map delineating the service area of each service provider, and panization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	ocumentation as described, below)
⊠No	
If these conditions will continue under this strate, overlapping but higher levels of service (See O.C overlapping service areas or competition cannot	gy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the si will be taken to eliminate them, the responsible p	trategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.

Page 1 of 2

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.	ieral funds, special se	y for this service and indicate how the ervice district revenues, hotel/motel to	ne service will be funded (e.g., axes, franchise taxes, impact
Local Government or Authority Funding Method			
Dodge County	General Fund		
a suger county	Concrarran		
4. How will the strategy change the	e previous arrangeme	ents for providing and/or funding this	service within the county?
No change.			
this service:		overnmental contracts that will be us	
Agreement Name	Co	ontracting Parties	Effective and Ending Dates
IN/A			
I i			
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to imple ate or fee changes, et	ment the strategy for this service (e.c.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Conne Phone number: 478-374-4361	r Bearden, County I Date completed:		
Is this the person who should be projects are consistent with the s	contacted by state a ervice delivery strate	igencies when evaluating whether pr gy? ⊠Yes ⊡No	oposed local government
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 neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> , sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service: Tax Collection
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 organized or the control of	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	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 service in unincorporated areas. (If this box is check service.): Dodge County, City of Chester, City of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Eastman, City of Milan
e.) Other (If this box is checked, attach a legible 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 docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be electrical entry.	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

	Funding Method	
Dodge County	General Funds	
City of Chester	General Funds	
City of Eastman	General Funds	
City of Milan	General Funds	

None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021	City of Eastman	General Funds	
No change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	City of Milan	General Funds	
No change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name			
No change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	4. How will the strategy change tl	ne previous arrangements for providing and/or fundi	ng this service within the county?
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	**		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate this service: Agreement Name	No change.		
Agreement Name N/A S. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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	3		
Agreement Name Contracting Parties Effective and Ending I N/A S. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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			
Agreement Name Contracting Parties Effective and Ending I N/A S. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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	5. List any formal service delivery	y agreements or intergovernmental contracts that will	If he used to implement the strategy for
N/A Solution will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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	this service:	agreements of intergovernmental contracts that will	The used to implement the strategy for
N/A 3. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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	Agraement Name	Contracting Parties	Effective and Ending Dates
None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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		Contracting Faities	Effective and Ending Dates
None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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			
None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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			
None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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			
None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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			
None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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			
None 7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 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			
7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 3. 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	acts of the General Assembly,	rate or fee changes, etc.), and when will they take e	ffect?
7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 3. 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			
7. Person completing form: Conner Bearden, County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 3. 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			
Phone number: 478-374-4361 Date completed: 7/1/2021 3. 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	None		
Phone number: 478-374-4361 Date completed: 7/1/2021 3. 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			
Phone number: 478-374-4361 Date completed: 7/1/2021 3. 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			
projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:	B. Is this the person who should be projects are consistent with the	be contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes □No	ether proposed local government
	If not, provide designated conta	act person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service: Tourism
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. chority or organization providing the service.): Eastman-Dodge County
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 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 docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.	ity that will help to pay for this service and indica eral funds, special service district revenues, hote).	te how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Author	General Funds	Method
Dodge County City of Eastman	Hotel/Motel Tax	
City of Eastman	Hotel/Motel Tax	
4. How will the strategy change the	e previous arrangements for providing and/or fur	nding this service within the county?
No change. The County and City this service.	of Eastman contract with the Eastman-Dodge C	ounty Area Chamber of Commerce for
this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this set ate or fee changes, etc.), and when will they take	
None		
7. Person completing form: Conne Phone number: 478-374-4361	Date completed: 7/1/2021	
	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government
	t person(s) and phone number(s) below: STMAN CITY MANAGER, 478-374-7721	







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.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1.</u> sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:DODGE COUNTY	Service:Water Supply/Distribution
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., 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
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organiza Chauncey, City of Chester, City of Eastman, City	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of y of Milan, City of Rhine
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	
City of Chauncey	Water Fund, Grants, GEFA	
City of Chester	Water/Sewer Fund, Grants, GEFA	
City of Eastman	Water/Sewer Fund, Grants, SPLOST, GEFA, State	
City of Milan	Water/Sewer Fund, Grants, GEFA	
City of Rhine	General Fund & Grants, GEFA	

4. How will the strategy char	ange the previous arrangements for providing and/or funding	this service within the county?
Funding methods have bee	een updated for the cities to now include Water/sewer funds,	SPLOST, and State funds.

