

Bibb County and City of Macon
Service Delivery Strategy
May 2011

As submitted to DCA
By the Middle Georgia Regional Commission



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **BIBB COUNTY**

I. GENERAL INSTRUCTIONS:

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

<p style="text-align: center;">OPTION A <i>Revising or Adding to the SDS</i></p>	<p style="text-align: center;">OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div style="background-color: black; color: white; padding: 10px; text-align: center; margin-top: 10px;"> <p>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Planning and Quality Growth at (404) 679-5279.</p> </div>

7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
8. Email the completed forms and any attachments as .pdf attachments to: pemd.opqga@dca.ga.gov, or mail the completed forms along with any attachments to:

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
OFFICE OF PLANNING AND QUALITY GROWTH
60 Executive Park South, N.E.
Atlanta, Georgia 30329

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

BIBB COUNTY, CITY OF MACON

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

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

Airport; Burial Services; Business Licenses; Cemeteries; Code Enforcement; Court Services; E9-1-1; Fire Services; Information Technology (IT) Services; Landfill; Law Enforcement; Library; Medical Services for Prisoners; Public Health; Roads & Bridges; Sewerage Collection; Sewerage Treatment; Solid Waste Collection & Recycling; Stormwater Management; Street Lighting; Roads & Bridges; Water Services

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

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

800 MHz; Animal Control; Board of Elections; Building Inspection and Fees; Cultural Services - City; Cultural Services - County; County Industrial and Economic Development; Economic Development (General); Emergency Management; Engineering; Geographical Information Technology (GIS); Mapping; Passive Parks; Planning and Zoning; Recreation Countywide (excluding Bowden Golf Course and Lake Tobesofkee); Recreation - Bowden; Recreation - Tobesofkee; Signalization; Traffic Engineering; Transit Authority

STATE OF GEORGIA
COUNTY OF HENRY

SERVICE DELIVERY STRATEGY AGREEMENT

THIS AGREEMENT, made and entered into this 9th day of May, 2011, by and between the BOARD OF COMMISSIONERS OF BIBB COUNTY, GEORGIA (hereinafter referred to as "County") and the CITY OF MACON, BIBB COUNTY, GEORGIA (hereinafter referred to as "City").

WITNESSETH

WHEREAS, the City of Macon (hereinafter the "City") is a municipality within Bibb County; and

WHEREAS, Bibb County, Georgia (hereinafter the "County") is a political subdivision of the State of Georgia; and

WHEREAS, in accordance with the requirements of O.C.G.A. § 37-70-20 et seq. (the "Service Delivery Strategy Act," hereinafter called the "Act"), the parties entered into Service Delivery Strategy (hereinafter "SDS") Agreements on June 5, 2007; and

WHEREAS, in accordance with the Service Delivery Act, specifically O.C.G.A. § 36-70-28(b)(1), the parties are currently required to review, and revise if necessary their 2007 SDS Agreements; and

WHEREAS, the parties conducted mediation sessions on July 22, 23 and 26, November 29 and 30, 2010, and have continued to work together in order to reach mutual SDS Agreements; and

WHEREAS, the Department of Community Affairs (hereinafter "DCA") informed the parties that sanctions under O.C.G.A. § 36-70-27 would be imposed if the parties fail to submit SDS Agreements on or before February 28, 2011; and

WHEREAS, the parties signed and submitted a DCA Form 5 requesting an extension until June 30, 2011; and

WHEREAS, as a result of said ongoing mediation, the mediation negotiating teams for each party have reached an agreement and have made a recommendation to the City and the County governing authorities; and

WHEREAS, each governing body have been presented with the SDS Agreements, have adopted resolutions approving the SDS Agreements and now desire to authorize the mayor for the City and the chairman for the County to execute the SDS Agreements.

NOW THEREFORE, it is agreed as follows:

1.

The parties hereto enter into this SDS Agreements 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 SDS Agreements the Table of Contents of which is hereto attached marked Exhibit I. All Form 2: Summary of Service Delivery Arrangements are also attached hereto and marked as Exhibit I 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 either the date set forth herein or the execution of this document if no specific date is provided.

3.

Exhibit II attached hereto and incorporated herein sets forth the definitions that will apply to the Agreements hereto attached as Exhibit I.

4.

Changes to Service Delivery Strategy Arrangements

I. Effective July 1, 2011, Bibb County will assume responsibility for providing and funding from the County General Fund the following services:

1. Board of Elections (Note: County will continue to bill City for City only elections);
2. Cultural Services:

The County assumes all responsibility for providing and funding of the following described services; however, the County reserves the right to determine the amount of funding to be provided for said services. The City shall not be responsible for providing or funding said services:

- a. Citizens Advocacy;
- b. Keep Macon-Bibb Beautiful;
- c. Macon Arts Alliance;

- d. Museum of Arts and Sciences;
- e. Tubman African-American Museum;
3. GIS (Note: County will bill City for City projects);
4. Industrial and Economic Development Services:
 - a. Macon Bibb Industrial Authority;
 - b. Macon Economic Development Authority;
5. Mapping (Note: County will bill City for city projects);
6. Planning and Zoning.

II. Effective July 1, 2012, Bibb County assumes responsibility for providing and funding from the County General Fund the following services:

1. Animal Control;
2. Building Inspection and Fees;
3. Engineering;
4. Traffic Engineering.

III. The City assumes all responsibility for providing and funding of the following described services; however, the City reserves the right to determine the amount of funding to be provided for said services. The County shall not be responsible for providing or funding said services:

- a. Douglass Theatre

IV. Signalization will be provided by the City. The City and the County have entered into a written agreement setting forth the terms for provision and payment of this service. Effective January 1, 2011 the City will bill the County for all costs of providing said service in the unincorporated area of Bibb County on a monthly basis.

V. Effective July 1, 2011, the deficiency in the Transit Authority will be funded as follows:

1. Any deficiency will be funded 60% by the City and 40% by the County from their respective general funds.

VI. All of the following services are so interrelated that it is in the best interest of the public that all services be provided by one provider. The following services will be provided by the City and funded by an unincorporated County Special Tax District and City General Fund. Effective July 1, 2011, the City will provide the following services:

1. Emergency Management. The City will bill the County for 50% of the cost of the service on a monthly basis.
2. Fire Service. The City shall bill the County on a monthly basis for the services based upon the existing formula to include all direct and indirect cost.
3. 800 MHz. The County will transfer its tower to the City. It will be the City's responsibility for maintaining all equipment and towers and providing the service. The City will bill the County for 50% of all net cost of providing the service on a monthly basis.

Cost of Fire, Emergency Management and 800 MHz paid by County will be paid out of the current fire special tax district.

VII. With respect to Recreation (excluding Bowden Golf Course and Lake Tobesofkee):

1. The City and County will appoint by May 15, 2011, a joint Recreation Advisory Board. The City will appoint two members to the Board and the County will appoint two members to the Board and a Chairperson. The Chairperson shall only vote in case of a tie.
2. The Board shall review existing recreation facilities in the City and County and issue a report to the City and County by August 15, 2011. The report shall include:
 - a. evaluation of existing facilities;
 - b. locations for future recreation facilities in the community; and
 - c. new facilities.
3. The County will agree to place a SPLOST on the ballot for November 2011, which will include an amount sufficient to make all of the repairs and upgrades necessary to bring recreation facilities up to standard and construction of new facilities taking into consideration the report from the

Recreation Advisory Board.

4. In addition the SPLOST shall include an amount sufficient to make renovations, upgrades and improvements to Bowden Golf Course; however, Bowden Golf Course will continue to be operated and maintained by the City until or unless terminated by the City.
5. If the SPLOST passes, the County will take over the operation and funding of Recreation beginning July 1, 2012.
6. Funding for the annual operating cost of Recreation (excluding operating costs of Bowden Golf Course and Lake Tobesofkee) shall be provided from LOST proceeds as follows:
 - a. Using fiscal year 2009 numbers provided by the City, it is estimated that 18% of LOST revenues will be needed to cover the operational costs of Recreation. This percentage is based on the average of total LOST receipts from fiscal year 2004 through fiscal year 2010. This amount would be provided to the County solely for the purpose of covering the annual operational costs of Recreation.
 - b. All monies received by the County from LOST for Recreation will be placed in a special revenue fund and used solely for Recreation.
 - c. There would be a three year true-up and if it is determined that a smaller percentage of LOST proceeds is needed to fund Recreation, then the percentage would be reduced until the next true-up. If a greater percentage is needed then the percentage would be increased.
 - d. If the SPLOST passes, the redistribution of LOST revenue will begin with July 2012 distribution from the State of Georgia, pursuant to paragraph 6a. above. The balance of the LOST revenue for the remaining months of 2012 will be divided 60% to the City and 40% to the County. Beginning 2013, the balance of the LOST proceeds will be split based upon the negotiated LOST percentages agreed to by the City and County.
 - e. If the SPLOST fails to pass, the operation and funding of Recreation will continue to be handled by the City and the County as is.
7. The method of funding recreation will be excluded from all negotiations, mediations, arbitrations, and court orders concerning a subsequent division of

LOST.

VIII. Representation to agencies, boards, authorities and other public entities affected by this Agreement will remain the same. Except as amended herein, the existing service delivery strategy shall remain in effect.

IX. Both governments will share the cost of all legal and professional fees associated with the transfer of any employees from City to County during the transitional period.

1. This would include employees in Engineering, Recreation, Animal Control, Building Inspection and Fees, and Traffic Engineering.

X. Except as provided above, the services provided by the respective entities will continue until terminated by the entity providing the service. Except as amended here, the existing service delivery strategy shall remain in effect until terminated pursuant to Paragraph XI hereof.

XI. This Service Delivery Strategy Agreement shall become effective immediately upon approval by the respective governing bodies of the City and County and shall terminate on the occurrence of one of the following events:

- a. If the SPLOST referred to in Paragraph VII does not pass, the parties shall engage in good faith negotiations, for the sole purpose of finding alternative means of financing the capital improvements as described in Paragraph VII herein. Should alternative means of financing not be agreed upon and secured this Agreement shall terminate on June 30, 2012.
- b. If the SPLOST referred to in Paragraph VII passes, this Agreement shall terminate January 1, 2015 or as otherwise provided by law.
- c. This Agreement shall be reviewed and revised at such time or times as required by law, specifically including reallocation of LOST proceeds.

5.

All notices required to be given hereby are to be given in writing addressed to the Chairman of the Board of Commissioners and the County Manager (for the County) and the Mayor and City Attorney (for the City) and delivered as follows.

- A. Hand delivery with receipt signed; or
- B. Certified mail with return receipt requested.

[Remainder of this page intentionally left blank.]

[Signatures to follow on next page]

IN WITNESS WHEREOF, the parties have hereunto set their hands and affixed their seals the day and year first above written.

Signed, sealed and delivered

BIBB COUNTY, GEORGIA

In the presence of:

[Handwritten Signature]
Unofficial Witness

By: *[Handwritten Signature]* (SEAL)
Chairman

[Handwritten Signature]
Notary Public

Attest: *[Handwritten Signature]*
Clerk

Notary Public, Bibb County, Georgia
My Commission Expires July 28, 2013.

(SEAL)

[Signatures to follow on next page]

Signed, sealed and delivered
In the presence of:

CITY OF MACON, GEORGIA

Carole Postwood
Unofficial Witness

By: *Robert A. B. Rechart* (L.S.)
Mayor

Jackie Tingle
Notary Public



Frank Howard
Clerk



EXHIBIT I

TABLE OF CONTENTS SERVICE DELIVERY STRATEGY ARRANGEMENTS

1. 800 MHz;
2. Airport;
3. Animal Control;
4. Board of Elections;
5. Building Inspection and Fees;
6. Burial Services;
7. Business Licenses;
8. Cemeteries;
9. Code Enforcement;
10. County Industrial and Economic Development;
11. Court Services;
12. Cultural Services - City;
13. Cultural Services - County;
14. E-9-1-1;
15. Economic Development (General);
16. Emergency Management;
17. Engineering;
18. Fire Service;
19. Geographical Information Technology (GIS);
20. Information Technology (IT) Services;
21. Landfill;
22. Law Enforcement;
23. Library;
24. Mapping;
25. Medical Services for Prisoners;
26. Parks;
27. Planning and Zoning;
28. Public Health;
29. Recreation Countywide (excluding Bowden Golf Course and Lake Tobesofkee);
30. Recreation - Bowden;
31. Recreation - Tobesofkee;
32. Roads & Bridges;
33. Sewerage Collection;
34. Sewerage Treatment;
35. Signalization;
36. Solid Waste Collection & Recycling;
37. Stormwater Management;
38. Street Lighting;
39. Traffic Engineering;
40. Transit Authority;
41. Water Services.

