



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **GWINNETT**

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.)

OPTION A <i>Revising or Adding to the SDS</i>	OPTION B <i>Extending the Existing SDS</i>
<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 data-bbox="824 1182 1526 1413"><p>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</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. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN 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.

Auburn
Berkeley Lake
Braselton
Buford
Dacula
Duluth
Grayson
Gwinnett County
Lawrenceville
Lilburn
Loganville
Norcross
Peachtree Corners
Rest Haven
Snellville
Sugar Hill
Suwanee

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.

N/A

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.

The following Form 2s are amended for the following services to bring the incorporation of the City of Peachtree Corners within the Gwinnett County Service Delivery Strategy:

800 MHz Radio

911

Animal Welfare and Enforcement

Chemical/Biological Hazard Disposal

Clerk of the Commission

Community Services

Comprehensive Long-Range Planning

Corrections

Courts/Indigent Defense-Municipal

Courts/Indigent Defense-State and County

Development and Enforcement

Economic Development

Elections - Municipal

Elections - State, Federal, and Local

Fire and Emergency Medical

Graffiti Removal

Homeland Security/Emergency Management

Inmate Housing and Medical Care

Libraries

Loganville Emergency Medical

Loganville Fire

Parks and Recreation - County

Parks and Recreation - Municipal

Police

Probation

Re-Use Water

Sewer

Solicitor General, Other Than Records Court

Solid Waste Collection

Stormwater

Transit

Transportation/Roads

Voter Registration

Water



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: GWINNETT

Service: 800 MHz Radio

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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: **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**

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
Gwinnett County	User Fees within County's 911 Special Revenue Fund, General Funds, SPLOST

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: 911

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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: **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**

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
Gwinnett County	User Fees within County's Special Revenue Fund

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA - 911 Services	Gwinnett County and each City (Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Resthaven, Snellville, Sugar Hill, and Suwanee)	1/1/2012 - 12/31/2018

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**
Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: *Animal Welfare and 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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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: **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**

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
Gwinnett County	General Funds, SPLOST, User Fees

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

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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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: Chemical/Biological Hazard Disposal

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
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- ☐ 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.): **Type Name of Government, Authority or Organization Here**

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
Gwinnett County	General Funds

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

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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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

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COUNTY: GWINNETT

Service: *Clerk of the Commission*

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
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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
Gwinnett County	General Funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: *Community 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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: **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☒ 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.): **Duluth, Gwinnett County, Snellville, Sugar Hill**

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
Duluth	General Funds
Gwinnett County	General Funds, countywide revenues, grants
Snellville	Senior Center - General funds
Sugar Hill	Senior Center - General funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Buford Health & Human Services Bldg Lease	Gwinnett County and City of Buford	1/1/1994 - 12/31/2014

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: *Comprehensive Long-Range Planning*

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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: **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	General Funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**
Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: Corrections

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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: **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	General Funds, User fees

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

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SERVICE DELIVERY STRATEGY

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COUNTY: GWINNETT

Service: Courts/Indigent Defense - Municipal

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.): **Type Name of Government, Authority or Organization Here**
- ☒ 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: **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Auburn, Berkeley Lake, Braselton	General Funds, fines, forfeitures
Buford, Dacula, Duluth, Grayson	
Lawrenceville, Lilburn, Loganville,	
Norcross, Peachtree Corners,	
Rest Haven, Snellville, Sugar Hill,	
Suwanee	

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: Courts/Indigent Defense - State and County

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	Countywide revenues, general fund, fines & forfeitures, user fees

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: *Development and 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**
- ☐ 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.).

Local Government or Authority	Funding Method
Auburn, Berkeley Lake, Braselton,	Municipal revenues, user fees
Buford, Dacula, Duluth, Grayson	Municipal revenues, user fees
Lawrenceville, Lilburn, Loganville	Municipal revenues, user fees
Norcross, P. Corners, Rest Haven	Municipal revenues, user fees
Snellville, Sugar Hill, Suwanee	Municipal revenues, user fees
Gwinnett County	Development and Enforcement District Revenues, User Fees

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: *Economic Development*

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**
- ☐ 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.).