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

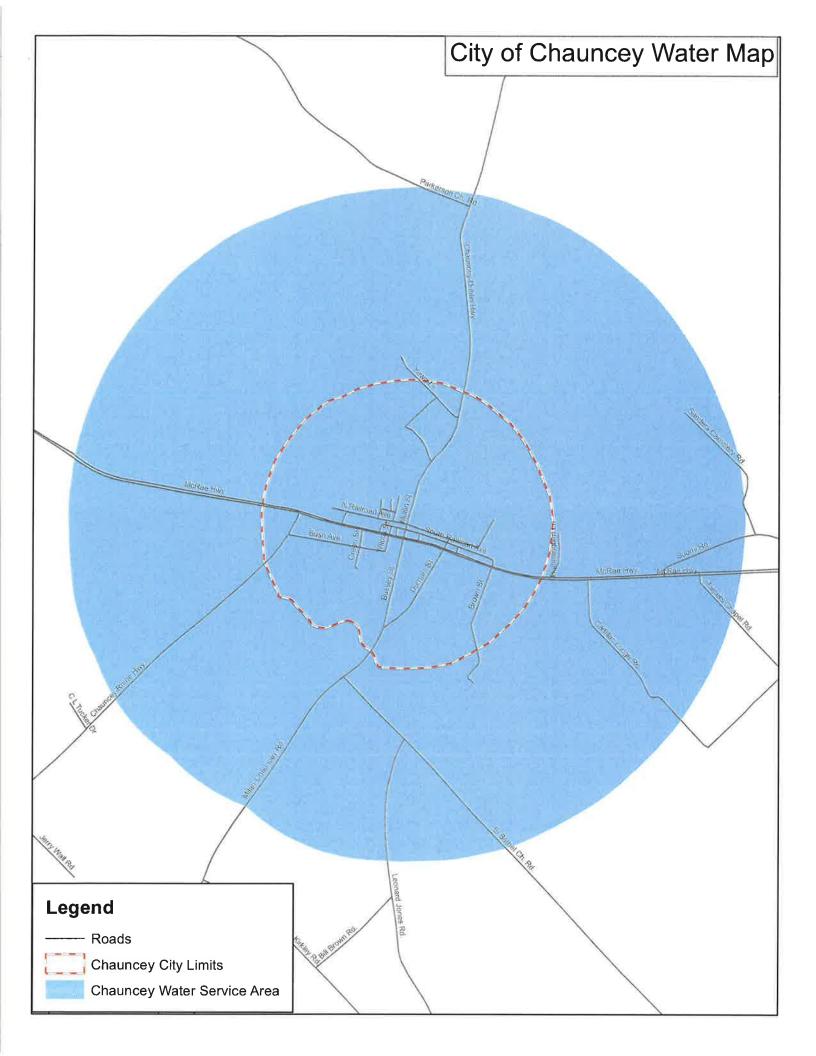
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

