

# CITY OF LOCUST GROVE

## WORKSHOP MEETING AGENDA - DRAFT

MONDAY, JANUARY 4, 2021 - 6:00 P.M.

VIA TELECONFERENCE CALL/ZOOM MEETING

DUE TO THE CONTINUING COVID-19 SURGE IN GEORGIA

VIEW ON FACEBOOK LIVE AT CITY OF LOCUST GROVE – CITY HALL

CALL TO ORDER..... Mayor Robert Price

INVOCATION..... Community Development Director Daunté Gibbs

PLEDGE OF ALLEGIANCE..... Councilman Shearouse

APPROVAL OF THE AGENDA (Action Needed)

PUBLIC COMMENTS/PRESENTATIONS ..... None

PUBLIC HEARING ITEMS ..... None

APPROVAL OF MEETING MINUTES..... 4 Items

1. December 7, 2020 Regular Meeting Minutes (Motion Required)
2. December 7, 2020 Executive Session Minutes (Motion Required)
3. December 21, 2020 Workshop Meeting Minutes (Motion Required)
4. December 21, 2020 Executive Session Minutes (Motion Required)

ACCEPTANCE OF THE FINANCIAL STATEMENT ..... 1 Item

5. November 2020 Financial Statement (Motion Required)

OLD BUSINESS/ACTION ITEMS..... 3 Items

6. Resolution for reappointment – Downtown Development Authority (DDA) – Rod Shearouse (Motion Required)
7. Resolution for reappointment – Historic Preservation Commission (HPC) – Marianne Morfoot (Motion Required)
8. Resolution for reappointment – Historic Preservation Commission (HPC) – Janice Mason (Motion Required)

NEW BUSINESS/ACTION ITEMS..... 2 Items

9. Resolution of the Cities of Hampton, Locust Grove, McDonough, Stockbridge and Henry County, Georgia, approving a new Service Delivery Strategy as required by the Service Delivery Strategy Act, O.C.G.A. § 36-70-20, *et seq* (Motion Required – Modification of earlier adoption on December 21, 2020)
10. Ordinance for appointment of offices of the City of Locust Grove (Motion Required)

CITY MANAGER'S COMMENTS..... Tim Young

MAYOR'S COMMENTS ..... Mayor Robert Price

EXECUTIVE SESSION – If needed, for property acquisition, personnel, and/or litigation

ADJOURN – (Motion Required)

**ADA Compliance: Individuals with disabilities who require certain accommodations in order to allow them to observe and/or participate in this meeting, or who have questions regarding the accessibility of the meeting, or the facilities are required to contact the City Clerk at (770) 957-5043 promptly to allow the City to make reasonable accommodations for those persons.**

Public Comment may be limited to no more than ten (10) minutes with up to 3 minutes per requesting applicant to speak. Please register your NAME and ADDRESS prior to the beginning of the meeting with the City Clerk via e-mail at [mspurling@locustgrove-ga.gov](mailto:mspurling@locustgrove-ga.gov).

POSTED AT CITY HALL– December 30, 2020 at 16:30

**City of Locust Grove  
 Council Meeting Minutes  
 Monday, December 7, 2020  
 3640 Highway 42 – Public Safety Building  
 Locust Grove, GA 30248  
 6:00 PM**

<b>Members Present:</b>	<b>Staff Present:</b>
Robert Price - Mayor	Tim Young – City Manager
Rod Shearouse – Councilman	Bert Foster – Assistant City Manager
Willie Taylor – Councilman	Misty Spurling – City Clerk
Keith Boone – Councilman	Jennifer Adkins – Assistant City Clerk
Rudy Breedlove – Councilman	Daunte’ Gibbs- Community Development Director
Carlos Greer – Councilman/Mayor Pro Tem	Jesse Patton – Police Chief
	Andy Welch – City Attorney
	<b>Staff Not Present:</b>
	Jack Rose – Public Works Director
	Anna Ogg – Main Street Director

Mayor Price called the meeting to order at 6:00 PM

Invocation given by Assistant City Manager Bert Foster

Councilman Shearouse led the Pledge of Allegiance.

**APPROVAL OF AGENDA** –

Mayor Price asked for a motion. Councilman Boone made the motion to approve the December 7, 2020 meeting agenda.

RESULT	APPROVED AGENDA
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN GREER
VOTE	MOTION CARRIED - ALL IN FAVOR

**PUBLIC COMMENTS** – NONE

**PUBLIC HEARING ITEMS** –

**APPROVAL OF THE MINUTES** -

**1. NOVEMBER 2, 2020- REGULAR MEETING MINUTES** –

Mayor Price asked for a motion. Councilman Taylor made the motion to approve the November 2, 2020 regular meeting minutes.

RESULT	APPROVED NOVEMBER 2, 2020 REGULAR MEETING MINUTES
MADE MOTION	COUNCILMAN TAYLOR

2 <sup>ND</sup> MOTION	COUNCILMAN GREER
FAVOR	MOTION CARRIED – ALL IN FAVOR

**2. NOVEMBER 16, 2020- WORKSHOP MEETING MINUTES –**

Mayor Price asked for a motion. Councilman Greer made the motion to approve the November 16, 2020 workshop meeting minutes.

RESULT	APPROVED NOVEMBER 16, 2020 WORKSHOP MEETING MINUTES
MADE MOTION	COUNCILMAN GREER
2 <sup>ND</sup> MOTION	COUNCILMAN TAYLOR
FAVOR	MOTION CARRIED – ALL IN FAVOR

**3. NOVEMBER 16, 2020- EXECUTIVE SESSION MEETING MINUTES –**

Mayor Price asked for a motion. Councilman Greer made the motion to approve the November 16, 2020 executive session meeting minutes.

RESULT	APPROVED NOVEMBER 16, 2020 WORKSHOP MEETING MINUTES
MADE MOTION	COUNCILMAN GREER
2 <sup>ND</sup> MOTION	COUNCILMAN BOONE
FAVOR	MOTION CARRIED – ALL IN FAVOR

**ACCEPTANCE OF THE FINANCIAL STATEMENT –**

**4. OCTOBER 2020 - Financial Statement –**

Mayor Price asked for a motion. Councilman Boone made the motion to approve the October 2020 Financial Statement

RESULT	APPROVED OCTOBER 2020 FINANCIAL STATEMENT
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN GREER
FAVOR	MOTION CARRIED – ALL IN FAVOR

**UNFINISHED BUSINESS/ACTION ITEMS –**

**5. Ordinance to adjust fees paid to the City for certain development services provided –**

Mayor Price asked for a motion. Councilman Shearouse made the motion to approve the request by approving ordinance #20-12-057.

RESULT	APPROVED ORDINANCE #20-12-057
MADE MOTION	COUNCILMAN SHEAROUSE
2 <sup>ND</sup> MOTION	COUNCILMAN GREER
VOTE	MOTION CARRIED – ALL IN FAVOR

**6. Ordinance on Council meeting schedule for 2021 –**

Discussion took place about a request made by Councilman Shearouse and Councilman Breedlove to change the workshop meeting date in February (Winter Break) and other dates such as Spring break and Fall break to coincide with the school breaks. Mayor Price replied the meeting dates are set for the first and third Mondays each month to allow for a longer period between each meeting for the purpose of packet preparation. Mayor Price said the February date was extended to the fourth (4<sup>th</sup>) Monday.

Councilman Greer asked for further clarification on Mayor Price’s response. Mr. Young said there were some requests from Council to consider changing several meeting dates to coincide with the school breaks (Winter, Spring, and Fall). Mr. Young said we were able to change the February workshop meeting from February 15 to February 22 for Winter break; however, the other dates will remain as scheduled. The spring date will be the swearing in of a new council member; therefore, we could not reschedule. Discussion took place and nothing further.

Mayor Price asked for a motion. Councilman Shearouse made the motion to approve the request by approving ordinance **#20-12-058**.

RESULT	APPROVED ORDINANCE #20-12-058
MADE MOTION	COUNCILMAN SHEAROUSE
2 <sup>ND</sup> MOTION	COUNCILMAN TAYLOR
VOTE	MOTION CARRIED – ALL IN FAVOR

**7. Ordinance to adopt the FY 2021 Operating and Capital Improvements Budget -**

Mayor Price asked for a motion. Councilman Greer made the motion to approve the request by approving resolution **#20-12-059**.

RESULT	APPROVED RESOLUTION #20-12-059
MADE MOTION	COUNCILMAN GREER
2 <sup>ND</sup> MOTION	COUNCILMAN BOONE
VOTE	MOTION CARRIED – ALL IN FAVOR

**NEW BUSINESS/ACTION ITEMS –**

**8. Resolution on Right-of-Way acquisition/donation for the SR 42 improvement -**

City Manager Tim Young led discussion this is for two slivers of property in front of City Hall for the additional lane for SR 42 between Bill Gardner Parkway and Peeksville Road. We will have to relocate our water line along this stretch and affords us the option to upsize the line to accommodate future growth. We had originally stated an intent to donate this right-of-way; however, we can exercise these options to cover much of the costs for utility relocation.