Local Government or Authority	Funding Method
Auburn, Berkeley Lake, Braselton,	General Funds
Buford, Dacula, Duluth, Grayson	General Funds
Lawrenceville, Lilburn, Loganville	General Funds
Norcross, P. Corners, Rest Haven	General Funds
Snellville, Sugar Hill, Suwanee	General Funds
Gwinnett County	General Funds

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

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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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: Elections - Municipal

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.): **Type Name of Government, Authority or Organization Here**
- ☒ 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: **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**
- ☐ 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.).

Local Government or Authority	Funding Method
Auburn, Berkeley Lake, Braselton,	Municipal Revenues
Buford, Dacula, Duluth, Grayson	Municipal Revenues
Lawrenceville, Lilburn, Loganville	Municipal Revenues
Norcross, Peachtree Corners,	Municipal Revenues
Rest Haven, Snellville, Sugar Hill,	Municipal Revenues
Suwanee	

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

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SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: GWINNETT

Service: Elections - State Federal and Local

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	General Funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

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SERVICE DELIVERY STRATEGY

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COUNTY: GWINNETT

Service: Fire and Emergency Medical

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Gwinnett County**

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

- ☐ **Yes** (if "Yes," you must attach additional documentation as described, below)
- ☒ **No**

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

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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
Gwinnett County	Fire and Emergency Medical Services District Revenue, SPLOST, User fees

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

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA - Fire and Emergency	Gwinnett County and Cities of Auburn, Berkeley Lake,	1/1/2012 - 12/31/2037
Medical Services	Braselton, Buford, Dacula, Duluth, Grayson,	
	Lawrenceville, Lilburn, Norcross, Peachtree Corners,	
	Rest Haven, Snellville, Sugar Hill and Suwanee	

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?

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

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SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: *Graffiti Removal*

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	General Funds, Enterprise Funds

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

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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

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

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SERVICE DELIVERY STRATEGY

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COUNTY: GWINNETT

Service: *Homeland Security/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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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).

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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
Gwinnett County	General Funds

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

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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
Emergency Ops Plan	Gwinnett County and City of Buford	11/3/2008 - 11/2/2012
Adoption - Buford		
Emergency Ops Plan		
Adoption - Dacula	Gwinnett County and City of Dacula	11/6/2008 - 11/5/2012

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?

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE

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
Gwinnett County	General Funds

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

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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
Emergency Ops Plan	Gwinnett County and City of Duluth	2/23/2009 - 2/22/2013
Adoption - Duluth		
Emergency Ops Plan		
Adoption - Grayson	Gwinnett County and City of Grayson	2/16/2009 - 2/15/2013

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?

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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:

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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
Gwinnett County	General Funds

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

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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
Emergency Ops Plan	Gwinnett County and City of Lawrenceville	11/10/2008 - 11/9/2012
Adoption - Lawrenceville		
Emergency Ops Plan		
Adoption - Lilburn	Gwinnett County and City of Lilburn	1/21/2009 - 1/20/2013

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?

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE

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
Gwinnett County	General Funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Emergency Ops Plan	Gwinnett County and City of Norcross	2/2/2009 - 2/1/2013
Adoption - Norcross		
Emergency Ops Plan		
Adoption - Snellville	Gwinnett County and City of Snellville	10/27/2008 - 10/26/2012

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE

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
Gwinnett County	General Funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Emergency Ops Plan	Gwinnett County and City of Sugar Hill	11/10/2008 - 11/9/2012
Adoption - Sugar Hill		
Emergency Ops Plan		
Adoption - Suwanee	Gwinnett County and City of Suwanee	11/25/2008 - 11/24/2012

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE

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
Gwinnett County	General Funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Emergency Ops Plan	Gwinnett County and City of Berkeley Lake	11/20/2008 - 11/19/2012
Adoption - Berkeley Lake		

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: *Inmate Housing and Medical Care*

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Gwinnett County**

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

- ☐ **Yes** (if "Yes," you must attach additional documentation as described, below)
- ☒ **No**

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

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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
Auburn, Buford, Dacula, Duluth	General Funds
Lawrenceville, Lilburn, Norcross	General Funds
Snellville, Suwanee	General Funds
Gwinnett County	General Funds, Bond Indebtedness