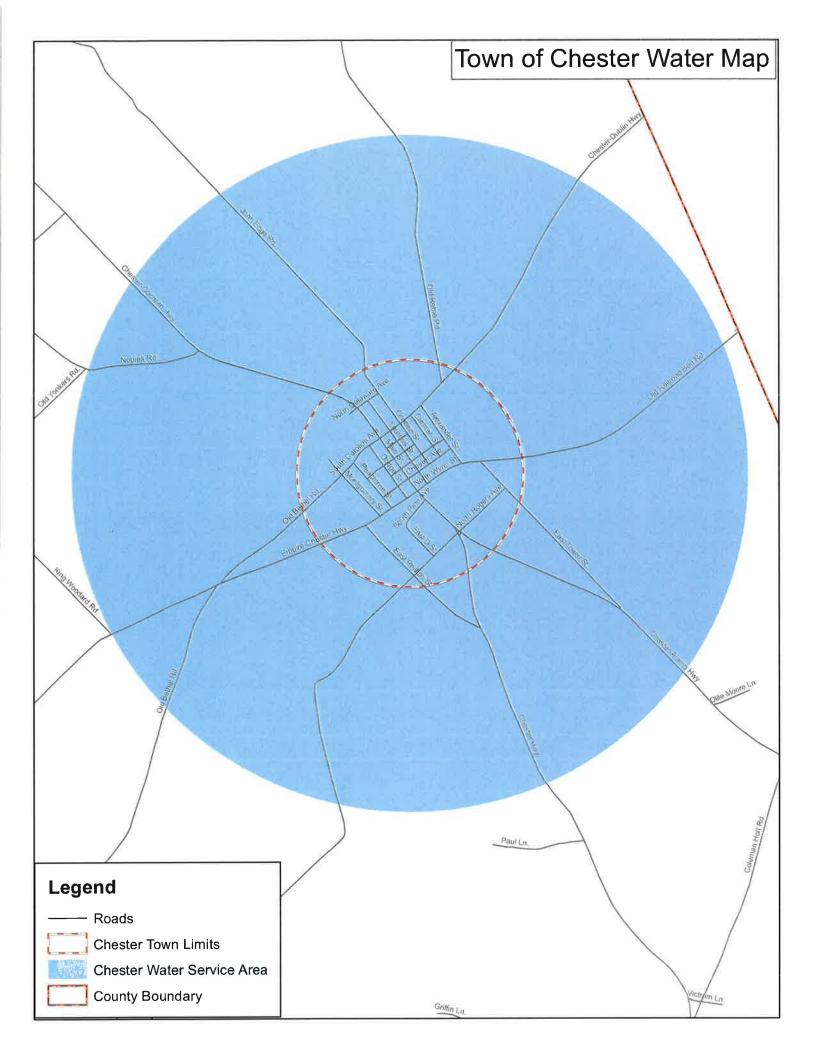
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g.,	ordinances, resolutions, loca	al
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		

