City of Holly Springs

Date: Monday, July 27, 2020

Location: 3235 Holly Springs Parkway

City Council Work Session
Agenda
6:30 p.m.

I. CALL TO ORDER

II. PUBLIC COMMENTS

III. OLD BUSINESS

A. Discuss an ordinance to set the 2020 Millage Rate pursuant to Section 6.02 of the City Charter
Presented By: Robert H. Logan, City Manager

B. Discuss A-01-2020 and MA-02-2020, annexation and rezoning of 18.0 +/- acres located at 972 Sixes Road, Cherokee County, GA tax parcel 086 of tax plat 15N09 from R-40, Single Family Residential Estate (County) to TND, Traditional Neighborhood Development (City)
Presented By: Nancy Moon, Community Development Director

C. Discuss MA-03-202 and CUP-04-2020, rezoning of 2.05 +/- acres located off of Highway 140, Holly Springs, GA, tax parcels 049D and 049E of tax plat 15N25D, from PDR/MXD, Planned Development Residential / Mixed Use to GC, General Commercial and a Conditional Use Permit for a Self-Storage establishment
Presented By: Nancy Moon, Community Development Director

IV. NEW BUSINESS

A. Discuss release of Morgan's Run Subdivision, Asphalt Topping Performance Bond No. GA18493
Presented By: Nancy Moon, Community Development Director

B. Discuss a Memorandum of Understanding between LexisNexis Coplogic Solutions Inc. and the City of Holly Springs
Presented By: Robert H. Logan, City Manager

C. Discuss an ordinance to amend the Code of the City of Holly Springs, Georgia, Chapter 22 – Businesses, Article II – Occupation Taxes and Regulatory Fees, Section 22-38 – Administrative and Regulatory Fee Structure
Presented By: Robert H. Logan, City Manager

D. Discuss a proposal from Caldwell Cline Architects & Designers for as-built floor plans and four elevations showing existing conditions of the structure located at 113 Palm Street, Holly Springs, Georgia, 30115
Presented By: Robert H. Logan, City Manager

E. Discuss a proposal from OnSite Monitoring & Management, LLC
Presented By: Robert H. Logan, City Manager

F. Discuss adoption of various Service Delivery Strategy Form 2 documents: Summary of Service Delivery Strategy Arrangement among the Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Waleska, and Woodstock and Cherokee County
Presented By: Robert H. Logan, City Manager

G. Discuss a Special Projects Coordinator job description
Presented By: Karen Norred, City Clerk/HR Director

V. ADJOURNMENT

City Council Business Meeting
Agenda
7:00 p.m.

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

"Veterans of U.S. military services may proudly salute the flag while not in uniform based on a change in the governing law on 25 July 2007."

III. INVOCATION

IV. CONSENT AGENDA

1. June 1, 2020 Council Work Session Meeting Minutes

2. June 15, 2020 Council Work Session and Meeting Minutes

3. A resolution to amend the Municipal Services Master Fee Schedule

4. A resolution calling for a Special Election to be held in conjunction with the General Municipal Election to be held on November 3, 2020

5. An addendum to the Memorandum of Agreement with the Systematic Alien Verification Entitlements (SAVE) program and authorize and ratify the City Clerk's execution of the agreement

6. E 9-1-1 Communications Public Safety Memorandum of Understanding between Cherokee County, Georgia and the City of Holly Springs, Georgia

7. Award the 2020 Stormwater Maintenance Project to Excellere Construction for the combined Base Bid Stormwater Improvement and Alternate 1, in an amount not to exceed $91,650 and authorize the Mayor to execute the construction documents

8. A resolution to accept a loan and a grant from the Georgia Transportation Infrastructure Bank (GTIB) administered by the State Road and Tollway Authority (SRTA) and authorizing the City Manager to act in all matters pertaining to the City of Holly Springs' participation in the GTIB Loan and Grant Program administered by SRTA

V. OLD BUSINESS

9. Approve/deny A-01-2020 annexation of 18.0 +/- acres located at 972 Sixes Road, Cherokee County, GA tax parcel 086 of tax plat 15N09

10. Approve/deny MA-02-2020 rezoning of 18.0 +/- acres located at 972 Sixes Road, Cherokee County, GA tax parcel 086 of tax plat 15N09 from R-40, Single Family Residential Estate (County) to TND, Traditional Neighborhood Development (City) with staff stipulations as described in MA-02-2020