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA-Auburn	Gwinnett County and City of Auburn	1/1/1998 - 12/31/2012
IGA-Buford	Gwinnett County and City of Buford	12/13/2011 - 12/31/2012
IGA-Dacula	Gwinnett County and City of Dacula	1/1/2010 - 12/31/2012
IGA-Duluth	Gwinnett County and City of Duluth	1/1/2000 - 12/31/2012
IGA-Lawrenceville	Gwinnett County and City of Lawrenceville	1/1/1997 - 12/31/2012
IGA-Lilburn	Gwinnett County and City of Lilburn	1/1/1997 - 12/31/2012

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE

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
Auburn, Buford, Dacula, Duluth	General Funds
Lawrenceville, Lilburn, Norcross	General Funds
Snellville, Suwanee	General Funds
Gwinnett County	General Funds, Bond Indebtedness

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA-Norcross	Gwinnett County and City of Norcross	8/26/1997 - 12/31/2012
IGA-Snellville	Gwinnett County and City of Snellville	1/1/1997 - 12/31/2012
IGA-Suwanee	Gwinnett County and City of Suwanee	1/1/1997 - 12/31/2012

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: Libraries

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Braselton, Gwinnett County**

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

- ☐ **Yes** (if "Yes," you must attach additional documentation as described, below)
- ☒ **No**

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

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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
Braselton	General funds, Federal and State Funds
Gwinnett County	General fund, SPLOST, Federal and State funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Library Property Exchange	Gwinnett County and City of Suwanee	9/1/2003 - 9/30/2053

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: Loganville Emergency Medical

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Gwinnett County**

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

- ☐ **Yes** (if "Yes," you must attach additional documentation as described, below)
- ☒ **No**

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

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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
Gwinnett County	Loganville EMS Special Service District Fund & Special Service District Revenue

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

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA-Loganville EMS	Gwinnett County and City of Loganville	1/1/2012 -12/31/2037

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: Loganville Fire

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.): **Type Name of Government, Authority or Organization Here**

☒ 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: **Loganville**

☐ 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.).

Local Government or Authority	Funding Method
Loganville	General Funds

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

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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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: Parks and Recreation - County

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	Countywide special services district, SPLOST, user fees

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Lease of Cemetery Field	Gwinnett County and City of Norcross	6/19/2008 - 6/18/2018
Lease of Lion's Club Park	Gwinnett County and City of Lilburn	11/1/2005 - 10/31/2055
Lease of Rhodes Jordan	Gwinnett County and City of Lawrenceville	1/1/1992 - 12/31/2032
Park		
Park Security Cameras at	Gwinnett County and City of Suwanee	11/29/2010 - 11/28/2060
George Pierce Park		

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: GWINNETT

Service: Parks and Recreation - Municipal

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.): **Type Name of Government, Authority or Organization Here**

☒ 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: **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**

☐ 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.).

Local Government or Authority	Funding Method
Auburn, Berkeley Lake, Braselton	General Fund, SPLOST
Buford, Dacula, Duluth, Grayson	General Fund, SPLOST
Lawrenceville, Lilburn, Loganville	General Fund, SPLOST
Norcross, Peachtree Corners	General Fund, SPLOST
Rest Haven, Snellville, Sugar Hill,	General Fund, SPLOST
Suwanee	General Fund, SPLOST

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Lease of Cemetery Field	Gwinnett County and City of Norcross	6/19/2008 - 6/18/2018
Lease of Lion's Club Park	Gwinnett County and City of Lilburn	11/1/2005 - 10/31/2055
Lease of Rhodes Jordan	Gwinnett County and City of Lawrenceville	1/1/1992 - 12/31/2032
Park		
Park Security Cameras at	Gwinnett County and City of Suwanee	11/29/2010 - 11/28/2060
George Pierce Park		

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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: Police

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Braselton, Duluth, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Snellville, Suwanee**

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
Auburn, Braselton, Duluth	Municipal revenues
Lawrenceville, Lilburn, Loganville	Municipal revenues
Norcross, Snellville, Suwanee	Municipal revenues
Gwinnett County	Insurance Premium Taxes, Police Services District Revenue, SPLOST

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA-Police Services	Gwinnett County and each of the following Non-Police	1/1/2012 - 12/31/2018
	Cities: Berkeley Lake, Buford, Dacula, Grayson,	
	Peachtree Corners, Rest Haven, and Sugar Hill	

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: Probation

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Braselton, Duluth, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Snellville, Suwanee**
- ☐ 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.).