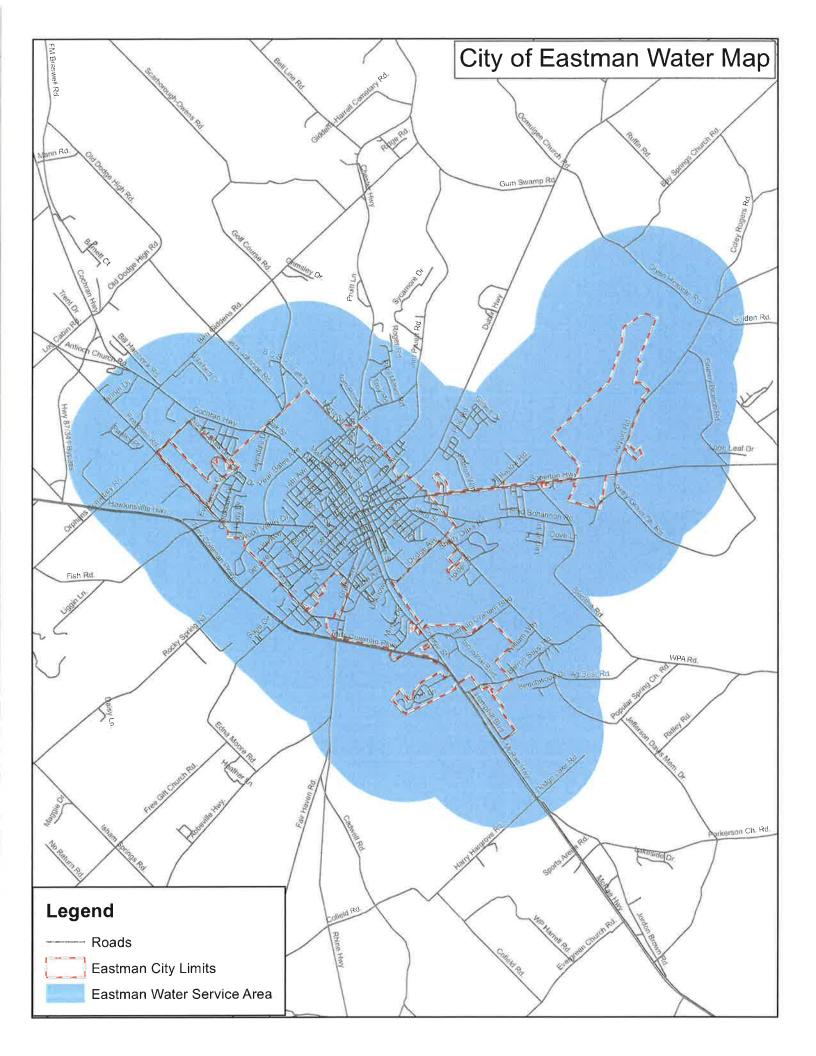
None	

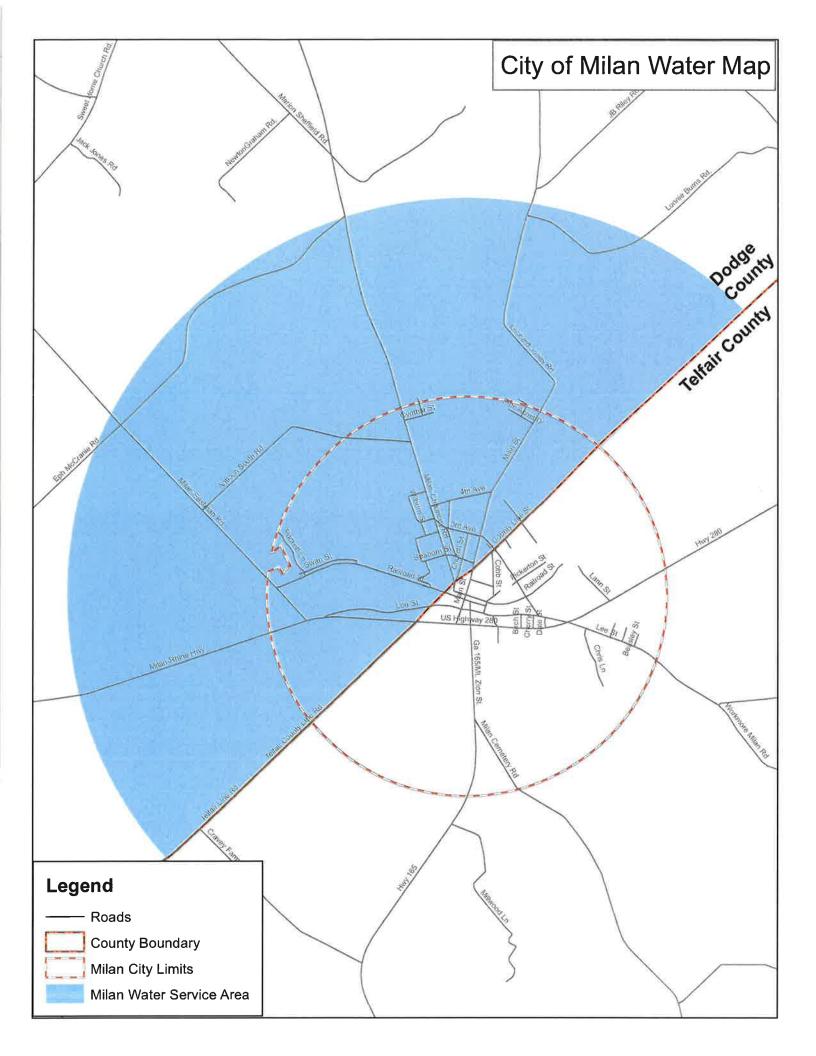
- 7. Person completing form: **Conner Bearden, County Manager**Phone number: **478-374-4361** Date completed: 7/1/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