Councilman Shearouse asked if the sidewalk will be reinstalled. Mr. Young replied this includes a new sidewalk and landscaping; however, we will lose the pillars at the entrance of City Hall. The plaques embedded inside the pillars will be removed and relocated.

Councilman Boone asked if the pillars could be moved and Mr. Young said the pillars are not movable but will confirm.

Councilman Shearouse asked if the entrance to City Hall will be improved during this project and Mr. Young replied no, this does not include any improvements.

Councilman Greer asked if this covers the cost of utilities and Mr. Young replied this will cover the materials and much to all the labor. Discussion took place and Councilman Greer asked if the marquee sign will be removed. Mr. Young said we originally thought the marquee sign would have to be moved; however, with the design in place the sign will not be affected. Mr. Young said we have contacted four vendors for quotes on a new fascia, although we are looking at whether or not the new project would cause issues with height and visibility.

Councilman Greer made a comment being the driveway (entry) of City Hall is going to be destroyed can we request the improvements to increase the width. Mayor Price said he agrees the driveway is not wide enough and said an upgrade is needed. Mr. Young said he will include with questions for GDOT. Attorney Andy Welch suggested to condition the sale on a new opening and relocating the pillars.

Mayor Price asked for a motion. Councilman Greer made the motion to approve the request with subject to widening the driveway (doubling the entrance size at a minimum preserve and moving back pillars) and approving resolution #20-12-060.

RESULT	APPROVED RESOLUTION #20-12-060
MADE MOTION	COUNCILMAN GREER
2 <sup>ND</sup> MOTION	COUNCILMAN BOONE
VOTE	MOTION CARRIED – ALL IN FAVOR

**9. Ordinance Home Delivery of Alcohol / HB 879 Compliance**

City Manager Tim Young led discussion this is an update regarding recent changes by the State in terms of Home Delivery of wine, malt beverages, and distilled spirits from the last General Assembly. Discussion took place. This amendment replaces our current prohibition since state law has now changed and allows restaurants to apply for a specific license to sell by the package wine and malt beverages. These can only be delivered within the corporate limits (license limit).

Councilman Shearouse asked who will enforce and what is the process of checking ID's. Mr. Young said the city and state would enforce and there are state requirements on the verification of ID's to ensure age-appropriate purchases. Discussion took place.

Councilman Greer said there are so many factors to consider with this request considering we are a small town. Councilman Greer also said he feels we need to have public input to allow opportunity for questions or comments. Discussion took place and nothing further.

Councilman Boone made a comment he thinks we need some questions answered first and the opportunity to do more research.

Attorney Andy Welch said we must present any changes that are made to local government code to Council; however, Council has the option to approve or not.

Mayor Price asked for a motion. Councilman Boone made the motion to table the request until February 1, 2021.

RESULT	TABLED UNTIL FEBRUARY 1, 2021
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN SHEAROUSE

VOTE	MOTION CARRIED – ALL IN FAVOR
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**CITY MANAGER’S COMMENTS –**

Mr. Young said everyone was very thankful for the generous Christmas bonuses issued this year. Mr. Young mentioned the accident involving two of our police officers this past weekend and said that it was a miracle because everyone involved is ok. The vehicles [Ford SUV and Crown Victoria) are beyond repair; therefore, budget adjustments were made for the replacement of two new vehicles totaling about \$66,000. Fortunately, we had money left over in other accounts that we can reallocate to this purchase. We will be coordinating with the insurance provider of the driver (company) at fault for reimbursement of damages. Nothing further.

Attorney Andy Welch said Council will need to make a motion to authorize this approval of purchase.

Mayor Price asked for a motion. Councilman Boone made the motion to authorize the purchase of two new police vehicles totaling \$66,000.

RESULT	APPROVED PURCHASE OF VEHICLES
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN GREER
VOTE	MOTION CARRIED – ALL IN FAVOR

**MAYOR’S COMMENTS –**

**EXECUTIVE SESSION – Personnel**

Mayor Price asked for a motion to enter executive session for purposes of personnel. Councilman Boone made the motion with second by Councilman Greer. All in favor and motion carried. Council entered executive session at 6:30 PM.

Mayor Price asked for a motion to reconvene to regular session from executive session at 6:49 PM. Councilman Boone made the motion with second by Councilman Greer. All in favor and motion carried.

**ADJOURNMENT –**

Mayor Price asked for a motion to adjourn. Councilman Boone made the motion to adjourn.

RESULT	APPROVED – ADJOURN MEETING
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN SHEAROUSE
FAVOR	MOTION CARRIED MEETING ADJOURNED @ 6:49 PM.

Notes taken by:

\_\_\_\_\_  
Misty Spurling, City Clerk

**City of Locust Grove  
Council Workshop Meeting Minutes**

**Via Teleconference Call/Zoom Meeting  
View on Facebook Live at City of Locust Grove – City Hall  
Monday, December 21, 2020  
6:00 PM**

<b>Members Present Via Teleconference:</b>	<b>Staff Present Via Teleconference:</b>
Robert Price – Mayor	Tim Young – City Manager
Carlos Greer – Councilman	Bert Foster – Assistant City Manager
Willie Taylor – Councilman	Misty Spurling – City Clerk
Keith Boone – Councilman	Jennifer Adkins – Assistant City Clerk
Rod Shearouse – Councilman	Daunté Gibbs – Community Development Director
Rudy Breedlove - Councilman	Jesse Patton – Police Chief
	Anna W. Ogg – Main Street Manager
	Jack Rose – Public Works Director
	Andy Welch - Attorney

Mayor Price called the meeting to order at 6:00 PM.

Invocation given by City Manager Tim Young.

Councilman Breedlove led the Pledge of Allegiance.

**APPROVAL OF AGENDA** –

Mayor Price asked for a motion. Councilman Greer made the motion to approve the December 21, 2020 meeting agenda.

RESULT	APPROVED
MADE MOTION	COUNCILMAN GREER
2 <sup>ND</sup> MOTION	COUNCILMAN SHEAROUSE
VOTE	MOTION CARRIED - ALL IN FAVOR

**PUBLIC COMMENTS** – NONE

**PUBLIC HEARING ITEMS** – NONE

**NEW BUSINESS/ACTION ITEMS** –

- 1. Resolution to adopt the annual Capital Improvement Element for the City of Locust Grove –**

Mayor Price asked for a motion. Councilman Boone made the motion to approve the request by approving resolution **#20-12-061**.

RESULT	APPROVED RESOLUTION #20-12-061
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN GREER
VOTE	MOTION CARRIED - ALL IN FAVOR

**2. Resolution to authorize the application for the LMIG 2021 grant cycle –**

City Manager Tim Young reviewed Exhibit A and discussion took place.

Mayor Price asked for a motion. Councilman Boone made the motion to approve the request by approving resolution #20-12-062.

RESULT	APPROVED RESOLUTION #20-12-062
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN SHEAROUSE
VOTE	MOTION CARRIED - ALL IN FAVOR

**CITY OPERATION REPORTS / WORKSHOP DISCUSSION ITEMS**

**MAIN STREET OPERATIONS – ANNA W. OGG**

Main Street Director Anna Ogg gave an update we had a great turnout for the drive-in [Carpool Cinema] movie at Claude Gray Park featuring “Polar Express”. We are preparing some reappointments for HPC and DDA in January and Mrs. Ogg wished everyone a Merry Christmas.

**PUBLIC SAFETY OPERATIONS – CHIEF PATTON**

Chief Patton gave an update and reviewed the monthly report. Total collections for October 2020 were \$49,357.75 with 80 accidents and 32 investigations, including 10 cases for Detective Crowell and 22 for Detective Yarian. The department had a total of 40 hours of training for the month of November.

Councilman Taylor asked if there were any hospitalizations related to the accidents that were reported, and Chief Patton replied yes, however, not sure how many. Nothing further.

**PUBLIC WORKS – JACK ROSE**

Public Works Director Jack Rose gave an update we are working on several projects in various subdivisions. We have one employee who tested positive for Covid-19, and he is at home for the required time. Nothing further.

**ADMINISTRATION – BERT FOSTER**

Mr. Foster gave an update the Peeksville Road extension and Tanger Park are both nearing completion and anticipating will be open in the Spring of 2021. The additional lane on Highway 42 between Bill Gardner and Peeksville Road is on schedule and GDOT approved our request for widening the entrance to City Hall; however, the columns can only be removed. The MMIP commercial lane project from I-475 to Highway 155 is in process by GDOT and a public information open house [PIOH] was held on December 2, 2020. Nothing further.



## **COMMUNITY DEVELOPMENT OPERATIONS – DAUNTÉ GIBBS**

Community Development Director Daunté Gibbs gave an update his department is continuing to trend upwards with development and building permits on the rise. We had several employees in our department test positive for Covid-19 recently. Those employees have been either quarantined or in isolation and working from home to keep operations going. Staff is recovering slowly and will continue with a staggered schedule until further notice. Nothing further.