EXHIBIT I

FORM 2 – SERVICE DELIVERY STRATEGY ARRANGEMENTS

EXHIBIT I

FORM 2- SERVICE DELIVERY STRATEGY ARRANGEMENTS



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

COUNTY: **BIBB COUNTY**

Service: **800 MHz SERVICES**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	50% paid from City General Fund
BIBB COUNTY	50% paid from County Special Tax District

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

Effective July 1, 2011, the County pays its portion from County Special Tax District and conveys its tower to the City. The City assumes operation and maintenance of the total system.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement re 800 mhz radio	Bibb County and City of Macon	10/3/2000 - 7/1/2011

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**

Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:

GEORGIA, BIBB COUNTY

AGREEMENT BETWEEN BIBB COUNTY, GEORGIA
AND THE CITY OF MACON WITH RESPECT TO THE
800 MHZ RADIO SYSTEM

THIS AGREEMENT made and entered this 3rd day of October, 2000, between Bibb County, Georgia, a political subdivision of said State ("County") and the CITY OF MACON, a municipal corporation operating by and under the laws of said State ("City"),

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraph III, of the Constitution of the State of Georgia provides that any county, municipality, or combination thereof may, in addition to any other powers held by them, exercise certain further powers and may do so provided that no county or city may exercise any such powers listed inside the boundaries of any other local government except by contract; and

WHEREAS, the County and City desire to contract pursuant to the provisions of Article IX, Section II, Paragraph III, of the Georgia Constitution and for that purpose do hereby give the requisite consent to execute other powers held by them; and

WHEREAS, the County and City have determined that it is in the public interest and benefit to have more efficient and effective radio communications between the City's Police Department, the County Sheriff's Department and other City and County public safety and public service agencies in order to be more responsive to the citizens of the County and City; and

WHEREAS, the County currently has a single site 800 MHz radio system and tower located at Knight Road (“the Knight Road Site”), in Bibb County; and

WHEREAS, the City currently has a two site Simulcast Smartzone 800 MHz Trunked Radio System (the “City System”) and towers located at Allied Industrial Park and Town Creek Reservoir owned by the City of Macon, both sites collectively hereinafter referred to as (the “City Sites”); and

WHEREAS, the County and City desire to integrate these three (3) sites in order to provide for the shared use of each radio system by the Bibb County Sheriff’s Department, Macon Police Department and other public safety and public service agencies; and

WHEREAS, the integration of the Knight Road Site and the City Sites (“the Integrated System”) will enhance the efficiency of the above departments and agencies, provide for more effective response to citizens, and, therefore, better equip the County and City to address crime and other health and safety matters.

NOW THEREFORE, in consideration of the mutual representations and agreements hereinafter set forth, and in furtherance of the mutual public purposes hereby sought to be achieved, the County and City agree to integrate the Knight Road Site and the City Sites for shared use by the Bibb County Sheriff’s Department, Macon Police Department and other public safety and public service agencies as follows:

1. The City shall be responsible for and pay maintenance, installation and repair costs associated with the operation of the City Sites and related equipment.
2. The City shall be responsible for and pay the costs of maintenance, repair and replacement of its own radios and any other associated equipment.

3. The City and County shall agree upon a fleet mapping that would be designed to accommodate interagency communications.

4. The County shall be responsible for maintenance, installation and repair costs associated with the operation of the Knight Road Site and related equipment.

5. The County shall be responsible for and pay the cost of maintenance, repair and replacement of its radios and any other associated equipment.

6. The County shall agree to pay any associated cost of combining the County's Single Site 800 MHz Radio System into the City System to create and make operational the Integrated System, including the replacement of the present tower at the Knight Road Site with a tower suitable for use in the Integrated System and any necessary updating and/or modification of equipment at all three sites, including the cost of any services that the City provides independent of any contract with Motorola. The City will pay for the frequency licensing at each of the City Sites and the County will pay for the frequency licensing at the Knight Road Site. The County and City will each maintain ownership of the 800 MHz channels they now own but shall each make those channels available for use in the Integrated System.

7. The City shall be responsible and have authority for overall administration of the Integrated System and shall maintain all required minimum standards in doing so. The City shall designate a qualified system manager (the "System Manager"), who shall have a detailed understanding of all technical aspects of the Integrated System and its subsystems. The County shall designate a contact person (the "County Designee") to work with the System Manager. The System Manager shall cooperate with the County Designee in all major aspects of system implementation, including the development of

radio templates that determine the fleet mapping, feature capabilities, priority levels and intergovernmental agency communication capabilities. The System Manager, in consultation with the County Designee, will have the authorization to make decisions regarding maintenance, radio system consolidation, project schedule and final design. The System Manager, in consultation with the County Designee, will have the authority to provide final acceptance of the operation and functionality of the Integrated System. The System Manager, in consultation with the County Designee, shall prepare and submit to the City and County a quarterly report of the costs associated with operation/maintenance of the Integrated System. At least sixty (60) days prior to the end of each fiscal year, the System Manager and County Designee shall meet with the Finance Directors of the City and County to review anticipated revenues and funding requirements for the next fiscal year.

8. The System Manager, in consultation with the County Designee, will establish minimum guidelines for equipment that will operate on the Integrated System. Although Bibb County will continue to have the physical maintenance responsibility for all equipment at the Knight Road Site, all maintenance tasks must be authorized by the System Manager. The System Manager will provide technical support to the County Designee in resolving any problems with the Knight Road Site's fixed network equipment. The System Manager will work with the County Designee on day to day and emergency system maintenance issues that are perceived to cause any adverse effects on system performance.

9. In the event of any catastrophic failures that affect the overall operation of the Integrated System at the Allied Industrial Park Site, the City and County agree to share the

cost of repair, on a two-thirds/one-third basis, with the City to pay such costs initially and to be reimbursed for one-third of such costs by the County within sixty days of an invoice showing such costs being provided to the County by the City. The City and County agree to provide sufficient property damage insurance on each of their respective sites, if available.

10. Use of and/or rental of the Integrated System by entities other than the City and County shall only be by written agreement with the City, in consultation with the County. No users shall be allowed on the Integrated System which would impair the integrity or functionality of the Integrated System.

11. Each party shall retain any revenues derived from rental of antenna space on its own tower sites. Except for revenues derived from rental or use of the Integrated System by the Macon Water Authority, the Board of Pardons and Paroles, the Medical Center of Central Georgia and the Macon Housing Authority (any of which revenues shall go solely to the City), the Department of Family and Children Services (DEFACS) and Radio Emergency Associated Communications Team (REACT) (any of which revenues shall go solely to the County), all revenues derived from use or rental of the Integrated System by other entities will be split, with the City receiving two-thirds and the County receiving one-third.

12. The County will reimburse the City one-third of documented ongoing annual maintenance costs that the City incurs, whether through the use of City personnel and equipment or through the use of third parties, that are required for operation of the overall Integrated System. The City shall submit documentation of such costs quarterly to the

County in accordance with Paragraph 7, one third of which shall be reimbursed by the County within sixty days of receiving such documentation.

13. The County agrees to reimburse the City the standard user fee covering the period in which the fire stations located in the unincorporated area have used the City System in the past through June 30, 2000, which amount is agreed to be \$15,000, as well as the period from July 1, 2000 until the Integrated System is implemented, which amount is \$660 per month, payable quarterly, in advance, beginning July 1, 2000.

14. EFFECTIVE DATE. This Agreement will become effective upon execution by both parties. Upon such execution, the County and the City shall cooperate fully with each other in achieving the purposes and complying with the terms herein.

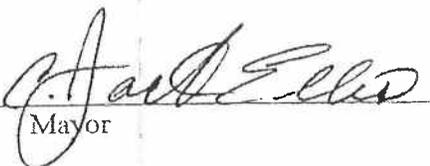
15. TERM. The term of this Agreement shall be twenty (20) years from the effective date hereof.

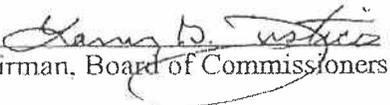
16. AUTHORIZATION. This Agreement is executed on behalf of the County by the Chairman of the Board of Commissioners with his signature attested by the Clerk and the County seal affixed all as authorized by action of the Board of Commissioners of Bibb County as will more fully appear from the minutes of a meeting held on the 3rd day of October, 2000. This Agreement is executed on behalf of the City by the Mayor of the City of Macon with his signature attested by the Clerk and the municipal seal affixed, all as authorized by action of the City Council of Macon taken at a meeting held on the 5th day of September, 2000.

IN WITNESS WHEREOF the County and the City have caused this Agreement to be executed and their respective seals affixed the day and year first above written.

CITY OF MACON

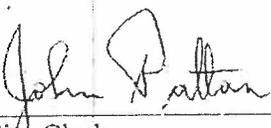
BIBB COUNTY, GEORGIA

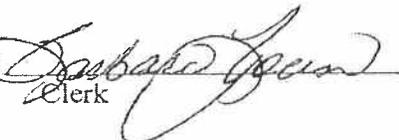
BY: 
Mayor

BY: 
Chairman, Board of Commissioners

ATTEST:

ATTEST:

BY: 
City Clerk

BY: 
Clerk



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

COUNTY: **BIBB COUNTY**

Service: **AIRPORT**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Macon	General Fund, Federal Grants, User Fees (including leases)

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

This Strategy will not alter the way this service is being provided within the community. The City will continue to provide the service countywide through general fund revenues. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **ANIMAL CONTROL**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Macon	User Fees, Balance from City General Fund until June 30, 2012
Bibb County	Beginning July 1, 2012, User fees, balance from County General Fund

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

The City is and will continuing to provide said service under the existing contract until June 30, 2012. Effective July 1, 2012 the County will provide the service countywide through general fund revenues. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement re Animal Control	Bibb County / City of Macon / Payne City	7/1/10 - 7/1/60

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**

Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:

C-10-0029

RECEIVED
AUG 11 2010

GEORGIA, BIBB COUNTY

CITY CLERK'S OFFICE

This agreement regarding Animal Control is made and entered into as of ~~December~~ ^{July} ~~1~~ ^{March} 2009, by and between Bibb County, Georgia, a political subdivision of said State, the City of Macon, Georgia, a municipal corporation of said State and County, and the Town of Payne City, Georgia, a municipal corporation of said State and County.

WITNESS

WHEREAS: The City of Macon and Bibb County provide Animal Control services in their respective jurisdictions; and

WHEREAS: The City of Macon is the owner and operator of an Animal Control shelter; and

WHEREAS: Bibb County, the City of Macon, and the Town of Payne City desire to provide Animal Control services to all residents of Bibb County in the most cost-effective and efficient manner.

NOW, therefore, the parties do hereby agree:

I. TRANSFER

Section 1.1 All Animal Control functions of Bibb County and Payne City are hereby transferred to and assumed by the City of Macon and will be known as the Macon-Bibb County Animal Control Department.

Section 1.2 Bibb County agrees that it will execute proper documents transferring legal title to all of the assets of Bibb County Animal Control Department including, but not limited to, motor vehicles and equipment, together with all records and other information held in the Bibb County Animal Control Department and used in its operations. Specifically, Bibb County shall transfer title of the following vehicles and equipment to the City of Macon:

Vehicles

- a. 2008 Ford Ranger Super T Truck, VIN 1FTRYR14UX8PA43677;
- b. 2004 Ford Ranger Pick-Up, VIN 1FTYR14U04PA86881;

Equipment

- a. Seven large dog traps;
- b. Four medium dog traps;
- c. Four large cat traps;
- d. Five small cat traps;

- e. Two CO2 Rifles Model 176B (S/N 608500127 and S/N 298702478);
- f. Three CO2 Pistols Model 179B (S/N 902702760, S/N 008500178, S/N CO006284);
- g. One snake tong;
- h. Two catch carriers;
- i. One animal grasper;
- j. Six four-foot ketch poles.

Section 1.3 The City of Macon agrees to accept transfers of such vehicles and equipment to be used exclusively in the operation of the Macon Bibb County Animal Control Department upon completion of a vehicle inspection by the City of Macon Vehicle Maintenance department or an independent certified inspector and a finding that the vehicles are in good working order. The City of Macon may decline the purchase of the vehicles if they are not needed or if they are determined not to be in good working order.

Section 1.4 The City of Macon agrees to provide the necessary maintenance, replacements, and repairs on the vehicles and equipment used in the operation of the Macon Bibb County Animal Control Department.

Section 1.5 The City of Macon agrees to pay Bibb County the "Blue Book" trade-in value of the vehicles based on the age, mileage, and condition of the vehicles at the time of transfer. After payment, the vehicles shall become assets of the City of Macon, and the City shall thereupon be responsible for all costs associated with the vehicles as well as disposition of the vehicles as appropriate. Bibb County shall not be charged depreciation costs for any vehicles purchased by the City of Macon from Bibb County.

II. PERSONNEL

Section 2.1 All personnel assigned by Bibb County to Animal Control shall remain employees of Bibb County and will be re-assigned to vacant positions in the Bibb County Sheriff's Department. The Town of Payne City does not have personnel assigned to Animal Control.