Local Government or Authority	Funding Method
Auburn, Braselton, Duluth	User fees
Lawrenceville, Lilburn, Loganville	User fees
Norcross, Snellville, Suwanee	User fees
Gwinnett County	User fees (Superior, State, Records' Court) and general funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: GWINNETT

Service: Re-Use Water

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Gwinnett County**

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

- ☐ **Yes** (if "Yes," you must attach additional documentation as described, below)
- ☒ **No**

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

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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
Gwinnett County	Enterprise Fees

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

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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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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COUNTY: GWINNETT

Service: Sewer

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Braselton, Buford, Gwinnett County, Loganville, Norcross**

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
Auburn	User fees and/or municipal revenues
Braselton	User fees and/or municipal revenues
Buford	User fees and/or municipal revenues
Loganville	User fees and/or municipal revenues
Norcross	User fees and/or municipal revenues
Gwinnett County	Enterprise fund revenues, bond proceeds and grants

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

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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?

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

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COUNTY: GWINNETT

Service: *Solicitor General Other Than Recorders Court*

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	General Funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: Solid Waste Collection

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

- ☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**
- ☐ 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.).

Local Government or Authority	Funding Method
Auburn, Berkeley Lake, Braselton	General Funds or user fees
Buford, Dacula, Duluth, Grayson	General Funds or user fees
Lawrenceville, Lilburn, Loganville	General Funds or user fees
Norcross, P. Corners, Rest Haven	General Funds or user fees
Snellville, Sugar Hill, Suwanee	General Funds or user fees
Gwinnett County	Enterprise Funds, user fees

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: GWINNETT

Service: Stormwater

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**

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
Auburn, Buford, Duluth, Lawrenceville	General Funds, enterprise funds
Berkeley Lake, Braselton, Dacula	General Funds
Grayson, Rest Haven, Suwanee	General Funds
Gwinnett County, Lilburn, P. Corners	Enterprise Funds
Loganville, Norcross, Snellville, S. Hill	General Funds, enterprise funds

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Stormwater Agreement- Grayson	Gwinnett County and City of Grayson	12/14/2007 - 12/13/2017
Stormwater Agreement- Lilburn	Gwinnett County and City of Lilburn	12/14/2007 - 12/13/2017
Stormwater Agreement- Peachtree Corners	Gwinnett County and City of Peachtree Corners	1/1/2014 - 12/31/2015

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: GWINNETT

Service: *Transportation/Roads*

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**

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
Auburn, Berkeley Lake, Braselton	General funds, SPLOST, Federal/State grants
Buford, Dacula, Duluth, Grayson	General funds, SPLOST, Federal/State grants
Lawrenceville, Lilburn, Loganville	General funds, SPLOST, Federal/State grants
Norcross, P. Corners, Rest Haven	General funds, SPLOST, Federal/State grants
Snellville, Sugar Hill, Suwanee	General funds, SPLOST, Federal/State grants
Gwinnett County	General, streetlight & speed hump funds, SPLOST, Federal/State funding & grants

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

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

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
Speed Hump-Buford	Gwinnett County and City of Buford	6/16/1994 - 6/15/2044
Speed Hump-Grayson	Gwinnett County and City of Grayson	8/1/1994 - 7/31/2044
Speed Hump-Lawrenceville	Gwinnett County and City of Lawrenceville	8/1/1994 - 7/31/2044
Speed Hump-Lilburn	Gwinnett County and City of Lilburn	3/31/2008 - 3/30/2058
Speed Hump-Loganville	Gwinnett County and City of Loganville	8/1/1994 - 7/31/2044
Speed Hump-Snellville	Gwinnett County and City of Snellville	9/23/1996 - 9/22/2046

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?

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7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE

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
Auburn, Berkeley Lake, Braselton	General funds, SPLOST, Federal/State grants
Buford, Dacula, Duluth, Grayson	General funds, SPLOST, Federal/State grants
Lawrenceville, Lilburn, Loganville	General funds, SPLOST, Federal/State grants
Norcross, P. Corners, Rest Haven	General funds, SPLOST, Federal/State grants
Snellville, Sugar Hill, Suwanee	General funds, SPLOST, Federal/State grants
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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
Speed Hump-Sugar Hill	Gwinnett County and City of Sugar Hill	4/24/2008 - 4/23/2058
Speed Hump-Suwanee	Gwinnett County and City of Suwanee	8/27/1997 - 8/26/2047
Road Maintenance-P.Corners	Gwinnett County and City of Peachtree Corners	1/1/2014 - 12/31/2014
Road Resurfacing-P.Corners	Gwinnett County and City of Peachtree Corners	1/1/2014 - 12/31/2014

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?