## **ARCHITECTURAL REVIEW BOARD (ARB) – NONE**

### **CITY MANAGER’S COMMENTS –**

City Manager Tim Young said we have had a big dilemma with Covid-19 that touched about every department including [Community Development, Public Works, and Public Safety] with some staff still currently in quarantine. Employees are wearing masks and sanitizing throughout the building each day.

- **FY 2020 3<sup>rd</sup> Quarter Budget adjustments –**

Mr. Young said revenue is continuing to come in strong. Mr. Young said LOST revenue required another level of adjustments because the economy of our area is still seeing positive increases despite the impacts of COVID nationwide and in other parts of the region. We will continue to refine and make further adjustments prior to the next meeting. Nothing further.

- **SDS Update –**

Mr. Young said this is an update and review on where we started to where we are now. We will be entering executive session for this discussion.

### **MAYOR’S COMMENTS –**

Mayor Price said he would like to wish everyone a Merry Christmas and remember those employees who are affected by Covid-19. Mayor Price thanked all city employees during this challenging time.

### **EXECUTIVE SESSION – Litigation**

Mayor Price asked for a motion to enter executive session for the purpose of litigation. Councilman Boone made the motion with second by Councilman Breedlove. All in favor and motion carried. Council entered executive session at 6:18 PM.

Mayor Price asked for a motion to reconvene to regular session from executive session at 7:16 PM. Councilman Boone made the motion with second by Councilman Shearouse. All in favor and motion carried.

Mayor Price asked for a motion. Councilman Boone made the motion to add item three (3) to the agenda.

RESULT	APPROVED ADD ITEM THREE
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN SHEAROUSE
VOTE	MOTION CARRIED - ALL IN FAVOR

**ADDED ITEM -**

- 3. Approve a Joint Resolution the Cities (Hampton, Locust Grove, McDonough, and Stockbridge) and Henry County to accept a new Service Delivery Agreement as prepared and submitted to the County on or about November 23, 2020 with two substitutions: (1) a new IGA on Roads as finalized by the City Attorney and (2) a new DCA Form 2 regarding Fire Protection Services subject to approval or amendment made by the City of McDonough as to those terms which pertain to the City of McDonough's Fire District.**

Mayor Price asked for the above item to be placed in the form of a motion. Councilman Boone did so and thereby approved resolution **#20-12-063.**

RESULT	APPROVED RESOLUTION #20-12-063 WITH CONDITIONS
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN SHEAROUSE
VOTE	MOTION CARRIED - ALL IN FAVOR

**ADJOURNMENT-**

Mayor Price asked for a motion to adjourn. Councilman Boone made the motion to adjourn.

RESULT	ADOPTED
MADE MOTION	COUNCILMAN BOONE
2 <sup>ND</sup> MOTION	COUNCILMAN SHEAROUSE
VOTE	MOTION CARRIED - ALL IN-FAVOR MEETING ADJOURNED @ 7:21 PM.

Notes taken by:

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Misty Spurling, City Clerk



## Main Street Department

P. O. Box 900  
Locust Grove, Georgia 30248

Phone: (770) 957-5043  
Facsimile (770) 954-1223

# Item Coversheet

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**Item:** A resolution to reappoint Rod Shearouse to the Locust Grove Downtown Development Authority

**Action Item:**  Yes  No

**Public Hearing Item:**  Yes  No

**Executive Session Item:**  Yes  No

**Advertised Date:** NA

**Budget Item:** NA

**Date Received:** December 15, 2020

**Workshop Date:** December 21, 2020

**Regular Meeting Date:** January 4, 2021

### Discussion:

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Attached is a resolution to reappoint Rod Shearouse (Exhibit A) to the Locust Grove Downtown Development Authority (DDA). Councilman Shearouse serves as the City Council representative on the DDA.

### Recommendation:

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**I MOVE TO (APPROVE/DENY/TABLE) THE REAPPOINTMENT OF ROD SHEAROUSE TO THE LOCUST GROVE DOWNTOWN DEVELOPMENT AUTHORITY**

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION TO REAPPOINT ROD SHEAROUSE TO THE DOWNTOWN DEVELOPMENT AUTHORITY; TO REPEAL INCONSISTENT RESOLUTIONS; TO PROVIDE FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.**

**WITNESSETH:**

**WHEREAS**, the City of Locust Grove (“City”) is a municipal corporation duly organized and existing under the laws of the State of Georgia; and

**WHEREAS**, the Mayor and Council have determined that the need for a downtown development authority to function in the city to aid in the financing of projects for the revitalization and redevelopment of the central business district of the city which will develop and promote for the public good and general welfare trade, commerce, industry and employment opportunities within the city and the state of Georgia; and

**WHEREAS**, the City must appoint Board of Directors of the downtown development authority; and

**WHEREAS**, the term of Rod Shearouse as a member on the Board of Directors of the downtown development authority expires in January 2021; and

**WHEREAS**, the City wishes to reappoint Rod Shearouse to continue serving as a Director of the downtown development authority in accordance with said Ordinance.

**THEREFORE, IT IS NOW RESOLVED BY THE CITY COUNCIL OF THE CITY OF LOCUST GROVE, GEORGIA, AS FOLLOWS:**

1. **Appointment.** The Mayor, by and with the advice and consent of the City Council, hereby reappoints Rod Shearouse as a member of the Board of Directors of the downtown development authority, whose term will expire January 4, 2027.

2. **Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable, or nonbinding, that shall not affect the remaining portions of this Resolution.
3. **Repeal of Conflicting Provisions.** All City resolutions are hereby repealed to the extent they are inconsistent with this Resolution.
4. **Effective Date.** This Resolution shall take effect immediately.

THIS RESOLUTION adopted this 4th day of January, 2021.

\_\_\_\_\_  
ROBERT S. PRICE, Mayor

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
Misty Spurling, City Clerk  
(seal)

\_\_\_\_\_  
City Attorney



## Main Street Department

P. O. Box 900  
Locust Grove, Georgia 30248

Phone: (770) 957-5043  
Facsimile (770) 954-1223

# Item Coversheet

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**Item:** A resolution to reappoint Marianne Morfoot and Janice Mason to the Locust Grove Historic Preservation Commission

**Action Item:**  Yes  No

**Public Hearing Item:**  Yes  No

**Executive Session Item:**  Yes  No

**Advertised Date:** NA

**Budget Item:** NA

**Date Received:** December 15, 2020

**Workshop Date:** December 21, 2020

**Regular Meeting Date:** January 4, 2021

### Discussion:

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Attached are resolutions to reappoint Marianne Morfoot (Exhibit A) and Janice Mason (Exhibit B) to the Locust Grove Historic Preservation Commission.

### Recommendation:

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**I MOVE TO (APPROVE/DENY/TABLE) THE REAPPOINTMENT OF MARIANNE MORFOOT AND JANICE MASON TO THE LOCUST GROVE HISTORIC PRESERVATION COMMISSION**

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION TO REAPPOINT MARIANNE MORFOOT TO THE HISTORIC PRESERVATION COMMISSION; TO REPEAL INCONSISTENT RESOLUTIONS; TO PROVIDE FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.**

**WITNESSETH:**

**WHEREAS**, the City of Locust Grove (“City”) is a municipal corporation duly organized and existing under the laws of the State of Georgia; and

**WHEREAS**, the historical, cultural and aesthetic heritage of the City of Locust Grove is among its most valued and important assets and the preservation of this heritage is essential to the promotion of the health, prosperity and general welfare of the people; and

**WHEREAS**, the City adopted a Historic Preservation Commission Ordinance on September 13, 2004 to establish a uniform procedure for use in providing for the protection, enhancement, perpetuation and use of places, districts, sites, buildings, structures, objects, and landscape features having a special historical, cultural or aesthetic interest or value; and

**WHEREAS**, the City wishes to reappoint Marianne Morfoot as part of her continued dedication to the citizens of the City of Locust Grove by serving on the Historic Presentation Commission in accordance with said Ordinance.

**THEREFORE, IT IS NOW RESOLVED BY THE CITY COUNCIL OF THE CITY OF LOCUST GROVE, GEORGIA, AS FOLLOWS:**

1. **Appointment.** The Mayor, by and with the advice and consent of the City Council, hereby reappoints Marianne Morfoot as a member of the Historic Preservation Commission, whose term will expire January 4, 2024.
2. **Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable, or nonbinding, that shall not affect the remaining portions of this Resolution.
3. **Repeal of Conflicting Provisions.** All City resolutions are hereby repealed to the extent they are inconsistent with this Resolution.
4. **Effective Date.** This Resolution shall take effect immediately.

**THIS RESOLUTION** adopted this 4th day of January, 2021.

\_\_\_\_\_  
ROBERT S. PRICE, Mayor

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
Misty Spurling, City Clerk  
(seal)

\_\_\_\_\_  
City Attorney





## Main Street Department

P. O. Box 900  
Locust Grove, Georgia 30248

Phone: (770) 957-5043  
Facsimile (770) 954-1223

# Item Coversheet

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**Item:**        **A resolution to reappoint Marianne Morfoot and Janice Mason to the Locust Grove Historic Preservation Commission**

**Action Item:**                        Yes                        No

**Public Hearing Item:**               Yes                        No

**Executive Session Item:**          Yes                        No

**Advertised Date:**                NA

**Budget Item:**                    NA

**Date Received:**                December 15, 2020

**Workshop Date:**                December 21, 2020

**Regular Meeting Date:**        January 4, 2021

### Discussion:

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Attached are resolutions to reappoint Marianne Morfoot (Exhibit A) and Janice Mason (Exhibit B) to the Locust Grove Historic Preservation Commission.