11. Approve/deny MA-03-2020 rezoning of 2.05 +/- acres located off of Highway 140, Holly Springs, GA, tax parcels 049D and 049E of tax plat 15N25D, from PDR/MXD, Planned Development Residential / Mixed Use to GC, General Commercial with staff stipulations as described in MA-03-2020

12. Approve/deny CUP-04-2020 a Conditional Use Permit for a Self-Storage establishment located off of Highway 140, Holly Springs, GA, tax parcels 049D and 049E of tax plat 15N25D with staff stipulations as described in CUP-04-2020

VI. NEW BUSINESS

13. Approve/deny release of Morgan's Run Subdivision, Asphalt Topping Performance Bond No. GA18493

14. Discuss a Memorandum of Understanding between LexisNexis Coplogic Solutions Inc. and the City of Holly Springs, Georgia and authorize the Chief of Police to electronically execute the agreement

15. Approve/deny an ordinance to amend the Code of the City of Holly Springs, Georgia, Chapter 22 – Businesses, Article II – Occupation Taxes and Regulatory Fees, Section 22-38 – Administrative and Regulatory Fee Structure

16. Approve/deny a proposal from Caldwell Cline Architects & Designers for as-built floor plans and four elevations showing existing conditions of the structure located at 113 Palm Street, Holly Springs, Georgia, 30115

17. Approve/deny a proposal from OnSite Monitoring & Management, LLC for the activities associated with the National Pollutant Discharge Elimination System (NPDES) general permit GAR100001 for the Holly Springs Mixed-Use Work and Infrastructure Project in an amount not to exceed $350 per month

18. Approve/deny adoption of various Service Delivery Strategy Form 2 documents: Summary of Service Delivery Strategy Arrangement among the Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Waleska, and Woodstock and Cherokee County

19. Approve/deny Job Description for Special Projects Coordinator

VII. REPORTS

VIII. ADJOURNMENT

EXECUTIVE SESSION IMMEDIATELY FOLLOWING ADJOURNMENT

- LITIGATION

AN ORDINANCE OF THE MAYOR AND COUNCIL OF THE CITY OF HOLLY SPRINGS, GEORGIA, TO SET THE 2020 AD VALOREM TAX RATE OF THE CITY OF HOLLY SPRINGS, GEORGIA FOR THE FISCAL YEAR COMMENCING JANUARY 1, 2021, AND ENDING DECEMBER 31, 2021; AND FOR OTHER PURPOSES

Be it Ordained and Established by the Mayor and City Council of the City of Holly Springs, Georgia as follows:

Section 1. The 2020 ad valorem tax rate for the City of Holly Springs, Georgia on property subject to ad valorem taxation by the City is hereby set at 4.400 mills on forty percent (40%) of each $1,000 of property subject to ad valorem tax by the City.

Section 2. Said rate of 4.400 mills on forty percent (40%) of each $1,000 of taxable property is hereby levied for General Government purposes.

Section 3. All ordinances and parts of ordinances in conflict herewith are hereby repealed.

SO ORDAINED this 27th day of July 2020.