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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SERVICE DELIVERY STRATEGY

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COUNTY: GWINNETT

Service: *Transit*

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.): **Gwinnett 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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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:)
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- ☐ 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.).

Local Government or Authority	Funding Method
Gwinnett County	Enterprise fund, including grants, service charges, user fees & general fund

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

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Agreement Name	Contracting Parties	Effective and Ending Dates

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Phone number: **(770) 822-8700** Date completed: 09/03/2014

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

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SERVICE DELIVERY STRATEGY

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COUNTY: GWINNETT

Service: Voter Registration

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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):
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- ☒ 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.): **Auburn, Berkeley Lake, Braselton, Buford, Dacula, Duluth, Grayson, Gwinnett County, Lawrenceville, Lilburn, Loganville, Norcross, Peachtree Corners, Rest Haven, Snellville, Sugar Hill, Suwanee**

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).

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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
Auburn, Berkeley Lake, Braselton	General funds
Buford, Dacula, Duluth, Grayson	General funds
Gwinnett County, Lawrenceville	General funds
Lilburn, Loganville, Norcross	General funds
Peachtree Corners, Rest Haven	General funds
Snellville, Sugar Hill, Suwanee	General funds

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

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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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

Service: *Water*

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.): **Type Name of Government, Authority or Organization Here**
- ☐ 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.): **Buford, Gwinnett County, Lawrenceville, Suwanee**

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
Auburn, Braselton, Buford	User fees and/or municipal revenues
Lawrenceville, Loganville	User fees and/or municipal revenues
Suwanee	User fees and/or municipal revenues
Gwinnett County	Enterprise funds, bond proceeds and grants

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

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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
Auburn		
Braselton		
Loganville		

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?

Gwinnett County and the fifteen Gwinnett Cities agreed upon a Service Delivery Strategy as set forth in a Final Consent Order entered on February 8, 2012 in the case of Gwinnett County v. City of Auburn, et al. Gwinnett Superior Court Action Number 09-A-01923-9. Pursuant to the Final Consent Order, the parties have created four Special Services Districts by Joint Resolution of the County and affected Cities or by Resolution of the County. The Consent Order also provides for the manner of delivery of other services. Peachtree Corners has been incorporated since the time of the Final Consent Order and has agreed to the Service Delivery Strategy and this submission.

7. Person completing form: **Van Stephens, Chief Assistant County Attorney**

Phone number: **(770) 822-8700** Date completed: 09/03/2014

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: GWINNETT

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
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>PLEASE SEE ATTACHED</u>				

JURISDICTION	TITLE	NAME	SIGNATURE
City of Auburn	Mayor	Linda Blechinger	Signature not required
City of Berkeley Lake	Mayor	Lois Salter	Signature not required
City of Buford	Commissioner Chairman	Phillip Beard	Signature not required
City of Dacula	Mayor	Jimmy Wilbanks	Signature not required
City of Duluth	Mayor	Nancy Harris	Signature not required
City of Grayson	Mayor	Allison Wilkerson	Signature not required
City of Lawrenceville	Mayor	Judy Jordan Johnson	Signature not required
City of Lilburn	Mayor	Johnny Crist	Signature not required
City of Loganville	Mayor	Dan Curry	Signature not required
City of Norcross	Mayor	Bucky Johnson	Signature not required
City of Peachtree Corners	Mayor	Mike Mason	
City of Rest Haven	Mayor	Kenneth Waycaster	Signature not required
City of Snellville	Mayor	Kelly Kautz	Signature not required
City of Sugar Hill	Mayor	Steven Edwards	Signature not required
City of Suwanee	Mayor	Jimmy Burnette	Signature not required

Gwinnett County	Commissioner Chairman	Charlotte J. Nash	
Town of Braselton	Mayor	Bill Orr	Signature not required