### Recommendation:

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**I MOVE TO (APPROVE/DENY/TABLE) THE REAPPOINTMENT OF MARIANNE MORFOOT AND JANICE MASON TO THE LOCUST GROVE HISTORIC PRESERVATION COMMISSION**

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION TO REAPPOINT JANICE MASON TO THE HISTORIC PRESERVATION COMMISSION; TO REPEAL INCONSISTENT RESOLUTIONS; TO PROVIDE FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.**

**WITNESSETH:**

**WHEREAS**, the City of Locust Grove (“City”) is a municipal corporation duly organized and existing under the laws of the State of Georgia; and

**WHEREAS**, the historical, cultural and aesthetic heritage of the City of Locust Grove is among its most valued and important assets and the preservation of this heritage is essential to the promotion of the health, prosperity and general welfare of the people; and

**WHEREAS**, the City adopted a Historic Preservation Commission Ordinance on September 13, 2004 to establish a uniform procedure for use in providing for the protection, enhancement, perpetuation and use of places, districts, sites, buildings, structures, objects, and landscape features having a special historical, cultural or aesthetic interest or value; and

**WHEREAS**, the City wishes to reappoint Janice Mason as part of her continued dedication to the citizens of the City of Locust Grove by serving on the Historic Presentation Commission in accordance with said Ordinance.

**THEREFORE, IT IS NOW RESOLVED BY THE CITY COUNCIL OF THE CITY OF LOCUST GROVE, GEORGIA, AS FOLLOWS:**

1. **Appointment.** The Mayor, by and with the advice and consent of the City Council, hereby reappoints Janice Mason as a member of the Historic Preservation Commission, whose term will expire January 4, 2024.
2. **Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable, or nonbinding, that shall not affect the remaining portions of this Resolution.
3. **Repeal of Conflicting Provisions.** All City resolutions are hereby repealed to the extent they are inconsistent with this Resolution.
4. **Effective Date.** This Resolution shall take effect immediately.

**THIS RESOLUTION** adopted this 4th day of January, 2021.

\_\_\_\_\_  
ROBERT S. PRICE, Mayor

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
Misty Spurling, City Clerk  
(seal)

\_\_\_\_\_  
City Attorney



## Administration Department

P. O. Box 900  
Locust Grove, Georgia 30248

Phone: (770) 957-5043  
Facsimile (770) 954-1223

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### Item Coversheet

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**Item:** Reappointment of Offices of the City of Locust Grove for 2021

**Action Item:**  Yes  No

**Public Hearing Item:**  Yes  No

**Executive Session Item:**  Yes  No

**Advertised Date:** N/A

**Budget Item:** N/A

**Date Received:** December 30, 2020

**Workshop Date:** N/A

**Regular Meeting Date:** January 4, 2021

### Discussion:

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*Attached is the Ordinance for appointment of offices for the City of Locust Grove for the 2021 Year. Changes to this include Bert Foster as Assistant City Manager; Daunté Gibbs as Community Development Director; Casey Crumbley as Solicitor (replacing Nicolle Ramsey) and the appointment of Tim Haley as Pro Tem Court Solicitor.*

### Recommendation:

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#### I move to APPROVE:

**AN ORDINANCE FOR APPOINTMENT OF OFFICES OF THE CITY OF LOCUST GROVE; TO PROVIDE FOR RECORDATION OF THIS ORDINANCE; TO REPEAL INCONSISTENT ORDINANCES; TO ESTABLISH AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.**

**ORDINANCE NO. \_\_\_\_\_**

**AN ORDINANCE FOR APPOINTMENT OF OFFICES OF THE CITY OF LOCUST GROVE; TO PROVIDE FOR RECORDATION OF THIS ORDINANCE; TO REPEAL INCONSISTENT ORDINANCES; TO ESTABLISH AN EFFECTIVE DATE; AND FOR OTHER PURPOSES**

**WHEREAS**, the City of Locust Grove (“City”) is a municipal corporation duly organized and existing under the laws of the State of Georgia (“State”), and is charged with certain enumerated public purposes under the Constitution and laws of the Sate, including the right to establish, abolish, merge, or consolidate offices, positions of employment, departments and agencies of the City that are necessary for the proper administration of the affairs and government of the City; and

**WHEREAS**, the Mayor nominates for appointment the following persons for the following offices for the 2021 Calendar Year in accordance with Article III, Section 3.10 of the City Charter;

**THEREFORE, THE COUNCIL OF THE CITY OF LOCUST GROVE HEREBY ORDAINS**

**SECTION 1. Appointments of Office.** The City Council approves the Mayor’s recommended appointments as follows for the 2021 Calendar Year, as conditioned by an asterisk (\*):

<b>Office</b>	<b>Name</b>
Mayor Pro Tem:	Carlos Greer
City Attorney:	Andrew J. Welch, III and the law firm of Smith Welch Webb & White
City Manager:	Tim Young
Assistant City Manager:	Gurdon (Bert) Foster
City Clerk:	Misty Spurling
Assistant City Clerk:	Jennifer Adkins
Chief of Police:	Jesse Patton
Public Works Director:	Jack Rose
Community Development Director:	Daunté Gibbs
City Engineer:	G. Ben Turnipseed Engineers
Judge:	Donald Patton
Judge Pro Tem:	William Turner
Court Solicitor:	Casey Crumbley
Court Solicitor Pro Tem:	Tim Haley
Court Appointed Attorney:	Natalie Fears Sundeen
Election Supervisor:	Henry County Elections Board (by agreement)
Police Chaplain	Kenny Heath

All appointments are for a one-year term and are “at-will” positions. All appointed officers’ actions are governed by the City’s charter, ordinances and personnel policy, unless exempt therefrom, as well as applicable state and federal law. For non-contract appointees the salaries are established through the budget and each of these positions is exempt except for FMLA.

The positions will terminate at 11:59 PM on the day of the first regular scheduled meeting of the City of Locust Grove for 2022 unless the Council otherwise acts prior to said date and time.

**SECTION 2. Additional Documents.** The City Council of the City of Locust Grove authorizes the Mayor to execute any additional documents which may be necessary to effectuate this Ordinance, subject to approval as to form by the City Attorney.

**SECTION 3. Recordation.** The City Clerk is hereby directed to record this Ordinance in the official minutes of the City.

**SECTION 4. Severability.**

A. It is hereby declared to be the intention of the City Council that all sections, paragraphs, sentences, clauses and phrases of this Ordinance are and were, upon their enactment, believed by the City Council to be fully valid, enforceable and constitutional.

B. It is hereby declared to be the intention of the City Council that, to the greatest extent allowed by law, each and every section, paragraph, sentence, clause or phrase of this Ordinance is severable from every other Section, paragraph, sentence, clause or phrase of this Ordinance. It is hereby further declared to be the intention of the City Council that, to the greatest extent allowed by law, no section, paragraph, sentence, clause or phrase of this Ordinance is mutually dependent upon any other Section, paragraph, sentence, clause or phrase of this Ordinance.

C. In the event that any section, paragraph, sentence, clause or phrase of this Ordinance shall, for any reason whatsoever, be declared invalid, unconstitutional or otherwise unenforceable by the valid judgment or decree of any court of competent jurisdiction, it is the express intent of the City Council that such invalidity, unconstitutionality or unenforceability shall, to the greatest extent allowed by law, not render invalid, unconstitutional or otherwise unenforceable any of the remaining sections, paragraphs, sentences, clauses, or phrases of the Ordinance and that, to the greatest extent allowed by law, all remaining Sections, paragraphs, sentences, clauses, or phrases of the Ordinance shall remain valid, constitutional, enforceable, and of full force and effect.

**SECTION 4. Repeal of Conflicting Provision.** Except as otherwise provided herein, all ordinances or parts of ordinances in conflict with this ordinance are hereby repealed.

**SECTION 5. Effective Date.** This ordinance shall become effective immediately upon its adoption by the Mayor and Council of the City of Locust Grove.

SO ORDAINED this 4<sup>th</sup> day of January, 2021.