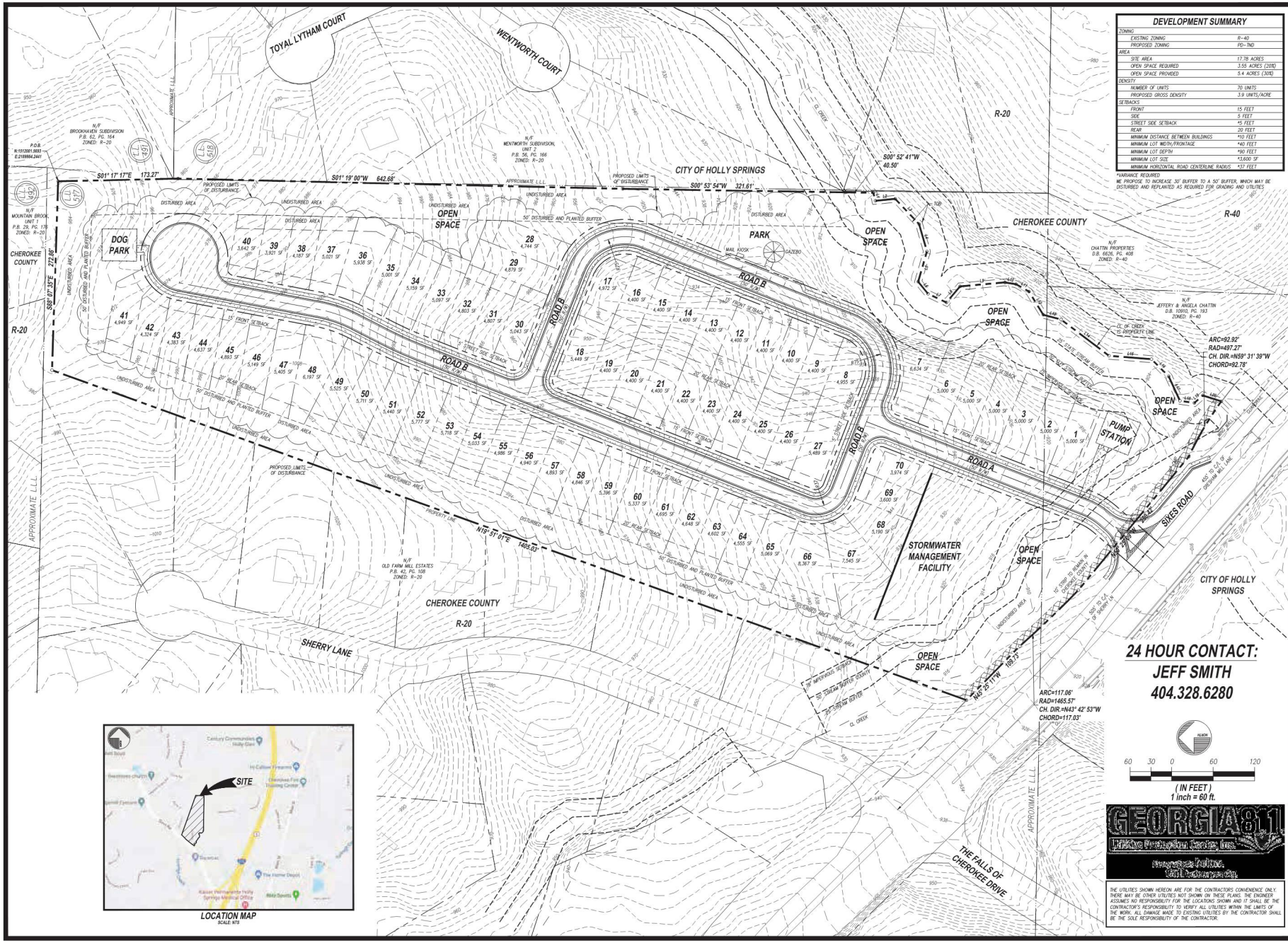
CITY OF HOLLY SPRINGS

_____
Steven W. Miller, Mayor

Attest:

_____
Karen Norred, City Clerk
(Seal)

DRAFT



DEVELOPMENT SUMMARY

ZONING	
EXISTING ZONING	R-40
PROPOSED ZONING	PD-IND
AREA	
SITE AREA	17.78 ACRES
OPEN SPACE REQUIRED	3.55 ACRES (20%)
OPEN SPACE PROVIDED	5.4 ACRES (30%)
DENSITY	
NUMBER OF UNITS	70 UNITS
PROPOSED GROSS DENSITY	3.9 UNITS/ACRE
SETBACKS	
FRONT	15 FEET
SIDE	5 FEET
STREET SIDE SETBACK	*15 FEET
REAR	20 FEET
MINIMUM DISTANCE BETWEEN BUILDINGS	*10 FEET
MINIMUM LOT WIDTH/FRONTAGE	*40 FEET
MINIMUM LOT DEPTH	*90 FEET
MINIMUM LOT SIZE	*3,600 SF
MINIMUM HORIZONTAL ROAD CENTERLINE RADIUS	*37 FEET

*VARIANCE REQUIRED
WE PROPOSE TO INCREASE 30' BUFFER TO A 50' BUFFER, WHICH MAY BE DISTURBED AND REPLANTED AS REQUIRED FOR GRADING AND UTILITIES