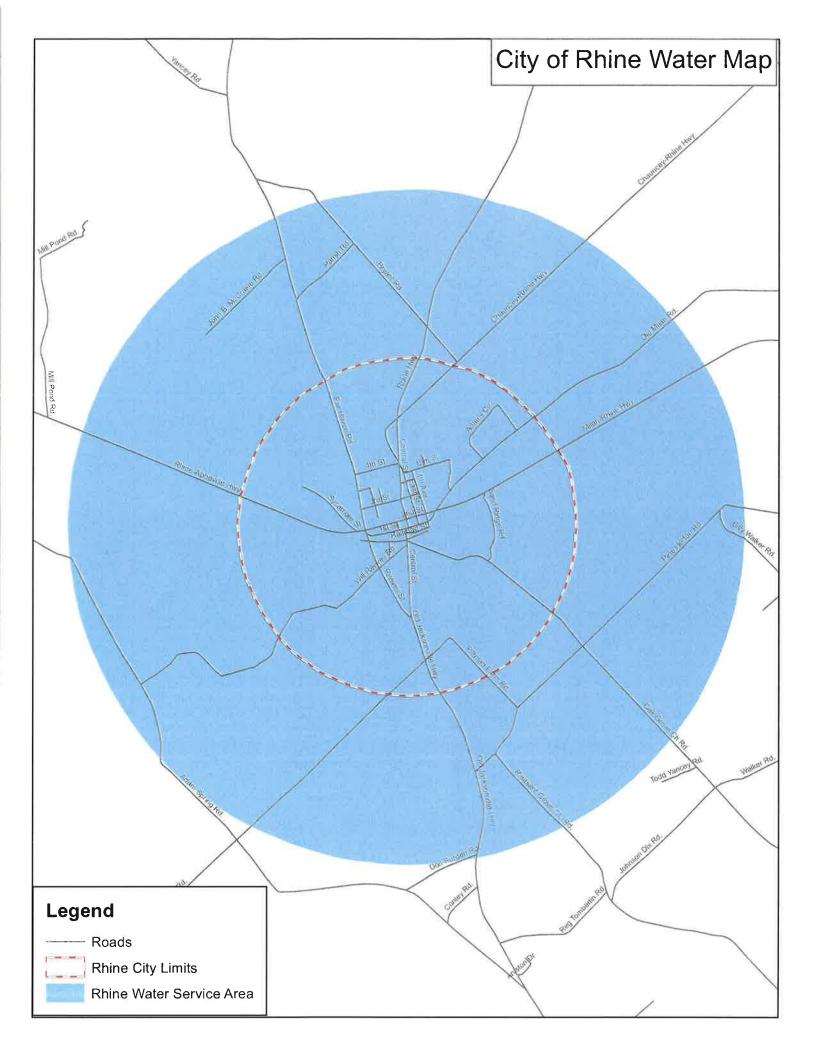
If not, provide designated contact person(s) and phone number(s) below: ALSO, Spence Barron, EASTMAN CITY MANAGER, 478-374-7721

















SERVICE DELIVERY STRATEGY FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the

service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:DODGE				
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? NONE	ere identified in the process of			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed; Amendments to existing comprehensive plans Adoption of a joint comprehensive plan Other measures (amend zoning ordinances, add environmental regulations, etc.) If "other measures" was checked, describe these measures; NONE	NOTE: If the necessary plan amendments, regulations, ordinances, erc. have not yet been formally adopted, indicate when each of the affacted local governments will adopt them.			
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? In 1999, Dodge County and all cities in Dodge County adopted a joint rextraterritorial water and sewer service is compatible with land use plans and ordinances government in which the new service is to be extended. This agreement is still in effect.	with all applicable land use plans resolution to insure that proposed			
 4. Person completing form: Conner Bearden, Dodge County Manager Phone number: 478-374-4361 Date completed: 7/1/2021 5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ∑Yes ☐No If not, provide designated contact person(s) and phone number(s) below: 	r proposed local government			







FORM 4: Certifications

Instructions:

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

COUNTY: DODGE

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
DODGE COUNTY	Chairman	Dan McCranie		
CITY OF CHAUNCEY	Mayor	Harrell Burch		
CITY OF CHESTER	Mayor	Glynn Pittman		
CITY OF EASTMAN	Chairman	Buddy Pittman		
CITY OF MILAN	Mayor	Jimmy Kirkland		
CITY OF RHINE	Mayor	Donald Kennedy		