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ROBERT PRICE, Mayor

ATTEST:

---

MISTY SPURLING, City Clerk  
(Seal)

APPROVED AS TO FORM:

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CITY ATTORNEY



## Administration Department

P. O. Box 900  
Locust Grove, Georgia 30248

Phone: (770) 957-5043  
Facsimile: (866) 364-0996

### Item Coversheet

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**Item:** SDS Update – From BOC Action

**Action Item:**  Yes  No

**Public Hearing Item:**  Yes  No

**Executive Session Item:**  Yes  No

**Advertised Date:** N/A

**Budget Item:** Yes, All Funding

**Date Received:** December 17, 2020 / Update December 30, 2020

**Workshop Date:** December 21, 2020 – Original Adoption

**Regular Meeting Date:** January 4, 2021 – Updated Agreement

#### Discussion:

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Attached is the presentation by the County Attorney to the BOC on December 29, 2020 at their special called meeting where they voted to adopt the Agreement as submitted by the City of Locust Grove with a few amendments related to Fire Services, Parks, and Roads. Fire Service changes will not affect the City of Locust Grove. Parks – County is to deed over Coley Park to the City of Hampton for complete operations (no effect on the City of Locust Grove). Roads – only change was to remove language on Engineering Services by the County to the Cities that we may call on them from time to time. We at the City typically used them regarding streets that used to be “County Roads” under the old agreement, so this is a negligible change for us to accept.

#### Recommendation:

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**APPROVE LATEST SDS AGREEMENT AND JOINT SETTLEMENT RESOLUTION TO FINALIZE NEARLY TWO YEARS OF NEGOTIATIONS AND MEDIATION.**



RESOLUTION NO. \_\_\_\_\_

**A JOINT RESOLUTION OF THE CITIES OF HAMPTON, LOCUST GROVE, MCDONOUGH, STOCKBRIDGE, AND HENRY COUNTY, GEORGIA, APPROVING A NEW SERVICE DELIVERY STRATEGY AS REQUIRED BY THE SERVICE DELIVERY ACT, O.C.G.A. § 36-70-20, *et seq.***

**WITNESSETH:**

**WHEREAS**, the Cities of Hampton, Georgia, Locust Grove, Georgia, McDonough, Georgia, and Stockbridge, Georgia (collectively, “Cities”) are municipal corporations duly organized and existing under the laws of the State of Georgia;

**WHEREAS**, Henry County, Georgia (“County”) is a duly formed political subdivision of the State of Georgia;

**WHEREAS**, the Service Delivery Act, O.C.G.A. § 36-70-20, *et seq.*, requires each county and all cities located therein to develop, approve, and implement a service delivery strategy that specifies the manner in which all local governmental services will be provided and funded; and

**WHEREAS**, the Service Delivery Act also requires the periodic review and revision of service delivery strategies upon the occurrence of any one of the six conditions specified in O.C.G.A. § 36-70-28(b); and

**WHEREAS**, the Cities and County have been engaged in negotiations to revise the Parties’ 2008 Service Delivery Strategy; and

**WHEREAS**, the Cities and the County are each authorized to levy taxes, and to expend tax moneys and other available funds; and

**WHEREAS**, the Parties have reviewed, revised and reached an agreement on a new Service Delivery Strategy;

**WHEREAS**, the Mayors and Councils of the Cities and the Board of Commissioners of the County desire to approve a new Service Delivery Strategy attached hereto including the forms and intergovernmental agreements for the funding and provision of services as set forth herein;

**THEREFORE, IT IS NOW JOINTLY RESOLVED BY THE CITY COUNCIL OF THE CITIES OF HAMPTON, LOCUST GROVE, MCDONOUGH, AND STOCKBRIDGE AND THE HENRY COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:**

- I. Incorporation of Recitals.** The above stated recitals are true and correct and are incorporated as though fully set forth herein.
- II. Acceptance of Service Delivery Strategy Agreements.** The County and Cities hereby approve the Service Delivery Strategy Agreement and associated forms and intergovernmental agreements thereto, which are attached hereto as Exhibit “A”, as the parties’ new Service Delivery Strategy. Said documents have been discussed, reviewed, revised, and mediated by the Parties.

- IV. Authorization of the Mayors and Clerks.** The Mayor and City Councils of each of the respective Cities hereby authorize their respective Mayor to sign and Clerks to certify this Resolution, the Service Delivery Strategy Agreement attached as Exhibit “A” and the intergovernmental agreements included therein, and any other required documents to effectuate this Resolution; as well as to authorize the Mayors or their designees transmit same to Department of Community Affairs (“DCA”) for verification.
- V. Authorization of the Chairman and Clerk.** The Henry County Board of Commissioners hereby authorizes the Chair’s signature and the Clerk’s certification of this Resolution, the Service Delivery Strategy Agreement attached as Exhibit “A” and the intergovernmental agreements included therein, and any other required documents to effectuate this Resolution; as well as to authorize the Chair or her designee to transmit same to DCA for verification.
- VI. Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable, or nonbinding, that shall not affect the remaining portions of this Resolution or Service Delivery Strategy Agreement in Exhibit “A”.
- VII. Repeal of Conflicting Provisions.** All City and County resolutions or agreements are hereby repealed to the extent they are in conflict with this Resolution and Service Delivery Strategy Agreement in Exhibit “A”.
- VIII. Effective Date.** This Resolution shall take effect immediately.

THIS RESOLUTION adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2020/2021.

**The Mayor and City Council of the City of Hampton, Georgia.**

**Henry County, Georgia**

By: \_\_\_\_\_  
Mayor

By: \_\_\_\_\_  
Chairman, Board of Commissioners

Attest: \_\_\_\_\_  
City Clerk

Attest: \_\_\_\_\_  
County Clerk

[seal]

[seal]

**The Mayor and City Council of the City of Locust Grove, Georgia**

**The Mayor and City Council of the City of Hampton, Georgia**

By: \_\_\_\_\_  
Mayor

By: \_\_\_\_\_

Attest: \_\_\_\_\_  
City Clerk

Attest: \_\_\_\_\_  
City Clerk

**The Mayor and City Council of the  
City of McDonough, Georgia**

By: \_\_\_\_\_  
Mayor

Attest: \_\_\_\_\_  
City Clerk

**The Mayor and City Council of the  
City of Stockbridge, Georgia**

By: \_\_\_\_\_

Attest: \_\_\_\_\_  
City Clerk

Commissioner Holmes motioned to approve the SDS Agreement with the following changes:

- 1) In the Fire Services Agreement, to remove the limitations or caps on the change in the millage rate for the City of McDonough District;
- 2) Under parks: revise to reflect that the County will operate and maintain the following parks: (McDonough) Alexander Park, Richard Craig Park, Avalon Park; (Locust Grove) Warren Holder Park, and Tanger Park. In addition, that we will convey Coley Park to the City of Hampton; and
- 3) Under Roads/Streets: that we delete the provision regarding the Counties providing engineering services to the cities.

Commissioner Wilson seconded. The motion carried 5-0-0

**What was approved by the Henry County BOC on 12/29/2020 with the changes.**

**Unanimous Approval.**

**Effect on the City of Locust Grove is minimal. Loss of Engineering Services is minor and was typically used on the old "County Road" listing from the prior SDS agreement.**

HENRY COUNTY  
SERVICE DELIVERY STRATEGY  
AGREEMENT  
2020



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. Attach 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: HENRY COUNTY

Service: ANNEXATION

1. Check one box that best describes the agreed upon delivery arrangement for this service:

- a)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- b)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- 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 providing the service.)
- d)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); **Henry County, Hampton, Locust Grove, McDonough, Stockbridge**
- e)  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)


2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes (If "Yes," you must attach additional documentation as described, below)
- No


If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the 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.

# BUILDING PERMITS AND INSPECTIONS



Georgia  
Department of  
**Community Affairs**



**SERVICE DELIVERY STRATEGY**

**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. Answers for each service should be provided in the same order as listed on FORM 1. 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.

<p>COUNTY: HENRY COUNTY</p>	<p>Service: BUILDING PERMITS AND INSPECTIONS</p>
-----------------------------	--

1. Check **gizg** box that best describes the agreed upon delivery arrangement for this service:

a.)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

b.)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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 providing the service.)

d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) **Henry County will provide this service within a special service district consisting of the unincorporated areas of Henry County, Hampton, Locust Grove, McDonough, and Stockbridge will provide this service within their respective incorporated areas.**

e.)  Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?


Yes (If "Yes," you must attach additional documentation as described, below)

No



If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the 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.

# BUILDING AND GROUNDS MAINTENANCE


 Georgia The Official State of Georgia Seal <b>Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b> <b>FORM 2: Summary of Service Delivery Arrangements</b>	
<p><b>Instructions:</b>          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.</p>	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: BUILDINGS AND GROUND MAINTENANCE</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e. including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); <b>Henry County, Hampton, Locust Grove, McDonough, Stockbridge</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	



Georgia COMMUNITY AFFAIRS

**Community Affairs**



**SERVICE DELIVERY STRATEGY**

**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.

<p><b>COUNTY: HENRY COUNTY</b></p>	<p><b>Service: CEMETERY</b></p>
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1. Check one box that best describes the agreed upon delivery arrangement for this service:

a.)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

b.)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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 providing the service.)

d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) **Henry County, Hampton, Locust Grove, McDonough, Stockbridge**

e.)  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (If "Yes," you must attach additional documentation as described, below)



No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the 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.