RIDGE PLANNING AND ENGINEERING®
1290 KENNESTONE CIRCLE - BLDG A
SUITE 200 - MARIETTA, GA 30066
OFFICE 770-595-9000

CONSTRUCTION PLANS

SIXES ROAD TRACT

LAND LOTS 517
15 DISTRICT
HOLLY SPRINGS, GEORGIA

OWNER/DEVELOPER

LDS PARTNERS, LLC
20 HEARDS OVERLOOK COURT
ATLANTA, GA 30328

PHONE: 404.915.3420

GSWCC CERTIFICATION NUMBER: 10471
EXPIRATION DATE: 05.05.2021

GEORGIA REGISTERED PROFESSIONAL ENGINEER JEFFREY M. SMITH

REVISIONS
6/29/20-REVISE ZONING PLAN
7/23/20-UPDATE ZONING PLAN

ZONING PLAN

C200

19077 ZONING.DWG 04.01.2020

Copyright © 2019

ANNEXATION ORDINANCE

An Ordinance to annex property in the City of Holly Springs, Georgia, pursuant to Chapter 36 of Title 36 of the Official Code of Georgia Annotated (O.C.G.A.); to provide an effective date of said annexation and zoning; and for other purposes.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF HOLLY SPRINGS:

The following area contiguous to the City of Holly Springs is hereby annexed and zoned into and is made part of said City:

Section 1
17.66+/- acre, identified as parcel 086 (partial) of tax plat 15N09 of the 15th District of Cherokee County, located off of Holly Springs Parkway and more particularly identified by "Exhibit A," the tax plat identifying the subject tract (attached).

Section 2
Upon annexation, this tract shall be zoned R-40, Residential Estate.

Section 3
This ordinance shall become effective on the 1st day of August, 2020.

Section 4
The City Clerk of the City of Holly Springs is hereby instructed to send certified copies of this ordinance, along with a map of the area annexed to the Cherokee County Board of Commissioners, as well as, notify the Georgia Department of Community Affairs within thirty (30) days after the effective date of the annexation as set forth in section 3 above.

All ordinances and parts of ordinances in conflict with this ordinance are hereby repealed.

Approved this 27th day of July, 2020, by the Mayor and City Council of the City of Holly Springs, Georgia.

_____
Steven W. Miller, Mayor

_____
Karen Norred, City Clerk

Seal:

REZONING ORDINANCE

An ordinance to approve an application for rezoning in the City of Holly Springs, Georgia, concerning 17.66+/- acres, identified as tax parcel 086 of tax plat 15N09, Land Lots 517 and 564 of the 15th District of Cherokee County, from R-40, Residential Estate to TND, Traditional Neighborhood Development; and

WHEREAS, an application was properly submitted to the City of Holly Springs Planning and Zoning Commission by LDS Partners, LLC, requesting rezoning in the City of Holly Springs, Georgia, concerning 17.66+/- acres, identified as tax parcel 086 of tax plat 15N09, Land Lots 517 and 564 of the 15th District of Cherokee County, from R-40, Residential Estate to TND, Traditional Neighborhood Development; and

WHEREAS, after balancing the interest of the community in promoting public health, safety, morality, or general welfare against the right of the property owner to unrestricted use of the property,

The Council of the City of Holly Springs hereby ordains that:

Section 1
The application for rezoning in the City of Holly Springs, concerning 17.66+/- acres, identified as tax parcel 086 of tax plat 15N09, Land Lots 517 and 564 of the 15th District of Cherokee County, is hereby rezoned from R-40, Residential Estate to TND, Traditional Neighborhood Development; and

Section 2
The approval of this application has the following stipulations attached:

1. A master association shall be formed which shall include all component parts of the project. The master association shall be responsible for the oversight, upkeep, and maintenance of the entrance areas, amenity areas, common areas, open space areas, other common recreational areas and the like contained within the community.
2. The master association to be formed hereunder shall have architectural design regulations which shall control and coordinate all principal and accessory buildings within the project, as well as items such as project entrance signage, signage for individual units, signage within amenity areas, common areas, open space areas, other common recreational areas and the like to protect and maintain the quality and integrity of the development.
3. All restrictive covenants and association documents shall be submitted for review by the Community Development Director prior to final plat approval.
4. Density shall be limited to a maximum density of 3.9 units per acre, or a maximum of 70 fee simple single-family residential detached dwelling units.
5. Lot size shall be restricted to a minimum size of 3,600 square feet with the minimum lot width and frontage width restricted to 40 feet. The minimum lot depth shall be restricted to 90 feet.