III. COMPENSATION, BENEFITS, SENIORITY OF TRANSFERRED EMPLOYEES

Section 3.1 This Section does not apply to this agreement.

IV. OPERATIONAL CONTROL

Section 4.1 Upon the effective date of this agreement, the operation and maintenance functions of the Animal Control Department shall be the sole responsibility of the City of Macon and performed throughout Bibb County and Payne City to the satisfaction of all parties. Any issues or concerns with performance under this agreement shall be directed to the Chief Administrative Officer of Bibb County and the Chief Administrative Officer of the City of Macon.

Section 4.2 The City of Macon shall perform the operation and maintenance of the Animal Control shelter either through its own personnel or by agreement with a third party.

Section 4.3 The City of Macon shall have sole responsibility and authority with respect to employment, discharge, promotion, discipline, and other personnel matters related to Animal Control employees, including but not limited to decisions regarding the adequate level of personnel necessary to carry out the functions of the Animal Control Department.

V. FUNDING

Section 5.1 The City of Macon shall have sole authority to establish and approve the budget for Animal Control. The budget cost categories shall include: salaries, employee benefits, clothing and uniforms, travel, training, certifications, contractual services, dues, subscriptions and memberships, machinery and equipment, vehicle operating expenses, property and liability insurance and workers' compensation costs and insurance (related to animal control) and other operating cost categories for those used solely for Animal Control purposes.

Section 5.2 The City of Macon shall be financially responsible for capital expenditures related to the Animal Control shelter. Bibb County and the Town of Payne City will be charged depreciation expenses for the shelter on an annual basis for all capital expenses related to the Animal Control shelter and operation, including but not limited to any facilities, vehicles, and other equipment used for Animal Control. In the case of the vehicles purchased under Section 1 of this agreement, Bibb County shall not be charged depreciation costs for any vehicles purchased by the City of Macon from Bibb County. In the event a capital project is funded through Special Purpose Local Option Sales Tax, no depreciation expense shall be charged to either party.

Section 5.3 The City of Macon and Bibb County each have an Animal Control ordinance in place at the time of this agreement. From time to time, it may be necessary for amendments to the ordinances to be made at the discretion of each local government. Such amendments shall not be in conflict with any provisions in this agreement. At the time of this agreement, the Town of Payne City does not have an Animal Control ordinance enacted. The Town of Payne City may adopt an Animal Control ordinance at some time in the future, which shall be consistent with the provisions of this agreement.

Section 5.4 The City of Macon, Bibb County, and the Town of Payne City shall each independently consider implementing an annual licensing requirement/fee for dogs and cats in addition to the rabies vaccination required by the State of Georgia. If implemented, the licenses may be issued by the Macon Bibb County Animal Control Department or by participating veterinarians. If licenses are required, participating veterinarians shall collect the fee, issue the registration tags and retain \$2.00 of the fee for the administration of the program. The amount of the fee shall be established from time to time by ordinance or

regulation and shall be consistent across jurisdictional boundaries. If implemented, license fees shall be remitted to the City of Macon and shall be used toward reducing the operational costs of the Macon Bibb County Animal Control Department.

Section 5.5 Each month, the City of Macon shall invoice Bibb County for the actual number of animals housed from the unincorporated areas of Bibb County during the previous month, using the per-animal cost established for that year. The City of Macon shall invoice Bibb County no later than the 10th of each month with payment due by Bibb County within 15 days of receipt of the invoice.

Section 5.6 Each month, the City of Macon shall invoice the Town of Payne City for the actual number of animals housed from the corporate limits of the Town of Payne City during the previous month using the per-animal cost established for that year. The City of Macon shall invoice the Town of Payne City no later than the 10th of each month with payment due by the Town of Payne City within 15 days of receipt of the invoice.

Section 5.7 No later than May 15th of each year, the Finance Director of the City shall provide to the Finance Director of the County and the Town of Payne City a calculation of the proposed per-animal rate to become effective July 1. This calculation shall be based upon the actual operating cost of the prior 12-month period from April 1 through March 31, less actual revenues received from operation of the Animal Control shelter and licensing for the same period. Within 30 days of receipt of the proposed per-animal rate by the City of Macon, Bibb County and/or the Town of Payne City may provide written notification of termination to be effective July 1 of that year.

The new per-animal rate will be applied to the actual number of Bibb County and Payne City animals housed for the prior 12-month period resulting in a true up of cost for each entity with any over or underpayment to be reconciled by the City of Macon prior to May 31. The City of Macon shall send notice of such reconciliation of the true up to Bibb County and to the Town of Payne City by May 31 of each year. Any party owing money as a result of such true up shall pay such funds by June 30 of each year.

Section 5.8 For the initial period of this agreement, beginning January 1, 2010, and ending June 30, 2010, the per-animal charge shall be based on the actual cost and revenue for fiscal year 2009 for the City of Macon. For the FY 2011 rate, the true up shall be based on the period from the start of this agreement through March 31, 2010. For subsequent years, the true up shall be based on the period from April 1 of the prior year through March 31 of the current year.

Section 5.9 The City of Macon shall assess a four percent administration fee to each invoice for Bibb County and the Town of Payne City.

Section 5.10 The City agrees to provide both the County and the Town of Payne City with reasonable requested supporting documentation for the above calculation and to provide both with access to records of accounting and animal population information.

VI. TERM

Section 6.1 This agreement shall be effective and shall commence on the 1st day of March, 2010, and shall remain in force for fifty (50) years. Except as provided in Section 5.7 herein, parties may terminate this agreement upon six (6) months written notice to the other parties. If either the Town of Payne City or Bibb County, but not both, provides written notice of termination at least six months prior to the desired termination date, the agreement shall remain in effect as to the party not providing the written notice of termination. If the City of Macon provides written notice of termination at least six months prior to the desired termination date, the agreement shall be terminated and of no other force and effect. This agreement shall be subject to an overall service delivery strategy between the parties being implemented in compliance with OCGA Sections 36-70-23 and 36-70-24 and any other applicable law.

VII. AUDIT AND ACCOUNTABILITY

Section 7.1 The City of Macon shall provide to the Bibb County Board of Commissioners and the Town of Payne City Mayor a quarterly report on the operations of the Animal Control Department. At a minimum, this report shall include the number of calls, number of citations issued, number of animal registrations received, the amount of revenue received, and the number of animals in the shelter. This report shall be provided on the following schedule:

- a. April 30 for period January through March
- b. July 31 for period April through June
- c. October 31 for period July through September
- d. January 31 for period October through December

Section 7.2 The City of Macon shall provide Bibb County and the Town of Payne City a copy of the Fiscal Audit Report for each fiscal year covered by this agreement within 180 days of the close of the fiscal year. In lieu of a paper copy of the audit report, the City of Macon may notify Bibb County and the Town of Payne City that the audit report is available on the City of Macon website.

VIII. AUTHORITY; BINDING EFFECT

Section 8.1 The execution of this agreement is authorized by appropriate action of the City Council of the City of Macon at a regular meeting held on the 5th day of ~~December~~ ^{January}, 2009, as appears by reference to the minutes of said meeting and the resolution then adopted; and by appropriate action of the City Council of the Town of Payne City at a regular meeting held on

the ____ day of December, 2009, as appears by reference to the minutes of said meeting and the resolution then adopted; and by action of the Board of Commissioners of Bibb County adopted pursuant to resolution as is reflected by the minutes of the meeting of that body on the 19th day of ~~December~~ January, 2010.

Section 8.2 This agreement shall be binding upon the parties and their successors and assigns for the full period of the term.

Section 8.3 No party hereto may assign any function or obligation undertaken by such party without the written approval of the other parties.

Section 8.4 This agreement constitutes the sole agreement between the parties, and there are no other agreements relating to the subject of this agreement, expressed or implied; and, if there be such agreements, the same are merged into this agreement and succeeded by it.

IN WITNESS WHEREOF, the parties hereto have caused their respective officers to hereunto set their hands and to affix the respective seals of the parties the day and year first above written.

CITY OF MACON

By: Robert A. B. Reichert
Mayor

As to the City, signed, sealed, and delivered in the presence of:

Jackie Tingle
Notary Public, Bibb County, Georgia
My Commission Expires: _____



ATTEST: [Signature]
CITY CLERK

TOWN OF PAYNE CITY

By: Sharon Mabley
Mayor

Attest: _____
City Clerk

As to the City, signed, sealed, and delivered in the presence of:

Lail M. King
Notary Public, Bibb County, Georgia
My Commission Expires: 5/21/12

BIBB COUNTY, GEORGIA

By: *David D. Smith*
Chairman, Board of Commissioners

Attest: *Shelia Thurmond*
Clerk

As to the County, signed, sealed, and delivered in the presence of:

James G. Ross
Notary Public, Bibb County, Georgia

My Commission Expires: My Commission Expires December 10, 2013.



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

COUNTY: **BIBB COUNTY**

Service: **BOARD OF ELECTIONS**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND
CITY OF MACON	City only elections to be paid from CITY GENERAL FUND

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

The City will no longer pay 50% of the general budget of the Board of Elections. Beginning July 1, 2011, the County will provide services for all elections and pay the same from County General Fund. The County will bill the City the cost of city only elections.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **BUILDING INSPECTION AND FEES**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Macon	User fees, balance from City General Fund until June 30, 2012
Bibb County	Beginning July 1, 2012, User fees; balance from County General Fund

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

The City is and will continue to provide said service until June 30, 2012 as it previously has. Effective July 1, 2012, the County will provide the service countwide though user fees and balance by County general fund revenues. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **BURIAL SERVICES**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND

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

This Strategy does not alter the way this service is being provided within the county. The County will continue to provide for pauper burials countywide through general fund revenues. The City will bill the County for grave site and the cost of operating and closing graves.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **BUSINESS LICENSES**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **BIBB COUNTY, CITY OF MACON**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	USER FEES AND COUNTY GENERAL FUND
CITY OF MACON	USER FEES AND CITY GENERAL FUND

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

This Strategy does not alter the way this service is being provided within the county. The County and City will continue to provide the service through user fees, and their respective general funds.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**

Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BIBB COUNTY**

Service: **CEMETERIES**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	USER FEES AND CITY GENERAL FUND

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

This Strategy does not alter the way this service is being provided within the community. The City of Macon will provide the service through user fees and general fund revenues at the three city-owned cemeteries. The City will charge for grave sites.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BIBB COUNTY**

Service: **CODE ENFORCEMENT**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **CITY OF MACON, BIBB COUNTY**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	CITY GENERAL FUND
BIBB COUNTY	USER FEES AND COUNTY GENERAL FUND

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

This Strategy does not alter the way this service is being provided within the community. Bibb County will provide the service in the unincorporated area through user fees and its general fund revenues. The County will provide code enforcement countywide for scrap tires through user fees and general fund revenues. Except as provided above, the City will provide the service within its corporate limits through user fees and its general fund revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: BIBB COUNTY	Service: COUNTY INDUSTRIAL AND ECONOMIC DEVELOPMENT (Macon-Bibb Industrial Authority and Macon Economic Development Authority)
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1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	FEES, GRANTS, AND COUNTY GENERAL FUND

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

Effective July 1, 2011, the County will provide and fund the following services countywide; Macon-Bibb Industrial Authority and Macon Economic Development Authority.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

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COUNTY: **BIBB COUNTY**

Service: **COURT SERVICES**

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this 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.): **Bibb County, City of Macon**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	FINES, FORFEITURES, COUNTY GENERAL FUND
CITY OF MACON	FINES, FORFEITURES, CITY GENERAL FUND

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

This Strategy does not alter the way this service is being provided within the community. Bibb County will provide all court services except for City municipal court through fines, forfeitures, and its general fund revenues. The City will provide court services within the incorporated area of the city through fines, forfeitures and city general fund revenues. Each entity will provide indigent defense in its respective court systems.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BIBB COUNTY**

Service: **CULTURAL SERVICES - CITY - DOUGLASS THEATRE**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	CITY GENERAL FUND

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

This Strategy is altered to the extent that the City assumes all responsibility for providing and funding the service to the Douglass Theatre and reserves the right to determine the amount of funding to be provided for said service. The County shall not be responsible for providing or funding said service. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: BIBB COUNTY	Service: CULTURAL SERVICES - COUNTY - Citizens Advocacy, Keep Macon-Bibb Beautiful, Macon Arts Alliance, Museum of Arts and Sciences, Tubman African-American Museum
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1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND

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

This Strategy is altered to the extent that the County assumes all responsibility for providing and funding the services listed on page 1 of this form and reserves the right to determine the amount of funding to be provided for said service. The City shall not be responsible for providing or funding said service. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BIBB COUNTY**

Service: **E-9-1-1 SERVICES**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	ENTERPRISE FUND, CITY GENERAL FUND

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

This Strategy will not alter the way this service is being provided within the county.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed: _____

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:



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

COUNTY: **BIBB COUNTY**

Service: **ECONOMIC DEVELOPMENT (GENERAL)**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **BIBB COUNTY, CITY OF MACON, BIBB COUNTY DEVELOPMENT AUTHORITY, MACON-BIBB LAND BANK AUTHORITY, MACON-BIBB URBAN DEVELOPMENT AUTHORITY**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	FEES, GRANTS, AND COUNTY GENERAL FUND
CITY OF MACON	FEES, GRANTS, AND CITY GENERAL FUND
LAND BANK AUTHORITY	User Fees, Enterprise Fund, balance 50% City Gen. Fund & 50% Co. Gen. Fund
Urban Development Authority	User Fees, Enterprise Fund, balance 50% City Gen. Fund & 50% Co. Gen. Fund
Bibb Co. Development Authority	User Fees, Enterprise Fund, balance 50% City Gen. Fund & 50% Co. Gen. Fund

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

This Strategy will not alter the way this service is being provided or funded. The County and the City will continue to fund the service countywide. These providers are the Bibb County Development Authority, Macon-Bibb Land Bank Authority and the Macon-Bibb Urban Development Authority provides the service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed: _____

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:



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

COUNTY: **BIBB COUNTY**

Service: **EMERGENCY MANAGEMENT**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	50% paid from City General Fund
BIBB COUNTY	50% paid from County Special Tax District

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

The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:BIBB COUNTY

Service:ENGINEERING

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	USER FEES AND CITY GENERAL FUND
BIBB COUNTY	USER FEES AND COUNTY GENERAL FUND

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

Said services shall be provided and funded by the County and City as they presently do until June 30, 2012. Effective July 1, 2012, the County will provide said service countywide through user fees and general fund revenues. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: **BIBB COUNTY**

Service: **FIRE SERVICES**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	CITY GENERAL FUND
BIBB COUNTY	UNINCORPORATED COUNTY SPECIAL TAX DISTRICT

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

The City shall bill the County on a monthly basis for the services based upon the existing formula to include all direct and indirect cost. See attached Exhibit A. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Bibb County Fire Agreement	Bibb County and City of Macon	5/6/1975 - 5/6/2025

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:

COMPONENTS INCLUDED IN COUNTY BILLING FOR FIRE DEPARTMENT

Updated 04/11/11

County Firefighter Salaries and Benefits

- Salaries and benefits for firefighters assigned to the county stations are charged at 100%. These figures come from the payroll warrant provided by Finance.

City/County manpower exchanges

- Salaries and benefits for city to county and county to city manpower exchanges are charged or given credit to either city or county as appropriate (at 100% for time during which the exchange occurs).

County Firefighter Overtime

- FLSA Overtime and other overtime for county firefighters are charged at 100%.

Administrative Division

- Fire Chief, Assistant Fire Chief, Office Clerk (Carlene Howard), Administrative Assistant (Kevin Howell), and Payroll Clerk (Lisa Hughes) salaries and benefits are charged at 38%.¹

Battalion Chiefs Salaries and Benefits

- Battalion chiefs and division chiefs salaries and benefits are charged at 38%.

County inspector salaries and benefits

- Two county fire inspector salaries and benefits are charged at 100%.

Fire Safety Education

- Prevention division salaries and benefits, as well as operating expenses, are charged at 38%.

¹ "38%" as used in this document represents the current fraction of unincorporated area fire department workforce (by number of employees) to fire department workforce as a whole. The exact amount of this fraction will change over time in proportion to any changes in unincorporated area to overall fire department work force.



County Firefighters Benefits

- County firefighter benefits include life, health, and pension costs. The required pension contribution to the fire and police pension was increased from 6% to 16.44%, as of July 2009. The city increased its pension contribution to 16.44% as of January 1, 2011, but, to meet state minimum funding requirements, city will have to repay to the pension an amount equal to the amount of under-funding from July 1, 2009 until January 1, 2011. County will be charged their pro-rata share of the amount by which the pension was under-funded. The City shall provide this amount to the County by May 20, 2011, along with supporting documentation describing the method of calculation. Interest on any unpaid amount shall begin to accrue on July 1, 2011.

Utilities

- Utility bills for station 102 are charged at 50% and Training and Fire Admin. are charged at 38%.

Communications

- Communications expenses (copiers, phone repairs, etc) for chiefs (and all other personnel for whom county pays 38% of salary and benefits) charged at 38% and station 102 charged at 50%.

Telephone costs

- Telephone line expenses for chiefs (and other personnel for whom county is charged 38% of salary and benefits) charged at 38% and station 102 (charged at 50%).

Vehicle repair & maintenance

- Cost of vehicle repair (parts and labor) for county apparatus are recorded and tabulated and charged at 100%, shared vehicles such as service trucks, reserve trucks charged and fuel trucks at 38%. This comes from the monthly vehicle mainstem report provided by Vehicle Maintenance.

Fuel, oil, and lubricants

- Cost of vehicle fuel, oil and lubricants are recorded and tabulated for county apparatus and are charged at 100%, shared vehicles such as service trucks,

reserve trucks, and fuel trucks are charged at 38%, This comes from the monthly vehicle mainstem report provided by Vehicle Maintenance

Small tools

- Small tools are recorded and tabulated for county stations and are charged at 100%, chiefs (and all other personnel for whom county is charged 38% of salary and benefits) are charged at 38% and station 102 charged at 50%. Each is recorded against the associated county account.

Linens

- Bedsheets and other linens are recorded and tabulated for county stations and are charged at 100%, chiefs (and all other personnel for whom county is charged 38% of salary and benefits) are charged at 38% and station 102 charged at 50%. Each is recorded against the associated county account.

Operating supplies

- Operating supplies are recorded and tabulated for county stations and are charged at 100%; chiefs' (and all other personnel for whom county is charged 38% of salary and benefits) operating supplies are charged at 38% and station 102 operating supplies charged at 50%. Each is recorded against the associated county account.

Uniforms

- Uniforms for personnel assigned to county fire stations are taken from this account and charged at 100%.

Travel/Conferences

- Administrative travel charged at 38%.

Training and development

- Training division salaries and benefits, as well as training operating expenses, are charged at 38%.

Education

- Education expenses for county firefighters are charged at 100%. Education expenses for department-wide positions (Chiefs and all other personnel for whom county pays 38% of salary and benefits) are charged at 38%.

Workman's Compensation

- Workers compensation costs are provided by Risk Management. The county is billed for 38% of the Fire Department claims and all other expenses for workers compensation are billed at 38% of 30%.²

Physical exams

- Any physical exams for county firefighters over and under 40 are recorded under the appropriate line item account and reimbursed at 100%.

Health Coverage for Retirees

The City of Macon currently matches the health insurance "premium" for retirees. This "premium" currently represents a prorated portion of the overall cost of providing health coverage to both the city employees and the city retirees (but could in the future represent an actual premium should the city elect to cease being self insured and obtain health insurance for employees and retirees). County will be charged 38% of the total amount of premium match paid by the City for retired firefighters. This will be billed monthly.

Administrative (Indirect Costs)

Indirect cost charge will be added to the total of direct cost listed above, based on a determination of the indirect cost rate for the fire department made by an independent accountant acceptable to both the city and county within sixty (60) days after execution of this service delivery strategy agreement. The County will continue to be billed at a four percent (4%) indirect cost rate until this determination is made, at which time an adjustment to the indirect cost rate will be made based on that determination, either up or down, retroactive to July 1, 2011. The indirect costs capture those expenses related to fire department operations but not charged to the Fire Department Budget. The indirect costs include General Government, Finance and Legal Fees.

² "30%" as used in this document represents the current fraction of fire department workforce (by number of employees) to city workforce as a whole. The exact amount of this fraction will change over time in proportion to any changes in fire department to overall city work force.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: **BIBB COUNTY**

Service: **GEOGRAPHIC INFORMATION SYSTEM (GIS)**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	USER FEES AND COUNTY GENERAL FUND
CITY OF MACON	USER FEES AND CITY GENERAL FUND

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

The County provides and funds the services set forth above. The County will bill the City for cost of each city-only project. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BIBB COUNTY**

Service: **INFORMATION TECHNOLOGY (IT)**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND
CITY OF MACON	CITY GENERAL FUND

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

This Strategy will not alter the way this service is being provided. The County will continue to provide all IT Services that it presently provides to the City and countywide through general fund revenues. The City will provide IT Services within the City through city general fund revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BIBB COUNTY**

Service: **LANDFILL**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Macon	GENERAL FUND & USER FEES

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

This Strategy will not alter the way this service is being provided within the county. The City will continue to provide the service for the City through general fund revenues and user fees.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **LAW ENFORCEMENT**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide 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.): **CITY OF MACON, BIBB COUNTY PROVIDES CONSTITUTIONAL LAW ENFORCEMENT SERVICES COUNTY-WIDE BUT PATROLS PRIMARILY IN THE UNINCORPORATED 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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Macon	CITY GENERAL FUND
BIBB COUNTY	COUNTY GENERAL FUND

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

This Strategy will not alter the way this service is being provided within the county. The City will continue to provide law enforcement services within its corporate limits through general fund revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **LIBRARY**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	FEEES, GRANTS AND COUNTY GENERAL FUND

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

This Strategy will not alter the way this service is being provided within the county. The County will continue to provide the service countywide and fund the service through grants, fees and county general fund revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **MAPPING**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND
CITY OF MACON	CITY GENERAL FUND

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

The County will provide and fund this service county-wide as set forth above. The County will bill the City for cost of city-only projects. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **MEDICAL SERVICES FOR PRISONERS**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND

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

The County will continue to provide medical services for all prisoners (inmates who have been booked into the jail).

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: BIBB COUNTY

Service: PARKS

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **BIBB COUNTY, CITY OF MACON**

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.

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
CITY OF MACON	City General Fund for Passive Parks in incorporated area
BIBB COUNTY	County General Fund for Passive Parks in unincorporated area
BIBB COUNTY	SPLOST & LOST special revenue fund for all Active Parks

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

Active Parks are those parks which the County assumes the responsibility of operation and maintenance and which are shown on the attached Exhibit A entitled "Ball Fields / Tennis / Basketball-Active," and "Playgrounds / Rental Parks-Active" and delineated on the attached map. Passive Parks are those parks which the City assumes the responsibility of operation and maintenance and which are shown on the attached Exhibit A entitled "General Parks-Passive," "Medians / Triangles / Sm. Corners-Passive," "High Profile Easements-Passive," "Cemeteries-Passive," "Highway Interchanges-Passive" and "Playgrounds / Rental Parks-Passive" and delineated on the attached map. Active Parks and Passive Parks located in unincorporated Bibb County shall be operated and maintained by Bibb County. See also attached Exhibit B regarding conveyance of recreational areas.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:

PARKS FORM 2 EXHIBIT A

BALL FIELDS / TENNIS / BASKETBALL - Active

1	Frank Johnson Center / Park	2227 Mercer University Dr.
2	East Macon Center / Park	3326 Ocmulgee East Blvd.
3	Memorial Center / Park	963 Long St.
4	Bloomfield Center / Park	4115 Lions Place
5	Freedom Park Center / Park	3301 Roff Ave.
6	Rosa Jackson Center / Park	1121 Maynard St.
7	North Macon Center / Park	889 Wimbish Rd.
8	Senior Center	1283 Adams Street
9	West Macon Park	5018 West Macon Park Drive
10	Booker Washington, except for the building not used for recreational purposes.	401 Monroe Street
11	Tattnall Square	1155 College St
12	Central City Park, except of buildings not used for recreational purposes.	150 Willie Smokie Glover Dr.
13	Luther Williams Stadium	150 Willie Smokie Glover Dr.
14	Kings Park	Kings Park Circle
15	East Macon Park BMX	3326 Ocmulgee East Blvd.
16	Eastview Police Precinct	1110 Eastview Avenue
17	Willingham Court	542 Willingham Court
18	Riverview Park	2753 Riverview Road
19	Henry Burns Park	3298 Ingleside Avenue
20	Mattie Jones Playground	1991 First Avenue
21	Becky Cummings Park	3326 Atkins Drive
22	Hillcrest Park	2880 Hillcrest Avenue
23	Daisy Park	970 Daisy Park
24	Dog Park	1520 Chestnut Street
25	Villiage Green Park	Village Green Dr./Edwina Dr.
26	Villiage Green Basketball Courts	Villiage Green B-ball Courts
27	James Williams Park	596 Pansy Avenue
28	South Macon Park	450 Guy Paine Road
29	Lynmore Estates	4056 Mead Road
30	John Drew Tennis Center.	