# CEMETERY

# CITY PRISONERS

  <b>Georgia Department of Community Affairs</b> <b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: CITY PRISONERS</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) <b>Sheriff of Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.):</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (if "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

# CITY PRISONERS IGA

## EXHIBIT A

### HOUSING OF CITY PRISONERS

The City shall reimburse the Sheriff's Department of Henry County in the amount of \$37.58 per day for the housing of City prisoners sentenced by the municipal court of the City for violation of a specified City section of the City Code. Said daily fee shall commence on the date the person is incarcerated by the municipal court judge. The City shall not be required to pay any fees for prisoners that are sentenced by the municipal court judge for violation of state law. The affected City shall make payment within thirty (30) days of receipt of the bill. In addition, the County jail fund fee authorized by O.C.G.A. § 15-21-93 shall be remitted to the County in accordance with State law.

#### HENRY COUNTY, GEORGIA

By: \_\_\_\_\_ (L.S.)  
Chairman Mayor  
Attest: \_\_\_\_\_ (L.S.)  
Clerk (SEAL) Clerk (L.S.) (SEAL)

#### CITY OF HAMPTON, GEORGIA

By: \_\_\_\_\_ (L.S.)  
Mayor  
Attest: \_\_\_\_\_ (L.S.)  
Clerk (SEAL) Clerk (L.S.) (SEAL)

#### CITY OF LOCUST GROVE, GEORGIA

By: \_\_\_\_\_ (L.S.)  
Mayor  
Attest: \_\_\_\_\_ (L.S.)  
Clerk (SEAL) Clerk (L.S.) (SEAL)

#### CITY OF McDONOUGH, GEORGIA

By: \_\_\_\_\_ (L.S.)  
Mayor  
Attest: \_\_\_\_\_ (L.S.)  
Clerk (SEAL) Clerk (L.S.) (SEAL)

#### CITY OF STOCKBRIDGE, GEORGIA



By: \_\_\_\_\_ (L.S.)  
Mayor  
Attest: \_\_\_\_\_ (L.S.)  
Clerk (SEAL) Clerk (L.S.) (SEAL)

#### HENRY COUNTY SHERIFF

By: \_\_\_\_\_ (L.S.)  
Mayor  
Attest: \_\_\_\_\_ (L.S.)  
Clerk (SEAL) Clerk (L.S.) (SEAL)






# CITY PRISONERS AND TRANSPORT

  The Georgia Department of Community Affairs <b>COMMUNITY AFFAIRS</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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 pages) changes, this should be reported to the Department of Community Affairs.	
COUNTY: HENRY COUNTY	Service: CITY PRISONERS - TRANSPORT
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>e.) <input checked="" type="checkbox"/> Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): <b>Henry County Sheriff to provide service in unincorporated area of Henry County and the City of Stockbridge- Hampton, Locust Grove and McDonough shall provide this service within their incorporated areas.</b></p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p>	
<p>If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service. (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).</p> <p>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.</p>	








# CODE ENFORCEMENT

  	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: CODE ENFORCEMENT</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) <b>Henry County will provide this service within a special service district consisting of the unincorporated areas of Henry County, Hampton, Locust Grove, McDonough, and Stockbridge provide this service within their respective incorporated areas.</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area):</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p>	
<p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	



# COMPREHENSIVE PLAN

  <b>Georgia</b> Department of Community Affairs <b>Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: COMPREHENSIVE PLAN</b>
1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service: a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) <b>Henry County will provide this service within a special service district consisting of the unincorporated areas of Henry County regardless of whether these municipal boundaries change over the term of the agreement. Hampton, Locust Grove, McDonough and Stockbridge provides this service within their respective incorporated areas.</b> e.) <input type="checkbox"/> Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. §§ 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.	

Georgia Department of Community Affairs

**FORM 2: Summary of Service Delivery Arrangements**

**SERVICE DELIVERY STRATEGY**

**COUNTY: HENRY COUNTY**      **Service: CORONER SERVICE**

**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.

1. Check one box that best describes the agreed upon delivery arrangement for this service:

- a.)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) **Henry County**
- b.)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- 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 providing the service.)
- d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- e.)  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)



2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 Yes (If "Yes," you must attach additional documentation as described, below)  
 No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of services (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).  
 If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

**Page 1 of 2**




CORONER

# COURTS INDIGENT DEFENSE MUNICIPALITIES



  <b>Georgia</b> The Peach State <b>Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: COURTS/INDIGENT DEFENSE - MUNICIPAL COURT</b>
1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service: a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) c.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: <b>Hampton, Locust Grove, McDonough, Stockbridge</b> ) d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.)	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No	
If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	





# COURTS INDIGENT DEFENSE STATE AND COUNTY COURTS

  	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: COURTS/INDIGENT DEFENSE - STATE AND COUNTY COURTS</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) <b>Henry County Juvenile Court, Magistrate Court, Superior and State Courts</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

# COURT SECURITY SERVICE OF PROCESS

 Georgia Department of Community Affairs	 SERVICE DELIVERY STRATEGY
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<p><b>Instructions:</b>          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.</p>	
COUNTY: HENRY COUNTY	Service: <b>COURT SECURITY, SERVICE OF PROCESS, SUBPOENAS</b>
<p>1. Check <u>gag</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) <b>Sheriff of Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	
<b>Page 1 of 2</b>	

# DETENTION AND CONTROL OF ANIMALS

  <p>Georgia Department of <b>Community Affairs</b></p> <p><b>SERVICE DELIVERY STRATEGY</b></p> <p><b>FORM 2: Summary of Service Delivery Arrangements</b></p>	
<b>Instructions:</b> 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, and attach supporting documentation if 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: DETENTION AND COLLECTION OF UNRESTRAINED ANIMALS AND RELATED CODE ENFORCEMENT</b>
<p>1. Check <b>ONE</b> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) <b>Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

# DETENTION AND CONTROL OF ANIMALS

## SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Henry County	Countywide Revenues, Fines Collected by City Municipal Court for Enforcement of Animal Control Ordinance

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

No change.

5. List any formal service delivery 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?

All cities adopt a uniform animal control ordinance provided by Henry County and authorizing Henry County to enforce said ordinance within each respective city and remitting fines collected thereunder to the County.

7. Person completing form: **Cheri Matthews, County Manager**



Date completed:

Phone number: **770-268-6000**



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:

# DEVELOPMENT AUTHORITY COUNTY



  <b>Georgia</b> <b>Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<p><b>Instructions:</b>          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.</p>	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: DEVELOPMENT AUTHORITY - County</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) <b>Henry County Development Authority</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)  <input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).          If these conditions will be eliminated under the 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.</p>	

# ECONOMIC DEVELOPMENT MUNICIPALITIES



  <b>Georgia Department of Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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 this page) changes, this should be reported to the Department of Community Affairs.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: ECONOMIC DEVELOPMENT - Independent City Authorities</b>
1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service: a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) c.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: <b>Hampton, Locust Grove, McDonough, Stockbridge</b> ) d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.)	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No	
If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.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, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	



# DEVELOPMENT PLAN REVIEW



  <b>Georgia</b> <b>Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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 sheets if 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: DEVELOPMENT PLAN REVIEW</b>
1. Check one box that best describes the agreed upon delivery arrangement for this service: a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.); b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.); c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); <b>Henry County will provide this service within a service district consisting of the unincorporated areas of Henry County regardless of whether the municipal boundaries change over the term of the agreement. Hampton, Locust Grove, McDonough, and Stockbridge provide this service within their respective incorporated areas.</b> e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.);	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No	
If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	

# ELECTIONS, FEDERAL, STATE, COUNTY



  <b>Georgia Department of Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: ELECTIONS - Federal, State, County</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): <b>Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</p> <p>e.) <input type="checkbox"/> Other. (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.):</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	




# ELECTIONS MUNICIPAL



  <p>Georgia Department of Community Affairs</p>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: ELECTIONS - Municipal</b>
1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service: a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) c.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: <b>Hampton, Locust Grove, McDonough, Stockbridge</b> ) d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the government, authority, or other organization that will provide service within each service area.)	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (if "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No	
If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of services (See O.C.G.A. 36-70-2(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, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	

# ELECTRIC HAMPTON



  <p><b>Georgia</b> Department of <b>Community Affairs</b></p>	
<p><b>SERVICE DELIVERY STRATEGY</b></p> <p><b>FORM 2: Summary of Service Delivery Arrangements</b></p>	
<p><b>Instructions:</b> 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.</p>	
<p>COUNTY: HENRY COUNTY</p>	<p>Service: ELECTRIC</p>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: <b>Hampton</b>)</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p>	
<p>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).</p> <p>If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

 Georgia Department of Community Affairs	
<b>SERVICE DELIVERY STRATEGY</b> <b>FORM 2: Summary of Service Delivery Arrangements</b>	
<p><b>Instructions:</b>          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.</p>	
COUNTY: HENRY COUNTY	Service: <b>EMERGENCY COMMUNICATIONS (911) AND DISPATCH</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) <b>Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	



# EMERGENCY MANAGEMENT

 <b>Georgia</b> Department of <b>Community Affairs</b> 	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: EMERGENCY MANAGEMENT AGENCY (EMA)</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service. ) <b>Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service. )</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service. )</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service. )</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area. )</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

# EMERGENCY MEDICAL SERVICES

  <b>Georgia Department of Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b> <b>FORM 2: Summary of Service Delivery Arrangements</b>	
<p><b>Instructions:</b>          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. Amend the form if changes are 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.</p>	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: EMERGENCY MEDICAL SERVICES (EMS)</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): <b>Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.):</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p>	
<p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

# HEALTH DEPARTMENT

 Georgia Department of Health <b>Community Affairs</b>	 <b>SERVICE DELIVERY STRATEGY</b>
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<p><b>Instructions:</b>          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.</p>	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: ENVIRONMENTAL HEALTH AND HEALTH DEPARTMENT</b>
<p>1. Check <u>ONE</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.); <b>Henry County and the State Department of Public Health</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.);</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	



**SERVICE DELIVERY STRATEGY**

**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.

<b>COUNTY: HENRY COUNTY</b>	<b>Service: FIRE PROTECTION</b>
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
  - a.)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - b.)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - 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 providing the service.)
  - d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - e.)  Other (If this box is checked, **attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.** **City of McDonough; Henry County**)

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 

Yes (If "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the 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.