6. Setbacks for individual lots shall be as follows:

   Front—15 feet
   Side—5 feet
   Street Side—5 feet
   Rear—20 feet

7. Lot design shall ensure that the distance from back of sidewalk to garage door shall be a minimum of 20 feet.
8. The distance between buildings shall be a minimum of 10 feet.
9. The minimum horizontal road centerline radius shall be restricted to 37 feet subject to approval of the City Engineer.
10. Signage at the entrance point shall be ground based, monument style and in compliance with Article 10, Signs and Outdoor Advertising. The entrance areas shall be professionally designed, landscaped and maintained. All project signage will be consistent with the architectural design regulations established for the principal and accessory buildings within the project as established by the master association.
11. The architectural style shall be of craftsman type and the exterior facade shall consist of brick, stone, stacked stone, cedar shake type and/or Hardi-plank and combinations thereof and follow the design guidelines as outlined in the Holly Springs Zoning Ordinance, Article 19, Design Guidelines for Model Zoning Districts.
12. Gutters shall blend with the architectural style of the buildings, consistent with the master covenants as established by the master association.
13. Lighting shall be environmentally sensitive, with developer making every effort to ensure that lighting is as unobtrusive as possible, utilizing fully-shielded LED lamps in compliance with the International Dark Sky Association, or equivalent organization.
14. Owner/developer shall coordinate with the Community Development Director and the City Arborist regarding open space, recreation areas, and landscaping.
15. Entrance design and improvements to Sixes Road shall be provided as per determination and recommendation of the City Engineer.
16. Sidewalks, decorative street lamps, and curb and gutter, shall be installed along the road frontage of Sixes Road, as applicable, and shall conform to the design of the Holly Springs LCI Project 0008961, Pedestrian Improvements, as well as, the requirements of the Holly Springs Parkway District, as stated in Article 19, Design Guidelines for Model Zoning District.
17. The City of Holly Springs shall restrict the use of a U-turn at the intersection of Sherry Lane, The Falls of Cherokee Drive, and Sixes Road. Signage restricting the U-turn shall be installed at the time of the issuance of the Land Disturbance Permit.
18. A U-turn shall be permitted at the intersection of Marble Quarry Road and Sixes Road. The cost of improvements to permit the U-turn shall be provided by the developer. Such costs may include, but not be limited to, signal upgrade, signage, striping, and road widening.

19. As requested by the Cherokee County School District, the developer shall provide a School Mitigation Fee of $989 per unit constructed and such fee shall be paid prior to the issuance of each building permit.

Section 3
This ordinance shall become effective August 1, 2020, upon approval by Mayor and City Council.

Section 4
The Community Development Director of the City of Holly Springs, Georgia, is hereby instructed to make any and all appropriate changes to the Official Zoning Map of Holly Springs, necessitated by the action described in Section 1 above; however, said changes to the Official Zoning Map of Holly Springs are effective concurrent with the effective date identified in Section 3 above, whether or not they have been physically made and represented.

All ordinances and parts of ordinances in conflict with this ordinance are hereby repealed.

Adopted this 27th day of July, 2020, by the Mayor and City Council of the City of Holly Springs, Georgia.