PLAYGROUNDS / RENTAL PARKS - Active

1	Murphy Park	2245 Ingleside Avenue
2	Houston Road "Sarah Willis	6010 Houston Road
3	Dandy Park	990 S. Ponce De Leon Circle

GENERAL PARKS - Passive

1	G. Bernd Park	908 Magnolia Street
2	Confederate Monument	330 Cotton Avenue
3	Rosa Parks Square - Civic Square	455 First Street
4	Shurlington Library	1914 Shurling Drive
5	Ft. Hawkins	780 Emery Highway
6	Hydrolia Park	200 Hydrolia Street
7	Kennedy Park	323 Coliseum Drive
8	Camelia Garden	934 Glenridge Drive
9	Pursley Street Park "Jeff Long Park	422 Pursley Park
10	Little Richard Penniman Park	805 Prince Street
11	Rose Park	870 Orange Street
12	James Park	406 College Street
13	Monroe Park	642 Monroe Street

MEDIANS / TRIANGLES / SM. CORNERS - Passive

1	Second Street Circle	630 Riverside Drive
2	D.T. Walton Way	566 DT Walton Way
3	City Hall	710 Poplar Street
4	City Hall Annex	680 Cherry Street
5	Shurling Drive	1714 Shurling Drive
6	Little Hydrolia	380 Main Street
7	Centreplex Entrance	316 Coliseum Drive
8	Briarcliff	1330 Briar Cliff Road
9	Boulevard	1066 Boulevard
10	Pierce Triangle	610 Pierce Avenue
11	Riverview Triangle	2616 Riverview Road
12	Napier / Forsyth Triangle	4358 Forsyth
13	The Prado	3845 The Prado
14	Overlook Triangle	3830 Overlook Drive
15	Overlook Drive	3802 Overlook Drive
16	Causey Corner	3636 Overlook Avenue
17	Brooklyn Avenue	3326 Brooklyn Avenue
18	BF Merrit Park (Stanislaus)	2604 Stanislaus Plaza
19	Meadow Brook Drive	4090 Meadowbrook Drive
20	Napier / Del Park Triangle	3554 Napier Avenue
21	Napier / McKenzie Dr. Triangle	3656 Napier Avenue
22	Napier / North Napier	3976 Napier Avenue
23	Hillcrest Triangle	3434 Hillcrest Avenue
24	Napier / Crescent - Fisher Park	2832 Napier Avenue
25	Napier / Vine Street Triangle	2006 Napier Avenue
26	Orange Street Lane	666 Orange Street Lane
27	Rose Place	Behind Mt. De Sales/Rose Pl.

28	Mt. DeSales Park	920 Park Place
29	Police Training	880 Hazel Street
30	Moore Park	899 Oglethorpe Street
31	Oglethorpe and Maple Street	Oglethorpe and Maple Street
32	Jim Lee @ Oglethorpe & First	759 Oglethorpe
33	First Street Triangle	990 First Street
34	Parks @ Rec, Bld.	970 First Street
35	E-911 Center	920 First Street
36	Orange Terrace	764 Orange Terrace
37	Parking Lot - Cherry St. & New St.	422 New Street
38	Southern Bell Triangle	390 Nisbet Place
39	Railroad Park	988 College Street
40	Columbus Square	1044 Columbus Place
41	Hazel Street Bridge	1152 College Place
42	Mercer Univ. & Columbus Rd. Intersection	Mercer Meets Columbus
43	Jennifer Drive	1658 Jennifer Drive
44	Mercer University @ Pansey	2600 Mercer University Drive
45	Mercer University @ Patunia	490 Petunia Avenue
46	Frank Johnson Trail	2227 Mercer University Dr.
47	Triple Triangle	Pio Nono/Hou./Broad. Inter.
48	Cliff View (40 acres)	3192 Antioch Road
49	Douglas Theater	375 MLK
50	Marathon Gas	290 Walnut Street
51	Animal Control	1010 11th Street
52	Green house	1100 11th Street
53	Building Maintenance	1100 11th Street

HIGH PROFILE EASEMENTS - Passive

1	MLK Median
2	Riverside Dr. - Wimbish to Rosehill Cemetery
3	Second Street Median - Bridge to Emery Hwy.
4	Coliseum Drive Medians - I16 to emery Hwy.
5	Emery Hwy - Second St. to Ocmulgee East Blvd.
6	Richard Penniman Blvd. Median - Aside of Mercer University
7	Eisenhower Boulevard - I475 to 7th Street

CEMETERIES - Passive

1	Rose Hill Cemetery	1071 Riverside Drive
2	Fort Hill Cemetery	934 Norris Street
3	Evergreen Cemetery	836 St. James Avenue
4	7th Street Cemetery	440 7th Street

HIGHWAY INTERCHANGES - Passive

1	MLK / 16 Interchange
2	Second Street / 16 Interchange
3	Spring Street / 16 Interchange
4	Hardeman / 75 Interchange
5	Mercer University / 75 Interchange
6	Eisenhower / 75 Interchange

PLAYGROUNDS / RENTAL PARKS - Passive

1	Coleman Hill	981 Georgia Avenue
2	Mulberry Street Landscape and Fountain	661 Mulberry Street
3	Heritage Trail Glenn Ridge	990 Glenridge Drive
4	Heritage Trail Spring Street	106 Spring Street
5	Gateway Park	333 MLK Blvd
6	Poplar Street Landscape and Fountains	620 Poplar Street
7	Third Street Park	Third Street Median
8	Cherry Street Park	Third Street Median
9	Cherry Street Plaza and Fountain	340 Cherry Street
10	Washington Park	1134 Magnolia Street
11	Jackson Springs Park	976 Nottingham Park
12	Jackson Springs Extension	958 Glenridge Drive
13	High Street Park	900 High Street
14	Tower Park	602 Orange Street Lane

PARKS

EXHIBIT B

The City will convey the recreational area property identified in Exhibit A as Ball Fields/Tennis/Basketball – Active and Playgrounds/Rental Parks – Active to the County by virtue of deed with a reversionary clause. If the property is not used for recreational purposes, the County will re-convey the property to the City together with all improvements thereon. The City at its option may decline all or some of the improvements, and in that event the County will cause the remaining improvements to be removed from the property with the cost thereof to be paid from the percentage of LOST proceeds set aside for the maintenance and operation of recreation by the County pursuant to paragraph VII of the Service Delivery Agreement.

All decisions with regard to the operation and maintenance of the recreational area property, including whether such properties shall continue to be used for recreational purposes, shall be made by the County.

Macon-Bibb County SDS Map: Parks

April 2011

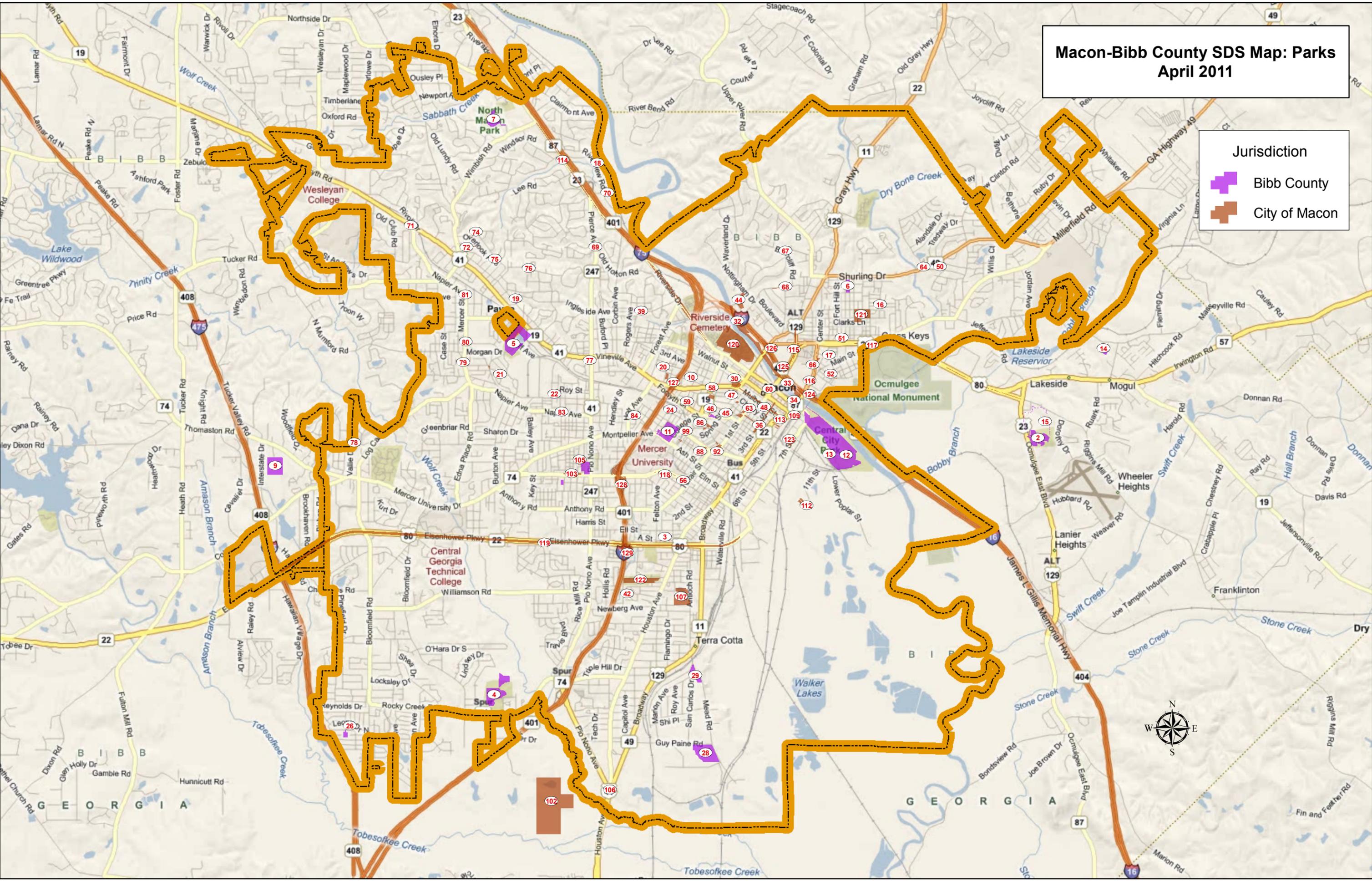
No	Name	Assignment	Type
1	FRANK JOHNSON CENTER / PARK	BIBB	BTB
2	EAST MACON CENTER / PARK	BIBB	BTB
3	MEMORIAL CENTER / PARK	BIBB	BTB
4	BLOOMFIELD CENTER / PARK	BIBB	BTB
5	FREEDOM PARK CENTER / PARK	BIBB	BTB
6	ROSA JACKSON CENTER / PARK	BIBB	BTB
7	NORTH MACON CENTER / PARK	BIBB	BTB
8	SENIOR CENTER	BIBB	BTB
9	WEST MACON PARK	BIBB	BTB
10	BOOKER WASHINGTON	BIBB	BTB
11	TATTNALL SQUARE	BIBB	BTB
12	CENTRAL CITY PARK	BIBB	BTB
13	LUTHER WILLIAMS STADIUM	BIBB	BTB
14	KINGS PARK	BIBB	BTB
15	EAST MACON PARK BMX	BIBB	BTB
16	EASTVIEW POLICE PRECINCT	BIBB	BTB
17	WILLINGHAM COURT	BIBB	BTB
18	RIVERVIEW PARK	BIBB	BTB
19	HENRY BURNS PARK	BIBB	BTB
20	MATTIE JONES PLAYGROUND	BIBB	BTB
21	BECKY CUMMINGS PARK	BIBB	BTB
22	HILLCREST PARK	BIBB	BTB
23	DAISY PARK	BIBB	BTB
24	DOG PARK	BIBB	BTB
25	VILLIAGE GREEN PARK	BIBB	BTB
26	VILLIAGE GREEN BASKETBALL COURTS	BIBB	BTB
27	JAMES WILLIAMS PARK	BIBB	BTB
28	SOUTH MACON PARK	BIBB	BTB
29	LYNMORE ESTATES	BIBB	BTB
30	COLEMAN HILL	MACON	PGRP
31	MULBERRY STREET LANDSCAPE AND FOUNTAIN	MACON	PGRP
32	HERITAGE TRAIL GLENN RIDGE	MACON	PGRP
33	HERITAGE TRAIL SPRING STREET	MACON	PGRP
34	GATEWAY PARK	MACON	PGRP
35	POPLAR STREET LANDSCAPE AND FOUNTAINS	MACON	PGRP
36	THIRD STREET PARK	MACON	PGRP
37	CHERRY STREET PARK	MACON	PGRP
38	CHERRY STREET PLAZA AND FOUNTAIN	MACON	PGRP
39	MURPHY PARK	BIBB	PGRP
40	WASHINGTON PARK	MACON	PGRP
41	HOUSTON ROAD "SARAH WILLIS	BIBB	PGRP
42	DANDY PARK	BIBB	PGRP
43	JACKSON SPRINGS PARK	MACON	PGRP
44	JACKSON SPRINGS EXTENSION	MACON	PGRP
45	HIGH STREET PARK	MACON	PGRP
46	TOWER PARK	MACON	PGRP
47	G. BERND PARK	MACON	GP
48	CONFEDERATE MONUMENT	MACON	GP
49	ROSA PARKS SQUARE - CIVIC SQUARE	MACON	GP
50	SHURLINGTON LIBRARY	MACON	GP
51	FT. HAWKINS	MACON	GP
52	HYDROLIA PARK	MACON	GP
53	KENNEDY PARK	MACON	GP
54	CAMELIA GARDEN	MACON	GP
55	PURSLEY STREET PARK "JEFF LONG PARK	MACON	GP
56	LITTLE RICHARD PENNIMAN PARK	MACON	GP
57	ROSE PARK	MACON	GP
58	JAMES PARK	MACON	GP
59	MONROE PARK	MACON	GP
60	SECOND STREET CIRCLE	MACON	MTSC
61	D.T. WALTON WAY	MACON	MTSC
62	CITY HALL	MACON	MTSC
63	CITY HALL ANNEX	MACON	MTSC
64	SHURLING DRIVE	MACON	MTSC
65	LITTLE HYDROLIA	MACON	MTSC