# FIRE SERVICES IGA



To fund this service, within 30 days of verification by DCA of this SDS Agreement, Henry County shall create a special service district consisting of the unincorporated areas of the County and the incorporated areas of the Cities of Hampton, Locust Grove and Stockbridge with funding to be derived from grants, property taxes, insurance premium taxes, assessments, or user fees levied or imposed within the County special service district. The aforementioned Cities within the special service district shall collect and remit fire impact fees to the County. On or about July 1, 2021 and with the City of McDonough's consent, the County shall create a fire special service district within the corporate boundaries of the City of McDonough to fund the County's provision of automatic aid to the City of McDonough, its Fire Department, property owners and citizens ("McDonough Fire District"). For 2021, the McDonough Fire District ad valorem levy shall be the lesser of 0.497 mills or forty-five percent (45%) of the millage rate imposed by the County in the County's special service district for fire protection. For each year thereafter, the millage rate that may be levied in the McDonough Fire District shall not increase by more than 1.67% annually or forty-five percent (45%) of the millage rate imposed by the County in the County's special service district, whichever is less. For example, in 2022, the McDonough ad valorem levy shall be the lesser of 0.505 mills or forty-five percent (45) of the millage rate imposed by the County in the County's special service district for fire protection.





  <b>Georgia</b> <small>Official State Seal</small> <b>Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: GIS AND MAPPING SERVICES</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service:).</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service:).</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:).</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:). <b>Henry County will provide this service within a single social service district consisting of the unincorporated areas of Henry County: Hampton, Locust Grove, McDonough, and Stockbridge provide this service within their respective incorporated areas.</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area:).</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).</p> <p>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.</p>	

# HOUSING AUTHORITY HAMPTON & MCDONOUGH

  <b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: HOUSING AUTHORITY</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service. <b>Hampton and McDonough are presently providing the service through their respective Housing Authorities. All cities have the right to establish a housing authority within their respective jurisdiction.</b>)</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (if "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	



**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: HENRY COUNTY	Service: LIBRARY SERVICE
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- Check one box that best describes the agreed upon delivery arrangement for this service:
  - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.); **Henry County Library System**
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);
  - Other (If this box is checked, **attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.**)
- In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 



Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the 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.

# PARKS

  Georgia Department of Community Affairs <b>Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: PARK CONSTRUCTION AND MAINTENANCE</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the services will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) <b>Henry County provides this service for county operated parks in accordance with this agreement. Hampton, Locust Grove, McDonough and Stockbridge may operate and manage their own parks.</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>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).</p> <p>If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

# PARKS

By ordinance or resolution, 50% of impact fees levied for parks and recreation shall be remitted to the County to assist with capital improvements on county operated parks located within each city remitting such fees. In general the operation, control and maintenance of the parks identified in Exhibit "A" attached hereto is the responsibility of the County. Where a particular City's regulations differ from the County regarding use of the parks for events, that City, however, reserves the right to approve and condition events, including but not limited to, the nature, hours, and sale of food and beverages associated with such events to be held in the parks within their respective jurisdictions as identified in Exhibit "A," attached hereto.

# PARKS

## **McDonough**

Alexander Park

Richard Craig Park

Avalon Park




## **Locust Grove**

Warren Holder Park

Tanger Park



# PLANNING AND ZONING

  	<b>SERVICE DELIVERY STRATEGY</b> <b>FORM 2: Summary of Service Delivery Arrangements</b>
<p><b>Instructions:</b>          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.</p>	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: PLANNING AND ZONING</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) <b>Henry County will provide this service within a special service district consisting of the unincorporated areas of Henry County, Hampton, Locust Grove, McDonough, and Stockbridge will provide this service within their respective incorporated areas.</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	



POLICE



**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: HENRY COUNTY      Service: POLICE

- Check  box that best describes the agreed upon delivery arrangement for this service:
  - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) Henry County will provide this within a single Special Service District consisting of the unincorporated areas of Henry County, Georgia and the municipal boundaries of the City of Stockbridge, Georgia. The Cities of Hampton, Locust Grove, and McDonough provide this service within their respective incorporated areas.
- In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service. (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the 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.





# POLICE IGA

STATE OF GEORGIA  
COUNTY OF HENRY

INTERGOVERNMENTAL AGREEMENT TO PROVIDE POLICE SERVICES

WITHIN A POLICE SERVICE DISTRICT

THIS AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2020 by and between **HENRY COUNTY, GEORGIA**, a political subdivision of the State of Georgia (hereinafter referred to as "COUNTY"); the **CITY OF STOCKBRIDGE**, a municipal corporation chartered by the State of Georgia (hereinafter referred to as "STOCKBRIDGE")

WITNESSETH:

**WHEREAS**, pursuant to Article 9, Section 3, Paragraph 1 of the Constitution of Georgia of 1983, the City and the County are authorized to contract with one another for a period not exceeding fifty (50) years for joint services, for the provision of services, or for the joint or separate use of facilities or equipment, provided that such contracts must deal with activities, services, or facilities which the contracting parties are authorized by law to undertake or provide; and



**WHEREAS**, the Constitution of the State of Georgia of 1983, Article 9, Section 2, Paragraph 3(a)(2) provides that any county, municipality, or any combination thereof may provide police services; and

**WHEREAS**, the Georgia Constitution of 1983, Article 9, Section 2, Paragraph 3(b)(1) prohibits, except as otherwise provided by law, cities or counties from exercising governmental authority within each other's boundaries except by contract; and



**WHEREAS**, the County and City herein named have created a Police Service District by joint resolution, which shall have an effective date of \_\_\_\_\_ 2020 and



# FLEET VEHICLES

 Georgia Department of Community Affairs	 <b>FORM 2: Summary of Service Delivery Arrangements</b>
<b>SERVICE DELIVERY STRATEGY</b>	
<p><b>Instructions:</b>          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.</p>	
<b>COUNTY: HENRY COUNTY</b>	<b>SERVICE: PURCHASE OF FLEET VEHICLES, EQUIPMENT, PETROLEUM, AND SUPPLIES, ETC.</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); <b>Henry County, Hampton, Locust Grove, McDonough and Stockbridge</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

# ROADS/STREETS

 <b>Georgia Department of Community Affairs</b> 	<b>SERVICE DELIVERY STRATEGY</b> <b>FORM 2: Summary of Service Delivery Arrangements</b>
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: ROAD/STREET CONSTRUCTION, IMPROVEMENTS AND MAINTENANCE AND TRANSPORTATION PLANNING</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); <b>Henry County will provide this service within the unincorporated area and on designated streets within the Cities in accordance with an Intergovernmental Agreement referenced herein, Hampton, Locust Grove, McDonough, and Stockbridge provide this service within their respective incorporated areas, as those municipal boundaries may change during the term of the agreement, as provided in said Intergovernmental Agreement.</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.)</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party, and the agreed upon deadline for completing it.</p>	

# ROADS/STREETS IGA

share of revenues from T-SPLIST, SPLOST, state and federal funds, grant funds, donations and revenues derived from property taxes, insurance premium taxes, assessments, or user fees levied in and collected from the special service district.

B. Each City shall be responsible for the Maintenance and Capital Improvements to its respective Municipal Streets. Each City shall fund the Maintenance of and Capital Improvements to streets or roads within each City's municipal boundaries with its respective share of revenues from T-SPLIST, SPLOST, state and federal funds, grant funds, donations, ad valorem taxes, establishment of a special service district, or its respective Distribution (discussed below) or general fund.

C. In order to resolve a taxation inequity before the implementation of the special service district contemplated above and in exchange for the Cities' assistance with maintaining County Roads within the Cities, the County agrees to make an annual payment in 2021 to each City in accordance with the table that follows (such payment is referred to as a "Distribution"). The County's Distribution to the Cities shall come from only one or a combination of the following revenue sources: (1) county-wide levied ad valorem taxes, (2) grants, state or federal funds, (3) donations, (4) County's share of T-SPLIST or SPLOST.