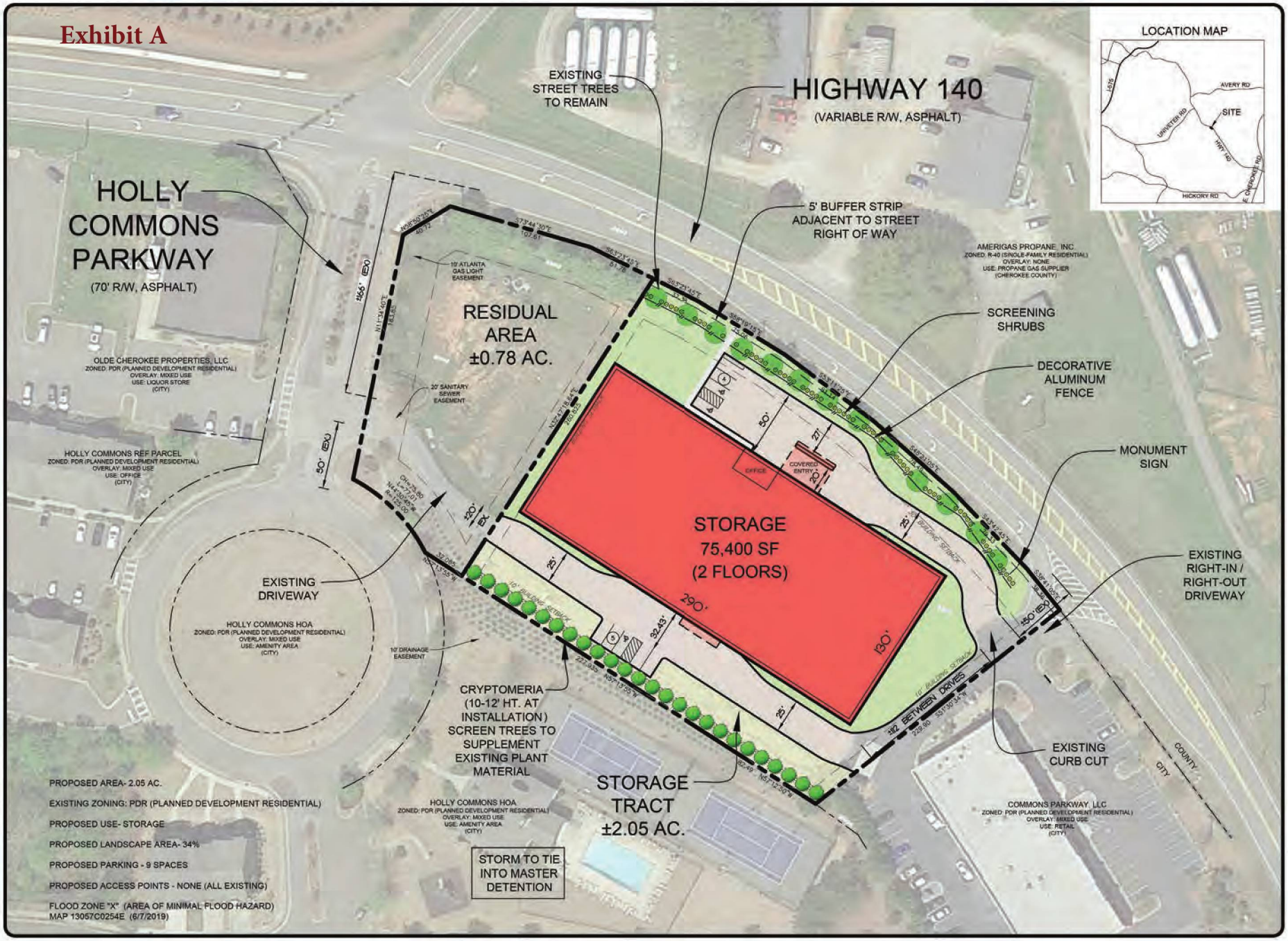
CITY OF HOLLY SPRINGS

_____
Steven W. Miller, Mayor

Attest:

_____
Karen Norred, City Clerk
(Seal)

Exhibit A



REVISIONS	BY

FREELAND and KAUFFMAN, INC.
Engineers • Landscape Architects
209 West Stone Avenue
Greenville, South Carolina 29609
864-233-5497
fax 864-233-8595

GEORGIA REGISTERED PROFESSIONAL ENGINEER
DANIEL TODD BRIGHT

PROPOSED STORAGE FACILITY
HOLLY SPRINGS, GA
BRIGHT-METERS-SASSER, LLC.
5881 GLENRIDGE DRIVE SUITE 220
Atlanta, Georgia 30328
Attn: Matt Sasser

DRAWN	WP
CHECKED	TS
DATE	07-15-20
SCALE	1"=30'
JOB No.	XXXX
DRAWING	

Exhibit B

1 ELEVATION-NORTH
SCALE: 1/8"=1'-0"

2 ELEVATION-WEST
SCALE: 1/8"=1'-0"

3 ELEVATION-EAST
SCALE: 1/8"=1'-0"

4 ELEVATION-SOUTH
SCALE: 1/8"=1'-0"

Holly Springs Self Storage

Highway 140
Holly Springs, GA

STINARD ARCHITECTURE INC
CARTERSVILLE GA 30120
770.382.2400 FT.PAUL@AOL.COM
STINARDARCHITECTURE.COM

FOR REVIEW - NOT FOR CONSTRUCTION
REVISIONS

PROJECT NUMBER
2020
DATE
7-24-20

SHEET NUMBER
A4.1

REZONING ORDINANCE

An ordinance to approve an application for rezoning in the City of Holly Springs, Georgia, concerning 2.05+/- acres, identified as tax parcels 049D and 049E of tax plat 15N25D, Land Lot 115 of the 15th District of Cherokee County, from PDR, Planned Development Residential and MXD-2, Mixed Use to GC, General Commercial; and