No	Name	Assignment	Type
66	CENTREPLEX ENTRANCE	MACON	MTSC
67	BRIARCLIFF	MACON	MTSC
68	BOULEVARD	MACON	MTSC
69	PIERCE TRIANGLE	MACON	MTSC
70	RIVERVIEW TRIANGLE	MACON	MTSC
71	NAPIER / FORSYTH TRIANGLE	MACON	MTSC
72	THE PRADO	MACON	MTSC
73	OVERLOOK TRIANGLE	MACON	MTSC
74	OVERLOOK DRIVE	MACON	MTSC
75	CAUSEY CORNER	MACON	MTSC
76	BROOKLYN AVENUE	MACON	MTSC
77	BF MERRIT PARK (STANISLAUS)	MACON	MTSC
78	MEADOW BROOK DRIVE	MACON	MTSC
79	NAPIER / DEL PARK TRIANGLE	MACON	MTSC
80	NAPIER / MCKENZIE DR. TRIANGLE	MACON	MTSC
81	NAPIER / NORTH NAPIER	MACON	MTSC
82	HILLCREST TRIANGLE	MACON	MTSC
83	NAPIER / CRESCENT - FISHER PARK	MACON	MTSC
84	NAPIER / VINE STREET TRIANGLE	MACON	MTSC
85	ORANGE STREET LANE	MACON	MTSC
86	ROSE PLACE	MACON	MTSC
87	MT. DESALES PARK	MACON	MTSC
88	POLICE TRAINING	MACON	MTSC
89	MOORE PARK	MACON	MTSC
90	OGLETHORPE AND MAPLE STREET	MACON	MTSC
91	JIM LEE @ OGLETHORPE & FIRST	MACON	MTSC
92	FIRST STREET TRIANGLE	MACON	MTSC
93	PARKS @ REC. BLD.	MACON	MTSC
94	E-911 CENTER	MACON	MTSC
95	ORANGE TERRACE	MACON	MTSC
96	PARKING LOT - CHERRY ST. & NEW ST.	MACON	MTSC
97	SOUTHERN BELL TRIANGLE	MACON	MTSC
98	RAILROAD PARK	MACON	MTSC
99	COLUMBUS SQUARE	MACON	MTSC
100	HAZEL STREET BRIDGE	MACON	MTSC
101	MERCER UNIV. & COLUMBUS RD. INTERSECTION	MACON	MTSC
102	JENNIFER DRIVE	MACON	MTSC
103	MERCER UNIVERSITY @ PANSEY	MACON	MTSC
104	MERCER UNIVERSITY @ PATUNIA	MACON	MTSC
105	FRANK JOHNSON TRAIL	MACON	MTSC
106	TRIPLE TRIANGLE	MACON	MTSC
107	CLIFF VIEW (40 ACRES)	MACON	MTSC
108	DOUGLAS THEATER	MACON	MTSC
109	MARATHON GAS	MACON	MTSC
110	ANIMAL CONTROL	MACON	MTSC
111	GREEN HOUSE	MACON	MTSC
112	BUILDING MAINTENANCE	MACON	MTSC
113	MLK MEDIAN	MACON	HPE
114	RIVERSIDE DR. - WIMBISH TO ROSEHILL CEMETERY	MACON	HPE
115	SECOND STREET MEDIAN - BRIDGE TO EMERY HWY.	MACON	HPE
116	COLISEUM DRIVE MEDIANS - I16 TO EMERY HWY.	MACON	HPE
117	EMERY HWY - SECOND ST. TO OCMULGEE EAST BLVD.	MACON	HPE
118	RICHARD PENNIMAN BLVD. MEDIAN	MACON	HPE
119	EISENHOWER BOULEVARD - I475 TO 7TH STREET	MACON	HPE
120	ROSE HILL CEMETERY	MACON	C
121	FORT HILL CEMETERY	MACON	C
122	EVERGREEN CEMETERY	MACON	C
123	7TH STREET CEMETERY	MACON	C
124	MLK / 16 INTERCHANGE	MACON	HI
125	SECOND STREET / 16 INTERCHANGE	MACON	HI
126	SPRING STREET / 16 INTERCHANGE	MACON	HI
127	HARDEMAN / 75 INTERCHANGE	MACON	HI
128	MERCER UNIVERSITY / 75 INTERCHANGE	MACON	HI
129	EISENHOWER / 75 INTERCHANGE	MACON	HI
130	JOHN DREW TENNIS CENTER	BIBB	BTB

Macon-Bibb County SDS Map: Parks April 2011

Jurisdiction

-  Bibb County
-  City of Macon





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

COUNTY: **BIBB COUNTY**

Service: **PLANNING AND ZONING**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	FEES AND COUNTY GENERAL FUND

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

This Strategy is altered to the extent that effective July 1, 2011, the County will provide the service countywide through fees and county general fund revenues. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **PUBLIC HEALTH**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND

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

This Strategy does not alter the way this service is being provided by the County. The County will continue to provide funds for indigent public health issues treated at the Medical Center of Central Georgia. Bibb County also provides funding for the Bibb County Health Department.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **COUNTYWIDE RECREATION (excluding Bowden Golf Course and Lake Tobesofkee)**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	USER FEES, CITY GENERAL FUND UNTIL JULY 1, 2012
BIBB COUNTY	See cover agreement entitled "Service Delivery Strategy Agreement" for details.

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

See cover agreement entitled "Service Delivery Strategy Agreement" for details. Passive parks are not part of Recreation. All other parks are considered "active" parks and are part of Recreation.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: **BIBB COUNTY**

Service: **RECREATION - BOWDEN GOLF COURSE**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	USER FEES, CITY GENERAL FUND

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

This strategy will not alter the way this service is currently being provided within the county. The attached strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: **BIBB COUNTY**

Service: **RECREATION - LAKE TOBESOFKEE**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	USER FEES, COUNTY GENERAL FUND

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

This strategy will not alter the way this service is currently being provided within the county. The attached strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BIBB COUNTY**

Service: **ROADS & BRIDGES**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **CITY OF MACON, BIBB COUNTY**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	COUNTY GENERAL FUND, SPLOST, State and Federal funding
CITY OF MACON	CITY GENERAL FUND, SPLOST, State and Federal funding

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

The County to maintain all county roads through its general fund revenues, SPLOST revenues, and state and federal funding. The City will maintain city streets within the incorporated areas though general fund revenues, SPLOST revenues, and state and federal funding.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **SEWERAGE COLLECTION**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
PAYNE CITY	ENTERPRISE FUND
MACON WATER AUTHORITY	ENTERPRISE FUND

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

This Strategy does not alter the way this service is being provided within the county. The Macon Water Authority will continue to provide the service countywide (except in Payne City's incorporated area) by using enterprise fund revenues derived from user fees. Payne City will continue to provide this service within its corporate limits. The attached Strategy provides further information related to the provision of this service. A map is provided outlining the service areas.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

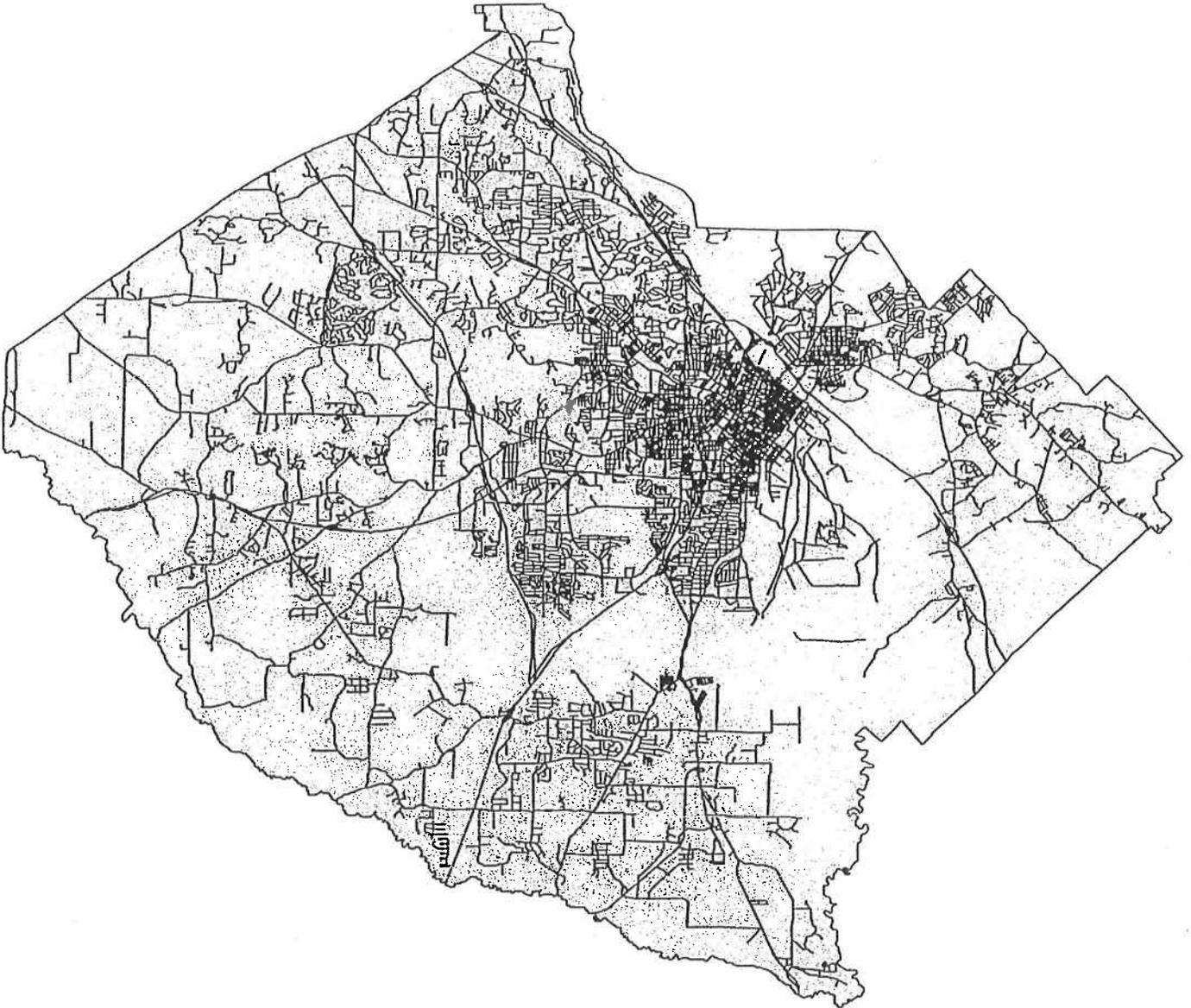
The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:

Bibb County Service Delivery Strategy
Sewer Collection Service Areas
August 2006



3 0 3 6 Miles



Middle
Georgia
Regional
Development
Center

This map was created by the Middle Georgia Regional Development Center during August 2006 to assist in the update of the Service Delivery Strategy between Bibb County, the City of Macon, and Payne City. This map is intended for general planning purposes only.

LEGEND

-  Roads
-  Payne City Service Area
-  MWA Service Area



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: **BIBB COUNTY**

Service: **SEWERAGE TREATMENT**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
MACON WATER AUTHORITY	ENTERPRISE FUND

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

This Strategy does not alter the way this service is being provided within the county. The Macon Water Authority will continue to provide the service countywide by using enterprise fund revenues derived from user fees. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **SIGNALIZATION**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	USER AND DEVELOPMENT FEES, CITY GENERAL FUND
BIBB COUNTY	USER AND DEVELOPER FEES, COUNTY GENERAL FUND

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

This Strategy does not alter the way this service is being provided within the County. The City will bill the County for all costs of providing said service in unincorporated areas of the county on a monthly basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Traffic Signal Maintenance and Installation Contract	City of Macon and Bibb County	10/29/92 - 10/29/2017

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?