The Distribution to each City in 2021 is calculated below. Distributions are based on multiplying each jurisdiction's percentage of road mileage last reported to the State Department of Transportation for LMIG funding (shown below) to \$5,131,044:

	Road Miles	% of Road Miles	Distribution
Unincorporated HC	1249	80.99	\$4,155,632.54
Hampton	41	2.66	\$136,485.77
Locust Grove	51.4	3.33	\$170,863.77
McDonough	99.6	6.46	\$331,465.44
Stockbridge	101.2	6.56	\$331,465.47
<b>Total for All</b>	<b>1,542.2</b>	<b>100.00</b>	<b>\$5,131,044.00</b>

No later than June 30, 2021, the County shall pay to each City its Distribution as stated in the table above. Each City may use its Distribution for Maintenance of or Capital Improvements to streets or roads as it deems necessary and appropriate.

D. The County agrees to authorize the County Department of Transportation to provide technical and engineering assistance to Cities without charge. The County and Cities agree

# SENIOR CITIZENS SERVICES



## SERVICE DELIVERY STRATEGY

### 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: HENRY COUNTY      Service: SENIOR CITIZENS CENTERS

- Check one box that best describes the agreed upon delivery arrangement for this service:
  - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.); **Henry County**
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);
  - Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.);
- In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 



Yes (If "Yes," you must attach additional documentation as described, below)

No




If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. §6-70-24(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).



# SOIL EROSION AND CONTROL

  <p>Georgia Department of Community Affairs</p>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: SOIL EROSION CONTROL AND INSPECTIONS</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); <b>Henry County will provide this service within a special service district as described herein, consisting of the unincorporated areas of Henry County, Hampton, Locust Grove, McDonough, and Stockbridge will provide this service within their respective incorporated areas.</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.);</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (if "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).</p> <p>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.</p>	

# SOLID WASTE



  	<b>FORM 2: Summary of Service Delivery Arrangements</b>
<b>SERVICE DELIVERY STRATEGY</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: SOLID WASTE GARBAGE COLLECTION &amp; YARD WASTE COLLECTION, RESIDENTIAL RECYCLING</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); <b>Henry County will provide this service within a single special service district consisting of the unincorporated areas of Henry County as shown in the attached map. Hampton, Locust Grove, McDonough and Stockbridge provide this service within their respective incorporated areas.</b></p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <b>attach a legible map delineating the service area of each service provider</b>, and identify the government, authority, or other organization that will provide service within each service area.);</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p> <p>If these conditions will continue under this strategy, <b>attach an explanation for continuing the arrangement</b> (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).</p> <p>If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	




# STORMWATER MANAGEMENT

  <p><b>Georgia</b> Department of <b>Community Affairs</b></p>	
<p><b>SERVICE DELIVERY STRATEGY</b></p> <p><b>FORM 2: Summary of Service Delivery Arrangements</b></p>	
<p><b>Instructions:</b> 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.</p>	
<p><b>COUNTY: HENRY COUNTY</b></p>	<p><b>Service: STORMWATER MANAGEMENT</b></p>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</p> <p>d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Henry County will provide this service within a special service district consisting of the unincorporated areas of Henry County, Hampton, Locust Grove, McDonough, and Stockbridge provide this service within their respective incorporated areas.</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)</p>	
<p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</p> <p><input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below)</p> <p><input checked="" type="checkbox"/> No</p>	
<p>If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).</p> <p>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.</p>	



# TRANSIT

  <b>Georgia Department of Community Affairs</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: TRANSIT - SENIOR TRANSIT SERVICES</b>
<p>1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:</p> <p>a.) <input checked="" type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.); <b>Henry County</b></p> <p>b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.);</p> <p>c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>d.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.);</p> <p>e.) <input type="checkbox"/> Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.);</p> <p>2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No</p> <p>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).</p> <p>If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.</p>	

Georgia Department of  
**Community Affairs**

**SERVICE DELIVERY STRATEGY**

**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.

<b>COUNTY: HENRY COUNTY</b>	<b>Service: VEHICLE AND EQUIPMENT MAINTENANCE AND REPAIRS</b>
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1. Check  box that best describes the agreed upon delivery arrangement for this service:

a.)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

b.)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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 providing the service.); **Henry County, Hampton, Locust Grove, McDonough, Stockbridge**

d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.); **Henry County, Hampton, Locust Grove, McDonough, Stockbridge**

e.)  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)



2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 Yes (If "Yes," you must attach additional documentation as described, below)  
 No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the 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.

# VEHICLE EQUIPMENT/ MAINTENANCE

# WATER & SEWER

  <b>FORM 2: Summary of Service Delivery Arrangements</b>	
<b>SERVICE DELIVERY STRATEGY</b>	
<b>Instructions:</b> 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.	
<b>COUNTY: HENRY COUNTY</b>	<b>Service: WATER AND SEWERAGE SERVICES</b>
1. Check one box that best describes the agreed upon delivery arrangement for this service: a.) <input type="checkbox"/> Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) b.) <input type="checkbox"/> Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) c.) <input type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) d.) <input checked="" type="checkbox"/> One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) <b>Henry County Water Authority, Hampton, Locust Grove, McDonough, Stockbridge</b> e.) <input type="checkbox"/> Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? <input type="checkbox"/> Yes (If "Yes," you must attach additional documentation as described, below) <input checked="" type="checkbox"/> No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.G.A. 38-70-24(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.	

# SDS AGREEMENT

STATE OF GEORGIA  
COUNTY OF HENRY

SERVICE DELIVERY STRATEGY AGREEMENT

THIS AGREEMENT, made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the BOARD OF COMMISSIONERS OF HENRY COUNTY, GEORGIA (hereinafter referred to as "County"), HENRY COUNTY SHERIFF (hereinafter referred to as "Sheriff"), HENRY COUNTY TAX COMMISSIONER (hereinafter referred to as "Tax Commissioner") and the undersigned CITIES OF HENRY COUNTY, GEORGIA (hereinafter referred to as "City or "Cities"), collectively referred to as the "Parties."

NOW THEREFORE, it is agreed as follows:

1.

The Parties hereto enter into this Intergovernmental Agreement for the purpose of complying with the Georgia Service Delivery Act, O.C.G.A. Section 36-70-1; et seq.

2.

The Parties hereto have entered into new Service Delivery Strategy Agreement ("Agreement") the Table of Contents of which is hereto attached marked Exhibit A. All Form 2: Summary of Service Delivery Arrangements and associated Intergovernmental Agreements are also attached hereto collectively as Exhibit A and are incorporated herein as part of the Agreement between the Parties hereto (the "Arrangements"). All of said Arrangements shall become in force and effective upon the execution of this document.

# JOINT RESOLUTION

RESOLUTION NO. \_\_\_\_\_

**A JOINT RESOLUTION OF THE CITIES OF HAMPTON, LOCUST GROVE, MCDONOUGH, STOCKBRIDGE, AND HENRY COUNTY, GEORGIA, APPROVING A NEW SERVICE DELIVERY STRATEGY AS REQUIRED BY THE SERVICE DELIVERY ACT, O.C.G.A. § 36-70-20, et seq.**

**WITNESSETH:**

**WHEREAS**, the Cities of Hampton, Georgia, Locust Grove, Georgia, McDonough, Georgia, and Stockbridge, Georgia (collectively, "Cities") are municipal corporations duly organized and existing under the laws of the State of Georgia;

**WHEREAS**, Henry County, Georgia ("County") is a duly formed political subdivision of the State of Georgia;

**WHEREAS**, the Service Delivery Act, O.C.G.A. § 36-70-20, *et seq.*, requires each county and all cities located therein to develop, approve, and implement a service delivery strategy that specifies the manner in which all local governmental services will be provided and funded; and

**WHEREAS**, the Service Delivery Act also requires the periodic review and revision of service delivery strategies upon the occurrence of any one of the six conditions specified in O.C.G.A. § 36-70-28(b); and

**WHEREAS**, the Cities and County have been engaged in negotiations to revise the Parties' 2008 Service Delivery Strategy; and

**WHEREAS**, the Cities and the County are each authorized to levy taxes, and to expend tax moneys and other available funds; and

**WHEREAS**, the Parties have reviewed, revised and reached an agreement on a new Service Delivery Strategy;

**WHEREAS**, the Mayors and Councils of the Cities and the Board of Commissioners of the County desire to approve a new Service Delivery Strategy attached hereto including the forms and intergovernmental agreements for the funding and provision of services as set forth herein;

**THEREFORE, IT IS NOW JOINTLY RESOLVED BY THE CITY COUNCIL OF THE CITIES OF HAMPTON, LOCUST GROVE, MCDONOUGH, AND STOCKBRIDGE AND THE HENRY COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:**

- I. Incorporation of Recitals.** The above stated recitals are true and correct and are incorporated as though fully set forth herein.
- II. Acceptance of Service Delivery Strategy Agreements.** The County and Cities hereby approve the Service Delivery Strategy Agreement and associated forms and intergovernmental agreements thereto, which are attached hereto as Exhibit "A", as the parties' new Service Delivery Strategy. Said documents have been discussed, reviewed, revised, and mediated by the Parties.