The City and the County have entered into a written agreement setting forth the terms for provision and payment of this service. The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:

COPY

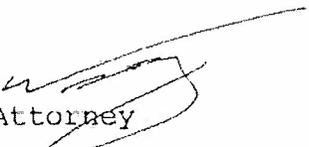
M E M O R A N D U M

8-92-0098
RECEIVED

NOV 02 1992

CITY CLERK'S
OFFICE

TO: Steve Durden
City Clerk

FROM: S. Wesley Woolf 
Assistant City Attorney

RE: Traffic Signal Maintenance and Installation
Contract with Bibb County

DATE: October 29, 1992

Attached to this memorandum you will find the original Agreement between the City of Macon and Bibb County governing the services provided and rates charged to Bibb County for traffic signal maintenance and installation services. Please file this in your usual manner and call me if you have any questions.

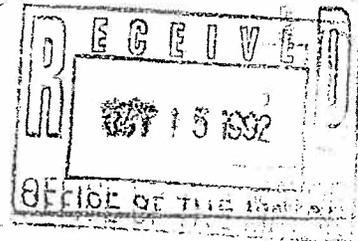
SWW/lcp
Attachment: (1)

cc: Joan W. Harris, City Attorney

RECEIVED

NOV 02 1992

A CITY OF BIBB COUNTY
OFFICE



THIS AGREEMENT is made this _____ day of May, 1992,
by and between Bibb County, Georgia and the City of Macon,
Georgia:

W I T N E S S E T H :

WHEREAS, the City of Macon provides to Bibb County traffic signal maintenance and installation services pursuant to a letter of understanding dated December 30, 1986; and

WHEREAS, the unincorporated area of Bibb County continues to experience growth and development necessitating the continuance of and an increase in the traffic signal installation and maintenance services and roadway markings (including paint and plastic) provided by the City of Macon Central Services Department; and

WHEREAS, the City of Macon and Bibb County are desirous of entering into an Agreement specifying the rates, charges and responsibilities applicable to such maintenance and installation services;

NOW, THEREFORE, for and in consideration of the mutual promises and obligations set forth herein, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, the City of Macon and Bibb County agree as follows:

1. In accordance with the terms set forth in this Agreement the City of Macon agrees to perform installation of new and upgraded traffic control signal systems and to

perform maintenance work upon new and existing traffic control signal systems in the unincorporated area of Bibb County. Emergency maintenance services shall be provided twenty-four hours per day, seven days per week.

2. For the installation and the maintenance services referenced in paragraph (1), above, Bibb County agrees to pay the City of Macon (on a monthly billing basis) for labor, equipment and materials in accordance with the charges and rates set forth on Attachment 1 of this Agreement and, in addition thereto, a surcharge equal to thirty percent of the total of said monthly bill for the City's indirect costs from employee benefits and departmental and administrative overhead. Materials provided by Bibb County or the State of Georgia will not be subject to the thirty percent surcharge.

3. Bibb County agrees to indemnify and hold harmless the City of Macon, including its officers, agents and employees, (hereinafter collectively referenced as the "City") from any and all claims, demands, actions, damages, costs, loss of service, expenses, and obligations of every kind and nature, including reasonable attorneys' fees sustained by the City, arising out of any incident, event, situation, or condition resulting from or growing out of the services provided (or any alleged failure to provide such services) by the City of Macon pursuant to this Agreement.

4. This Agreement shall become effective on the day and year first written above and shall continue for a period of twenty-five (25) years or until either party gives thirty (30) days notice of termination of the Agreement, which ever occurs first. The City of Macon and Bibb County further agree that this Agreement contains the entire agreement between the parties and that neither party has executed this Agreement in reliance on any representation of any kind not expressly set forth herein.

CITY OF MACON

BY: Tommy C. Olmstead
Tommy C. Olmstead, Mayor

ATTEST: Steven G. Durden
Steven G. Durden, City Clerk

APPROVED AS TO FORM BY:

S. Wesley Woolf
S. Wesley Woolf
Assistant City Attorney

BIBB COUNTY

BY: James D. [Signature]
Chairman, Board of
Commissioners

ATTEST: Barbara [Signature]

APPROVED AS TO FORM BY:

LABOR

	<u>Normal Hours</u> (8:00 a.m.-5:00 p.m.)	<u>After Hours</u>
Technician II	\$10.13 per hour*	\$15.20 per hour*
Technician III	\$11.40 per hour*	\$17.10 per hour*
Supervision	\$15.00 per hour*	\$22.50 per hour*

*Hourly rates charged will increase (or decrease) in accordance with increase or decrease in City payroll policies as reflected on current City pay scales.

EQUIPMENT*

Graco Pump-----	\$4.00 per hour
Concrete Saw-----	7.50 per hour
Air Compressor-----	5.00 per hour
Trencher Ditch Witch 672-----	10.00 per hour
Trench Vermeer 1236-----	15.00 per hour
Line Truck-----	20.00 per hour
Bucket Truck (TEG) 1310-----	15.00 per hour
Bucket Truck 1194-----	15.00 per hour
Bucket Truck 1333-----	15.00 per hour
1 Ton Trucks (Signs & Markings)-----	7.50 per hour
Bucket Truck 1337-----	15.00 per hour

*Hourly rates charged will be re-evaluated annually and adjustments made in accordance with increases or decreases in actual operating costs.

MATERIALS AND HANDLING

At Cost.



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

COUNTY: **BIBB COUNTY**

Service: **SOLID WASTE COLLECTION & RECYCLING**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **CITY OF MACON, BIBB COUNTY**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	ENTERPRISE FUND
CITY OF MACON	ENTERPRISE FUND AND GENERAL FUND SUBSIDY

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

This Strategy does not alter the way this service is being provided within the county. The County will continue to provide the service through a private contractor which hauls waste outside the county (see attached agreement) from unincorporated areas through an enterprise fund. The City of Macon will continue to provide the service in the City using enterprise fund revenues, and general fund subsidies.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement	City of Macon / Bibb County Tax Commissioner	11/28/2006-on going

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

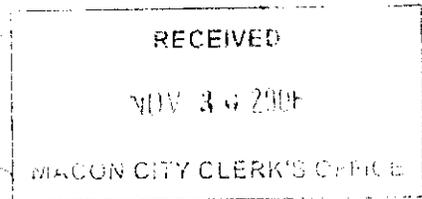
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No

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

COPY

C-06-0074

STATE OF GEORGIA
COUNTY OF BIBB



AGREEMENT

THIS AGREEMENT made and entered into this 28th day of November, 2006, by and between the **CITY OF MACON**, a political subdivision of said State and County ("City"), and **THE TAX COMMISSIONER OF BIBB COUNTY**, an elected official pursuant to the Constitution of the State of Georgia ("Tax Commissioner"),

WITNESSETH:

WHEREAS, the Macon-Bibb County Tax Commissioner's office is an office funded by Bibb County and is managed and operated by the Tax Commissioner, an elected official; and

WHEREAS, pursuant to the laws of the State of Georgia, the office of the Tax Commissioner has the responsibility for the billing and collection of ad valorem taxes on real and personal property located within the County; and

WHEREAS, the Tax Commissioner is also authorized by Georgia law to collect solid waste management fees for local governments; and

WHEREAS, the Tax Commissioner bills and collects solid waste management fees ("garbage fees") for Bibb County; and

WHEREAS, the City has expressed its desire to enter into a contract with the Tax Commissioner for the collection and billing of the City's garbage fees; and

WHEREAS, the Tax Commissioner is willing to collect said garbage fee for the City.

NOW THEREFORE, for and in consideration of the premises and mutual benefits contained herein, the parties agree as follows:

I.

OBLIGATIONS OF THE TAX COMMISSIONER AND
THE CITY OF MACON

1.

The Tax Commissioner agrees to bill and collect garbage fees for the City on a quarterly basis, beginning no later than February 10, 2007, provided that this Agreement is executed by October 17, 2006, or, if not, within four months of such execution. In its initial billing for the City, the Tax Commissioner agrees to bill for the entire first quarter of calendar year 2007, back to January 1, 2007. The Tax Commissioner shall use best efforts to bill and to collect unpaid bills for garbage fees from property owners for the City in the same manner and using the same methods by which ad valorem taxes are billed and collected for the City and Bibb County, to the extent permitted by law, including, but not limited to, the placement and execution of liens, levy and judicial sale. Such funds shall be paid over to the City by the Bibb County Tax Commissioner's Office in the same manner as ad valorem taxes are paid over but at any rate within ten days or less of receipt by the County of such funds. The County will provide an aged receivable report as to such funds to the City on a monthly basis.

2.

The City agrees to pay the initial start-up costs of \$56,920.00 consisting of a portion of the costs of a Standard Register Imaging Processor, two (2) computers and software, and Bibb County Information and Technology Department's programming, networking and machine time. Such costs shall be paid out of garbage fees collected by Bibb County on behalf of the City on a proportionate, monthly basis over a twelve month period.

3.

In addition, the City agrees to pay a five percent (5%) collection fee to the county on amounts actually collected by the Tax Commissioner's Office on the City's behalf pursuant to this Agreement.

4.

All funds to be paid by the City hereunder shall be withheld from garbage fee collections by the Tax Commissioner and distributed to Bibb County as reimbursement for the additional operational costs incurred by the Tax Commissioner's office.

II.

TERM

5.

The initial term of this Agreement shall be for a period of five (5) years from the date of execution of this Agreement.

6.

After the initial term, this Agreement may be renewed for successive five (5) year terms as agreed upon by the parties.

7.

This Agreement may be terminated by either party upon ninety (90) days written notice. If the Tax Commissioner should terminate this Agreement before the expiration of the initial five (5) year term, other than for material breach of this Agreement by the City, the City shall be entitled to a pro-rata refund (based on the portion of the initial \$56,920.00 payment made for start-up costs pursuant to this Agreement). If the City terminates this Agreement before the expiration of the initial five (5) year term, other than for material breach of this Agreement by the Tax Commissioner, the City will not be entitled to a refund of any sums paid and shall pay all outstanding amounts then due, including initial start-up costs, under this Agreement. Either party may terminate this Agreement for any material breach of this Agreement by the other party, provided that each party shall give the other party fourteen (14) days written notice of any such breach and upon failure to cure such breach within fourteen (14) days of such written notice, the non-breaching party may terminate this Agreement. Upon any termination, the

Commissioner agrees to transfer its pertinent records regarding collection under this Agreement to the City Finance Department as reasonably necessary to facilitate a smooth transition of collection efforts.

III.

ENTIRE AGREEMENT

8.

This Agreement constitutes the entire understanding and agreement between the parties hereto with respect to the subject matter hereof. Except as otherwise stated herein, this Agreement may not be supplemented or modified by any prior oral or written communication unless the same is in writing and signed by both parties.

IV.

GENERAL PROVISIONS

9.

SEVERABILITY

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

10.

NOTICES

Any notices to be given under this Agreement by either party to the other may be effected by either personal delivery in writing or by registered or certified mail with postage prepaid and return receipt requested. Notices shall be addressed to the parties at the following addresses:

Tax Commissioner: Macon-Bibb County Tax Commissioner
Room 200, Bibb County Courthouse
Macon, Georgia 31201

With copy to: Chairman, Bibb County Board of Commissioners
4th Floor, Bibb County Courthouse

601 Mulberry Street
Macon, Georgia 31201

City: Mayor, City of Macon
City Hall
700 Poplar Street
Macon, Georgia 31201

With copy to: City Attorney
City of Macon
P.O. Box 247
Macon, Georgia 31201

SIGNATURE PAGE

AGREEMENT BETWEEN

The City of Macon and

-Tax Commissioner of Bibb County

BIBB COUNTY



ATTEST

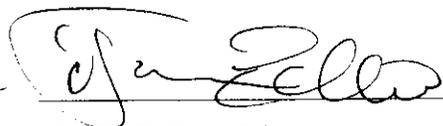


MACON-BIBB COUNTY TAX
COMMISSIONER

CITY OF MACON



ATTEST



Mayor C. Jack Ellis



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

COUNTY: **BIBB COUNTY**

Service: **STORMWATER MANAGEMENT**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **CITY OF MACON, BIBB COUNTY**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	GENERAL FUND AND SPLOST
CITY OF MACON	GENERAL FUND AND SPLOST

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

This Strategy does not alter the way this service is being provided within the county. The County will continue to provide the service in the unincorporated areas through county general fund revenues. The City of Macon will continue to provide the service in the City through city general fund revenues and SPLOST revenues. The attached Strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **STREET LIGHTING**

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide 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.): **CITY OF MACON, BIBB COUNTY**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
BIBB COUNTY	GENERAL FUND AND USER FEES
CITY OF MACON	GENERAL FUND AND USER FEES

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

This Strategy does not alter the way this service is being provided within the county. The County will continue to provide the service in unincorporated areas through general fund revenues and user fees. The City of Macon will continue to provide the service in the City through general fund revenues and user fees.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **TRAFFIC ENGINEERING**

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

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

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
CITY OF MACON	CITY GENERAL FUND until July 1, 2012
BIBB COUNTY	COUNTY GENERAL FUND AND USER FEES

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

The City and County will continue to provide and fund said service as it presently exists. Effective July 1, 2012, the County assumes responsibility for providing and funding said service with user fees and county general fund revenues.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: **BIBB COUNTY**

Service: **TRANSIT AUTHORITY**

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

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

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.):

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
TRANSIT AUTHORITY	USER FEES AND GRANTS
CITY OF MACON	BEGINNING 7/1/11, DEFICIENCY, IF ANY, 60% PAID FROM CITY GEN. FUND
BIBB COUNTY	BEGINNING 7/1/11, DEFICIENCY, IF ANY, 40% PAID FROM CO. GEN FUND

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

This strategy will not alter the way this service is currently being provided within the county. The attached strategy provides further information related to the provision of this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:



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

COUNTY: BIBB COUNTY

Service: WATER SERVICES

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this 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.): **PAYNE CITY, MACON WATER AUTHORITY**

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.

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
PAYNE CITY	ENTERPRISE FUND/USER FEES
MACON WATER AUTHORITY (MWA)	ENTERPRISE FUND/USER FEES

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

This Strategy does not alter the way this service is being provided within the county. The MWA will continue to provide the service countywide (except in Payne City) using enterprise fund revenues derived from user fees. Payne City will continue to provide this service within its corporate limits. The attached Strategy provides further information related to the provision of this service. A map is attached that outlines the incorporated and unincorporated areas.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

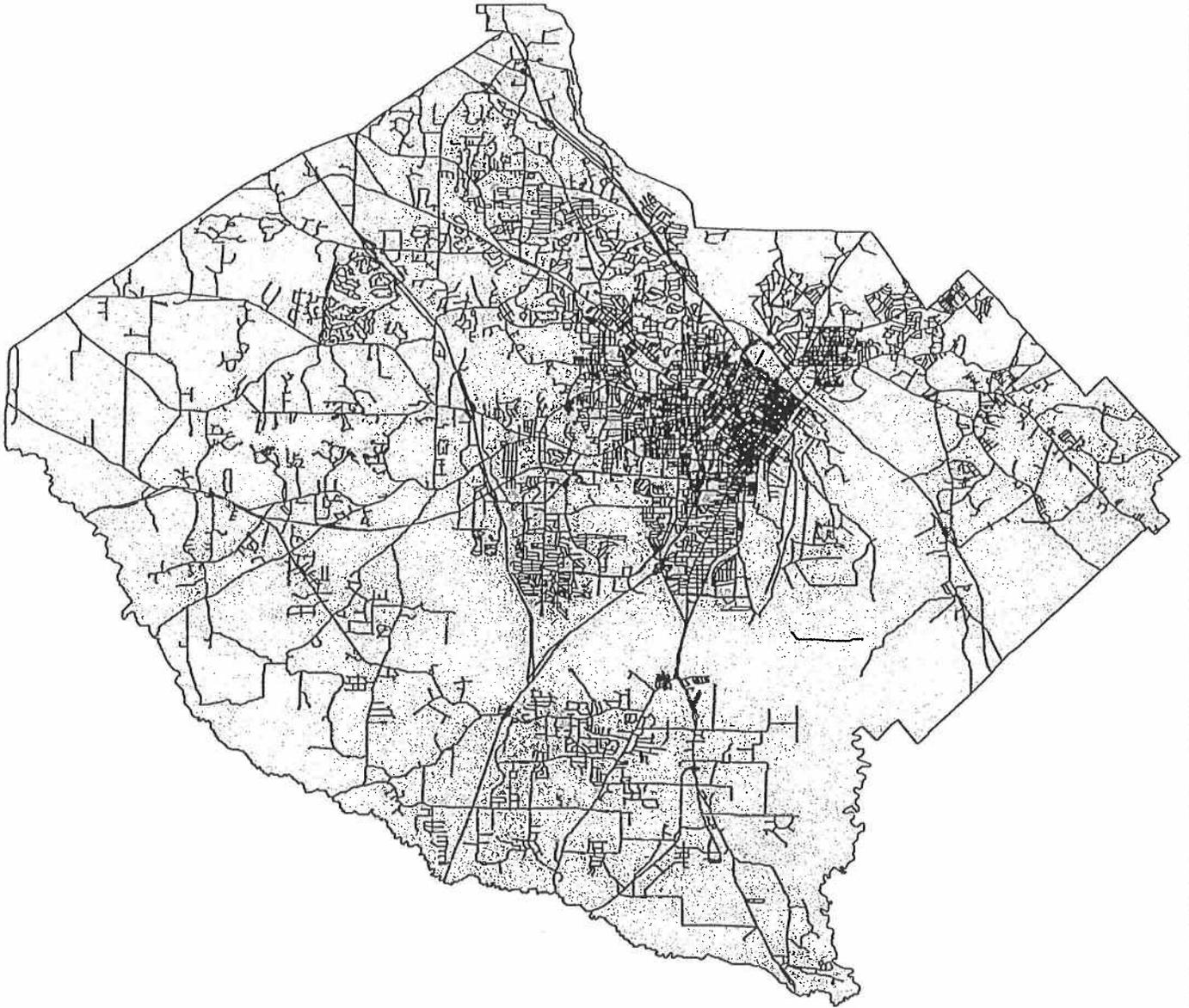
The County and City have elected to use resolutions adopted by each governing body to initiate the Service Delivery Strategy. Provisions of this service will be carried out as outlined by the governing bodies upon passage of the adoption resolution. Additionally, any agreements outlined above will govern the delivery of this service.

7. Person completing form: **City of Macon, Chief Administrative Officer / County Administrator**
 Phone number: **(478) 751-7400 / (478) 621-6345** Date completed:

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:

Bibb County Service Delivery Strategy Water Service Areas August 2006



3 0 3 6 Miles



This map was created by the Middle Georgia Regional Development Center during August 2006 to assist in the update of the Service Delivery Strategy between Bibb County, the City of Macon, and Payne City. This map is intended for general planning purposes only.

LEGEND

-  Roads
-  Payne City Service Area
-  MWA Service Area

EXHIBIT II

Where a funding source is identified on the attached SDS forms it shall have its common meaning unless the term has been defined below. In which case it shall have the meaning assigned herein.

City General Funds: To the extent permitted by law, all taxes, fines, fees, forfeitures, interest, enterprise funds, assessments, grants, gifts and all other revenue sources levied or imposed by the municipality within the corporate boundaries of the City of Macon.

County General Fund: To the extent permitted by law, all taxes, fines, fees, forfeitures, interest, enterprise funds, grants, gifts, assessments, and all other revenue sources levied or imposed by Bibb County within Bibb County.

Special Service District: A special service district is formed by intergovernmental contract between two (2) public entities to deliver a particular service to a designated area. The funding for the special service district shall be derived from Special Service District Revenues.

Special Service District Revenue: All revenue received from providing a service in a Special Service District shall first be applied to the cost of providing such service before any property taxes or additional fees or assessments are levied. Where the City provides the service to the County, the County's share of the revenue to pay for the cost of said service shall be borne by the unincorporated area residences, individuals and property owners who receive said service. Said revenue shall be derived from property taxes, insurance premium taxes, assessments and user fees levied or imposed by the County within a Special Service District. The property tax in said district shall be levied uniformly on all property located in the Special Service District.



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: Bibb County

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?
None

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- Amendments to existing comprehensive plans
- Adoption of a joint comprehensive plan
- Other measures (amend zoning ordinances, add environmental regulations, etc.)

If "other measures" was checked, describe these measures:
N/A

NOTE:
If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? N/A

4. Person completing form: **City of Macon, Chief Administrative Officer/ County Administrator**

Phone number: **(478)751-7400 / (478) 621-6345** Date completed: May 23, 2011

5. 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:



SERVICE DELIVERY STRATEGY
FORM 4: Certifications

Instructions:

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

COUNTY: Bibb County

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>Bibb County</u>	Chairman	Samuel F. Hart, Sr.	<i>Samuel F. Hart, Sr.</i>	5-24-11
<u>City of Macon</u>	Mayor	Robert A.B. Reichert	<i>Robert A.B. Reichert</i>	5-23-11

RESOLUTION OF THE BOARD OF COMMISSIONERS OF BIBB COUNTY, GEORGIA APPROVING ADOPTION AND EXECUTION OF THE LOCAL GOVERNMENT SERVICE DELIVERY STRATEGY BETWEEN THE CITY OF MACON AND BIBB COUNTY, GEORGIA

WHEREAS, the City of Macon and Bibb County, Georgia entered into negotiations for a new Service Delivery Strategy in compliance with O.C.G.A. § 36-70-20, *et seq.*; and,

WHEREAS, the City of Macon and Bibb County have reached an agreement on a new Service Delivery Strategy, a copy of which is attached hereto as Exhibit A.

NOW, THEREFORE BE IT RESOLVED by the Board of Commissioners of Bibb County that the Service Delivery Strategy agreed to by the City and County be adopted and the authorization of the Chairman of the Board of Commissioners to sign is hereby ratified and approved.

So resolved this 17th day of May, 2011.

BIBB COUNTY, GEORGIA

BY: David D. Hart, Jr.
Chairman, Board of Commissioners of
Bibb County, Georgia

(SEAL)

ATTEST: Shelia Thurmond
Clerk, Board of Commissioners of Bibb
County, Georgia

SPONSOR: MAYOR ROBERT A.B. REICHERT

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF MACON, GEORGIA, ADOPTING THE 2011 SERVICE DELIVERY STRATEGY; AND FOR OTHER PURPOSES.

WHEREAS, the Georgia State Legislature adopted during its 1997 Legislative Session the Service Delivery Strategy Act; and

WHEREAS, this act requires each and every county within the State of Georgia to adopt a Service Delivery Strategy which identifies the methods, funding sources, service provider, and geographic service area of each public service activity provided within the county; and

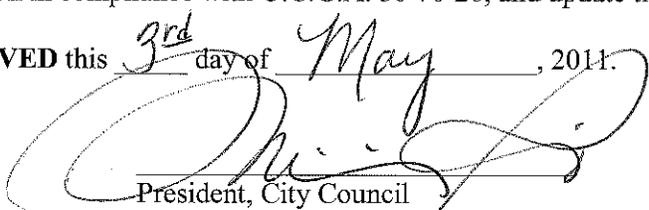
WHEREAS, the Service Delivery Strategy must be officially adopted and verified by the Georgia Department of Community Affairs by the community's recertification date to retain Qualified Local Government (QLG) status; and

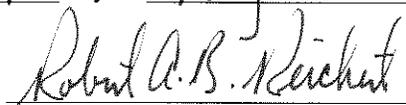
WHEREAS, city and county officials have worked diligently to review and revise the Service Delivery Strategy for Macon and Bibb County and authorizing the Mayor to sign the requisite documents acknowledging approval of the Service Delivery Strategy; and

WHEREAS, the Macon Mayor and Council shall adopt the 2011 Service Delivery Strategy that will serve the City of Macon and Bibb County, until such strategy expires by its terms or by operation of law or agreement of the parties.

NOW, THEREFORE, BE IT RESOLVED by the Macon City Council that the attached Bibb County and City of Macon Service Delivery Strategy Agreement is hereby adopted as the official Service Delivery Strategy, effective until the same expires by its terms or operation of law or agreement of the parties, and also subject to updating as required in Title 36 of the Official Code of Georgia Annotated 36-70-1 et al or other mechanisms set forth by the Bibb County Board of Commissioners or Macon City Council in said Agreement; and

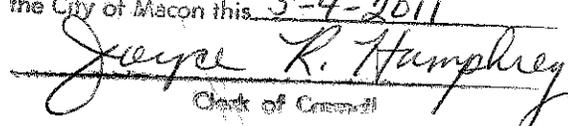
BE IT FURTHER RESOLVED that the Mayor of the City of Macon is hereby authorized to place the Service Delivery Strategy on the appropriate forms prescribed by the Georgia Department of Community Affairs, to execute those forms in the proper places, to submit the attached Service Delivery Strategy Agreement between Bibb County and the City of Macon to the Department of Community Affairs for verification in compliance with O.C.G.A. 36-70-26, and update the strategy as necessary.

SO RESOLVED this 3rd day of May, 2011.

President, City Council

SO APPROVED this 9th day of May, 2011.

Mayor

F:\RES\Service Delivery Strategy 2011 final.DOC

SUBMITTED TO MAYOR'S OFFICE
May 4, 2011
RETURNED FROM MAYOR'S OFFICE
May 9, 2011 5:00PM

City of Macon, Ga.
I do hereby certify that the above and foregoing Resolution was duly passed at the Regular Meeting of the Council of the City of Macon, held 5-3-2011. Witness my hand and seal of the City of Macon this 5-4-2011

Joyce R. Humphrey
Clerk of Council