WHEREAS, an application was properly submitted to the City of Holly Springs Planning and Zoning Commission by Bright Meyers 2001, LLC, requesting rezoning in the City of Holly Springs, Georgia, concerning 2.05+/- acres, identified as tax parcels 049D and 049E of tax plat 15N25D, Land Lot 115 of the 15th District of Cherokee County, from PDR, Planned Development Residential and MXD-2, Mixed Use to GC, General Commercial; and

WHEREAS, after balancing the interest of the community in promoting public health, safety, morality, or general welfare against the right of the property owner to unrestricted use of the property,

The Council of the City of Holly Springs hereby ordains that:

Section 1
The application for rezoning in the City of Holly Springs, concerning 2.05+/- acres, identified as tax parcels 049D and 049E of tax plat 15N25D, Land Lot 115 of the 15th District of Cherokee County, is hereby rezoned from PDR, Planned Development Residential and MXD-2, Mixed Use to GC, General Commercial.

Section 2
The approval of this application has the following stipulations attached:

1. Lighting shall be environmentally sensitive, with developer making every effort to ensure that lighting is as unobtrusive as possible, utilizing fully-shielded LED lamps in compliance with the International Dark Sky Association, or equivalent organization.
2. Owner/Developer shall coordinate with the Community Development Director and the City Arborist regarding landscaping. In addition, landscaping shall be consistent with the existing landscaping within Holly Commons.
3. All improvements along Hwy 140 shall be provided as per determination and recommendation of the Georgia Department of Transportation (GDOT) and the City Engineer.
4. Owner/Developer shall coordinate with the City Engineer regarding site and access improvements.
5. All future development shall follow the design guidelines as outlined in the Holly Springs Zoning Ordinance, Article 19, Design Guidelines for Model Zoning Districts, Hickory Road District as well as, the Holly Springs Development Regulations and the Holly Springs Zoning Ordinance. In addition, the development will be consistent with the architecture of the existing nonresidential structures within Holly Commons and Harmony on the Lakes.

6. The following uses shall be prohibited on this site:
    a. Adult Entertainment
    b. Auto Laundry/Carwash Establishment
    c. Auto Leasing Establishments
    d. Auto Service Establishments
    e. Automobile Sales-New
    f. Automobile Sales-Used
    g. Amusement parks
    h. Animal hospitals/clinics with outdoor kennels
    i. Boat Sales Facility
    j. Bowling Alley
    k. Cash, Check Cashing, and Pawn Establishments
    l. Cellular phone towers
    m. Emissions Testing Facilities
    n. Gasoline Service Stations
    o. Go-kart, motor bike track
    p. Hotel and Extended Stay Facilities
    q. Membership Club Warehouse
    r. Outdoor Amusement Enterprises
    s. Recreation Park
    t. Tattoo Parlors and Body Piercing Establishments
    u. Tire sales with outdoor storage

Section 3
This ordinance shall become effective July 27, 2020, upon approval by Mayor and City Council.

Section 4
The Community Development Director of the City of Holly Springs, Georgia, is hereby instructed to make any and all appropriate changes to the Official Zoning Map of Holly Springs, necessitated by the action described in Section 1 above; however, said changes to the Official Zoning Map of Holly Springs are effective concurrent with the effective date identified in Section 3 above, whether or not they have been physically made and represented.

All ordinances and parts of ordinances in conflict with this ordinance are hereby repealed.

Adopted this 27th day of July, 2020, by the Mayor and City Council of the City of Holly Springs, Georgia.

CITY OF HOLLY SPRINGS

_____
Steven W. Miller, Mayor

Attest:

_____
Karen Norred, City Clerk
(Seal)

CONDITIONAL USE PERMIT ORDINANCE

An ordinance to approve an amendment for Conditional Use Permit CUP-04-2020, identified as tax parcels 049D and 049E of tax plat 15N25D, located off of Highway 140, to allow a "Self-Storage" establishment in the City of Holly Springs, Georgia; and

WHEREAS, an application was properly submitted to the City of Holly Springs Planning and Zoning Commission by Bright-Meyers 2001, LLC requesting a Conditional Use Permit, CUP-04-2020, to allow a "Self-Storage" establishment in accordance with Article 5 of the Holly Springs Zoning Ordinance; and

WHEREAS, the 2.05+/- acres, now or formerly known as tax parcels 049D and 049E of tax plat 15N25D is zoned GC, General Commercial; and

WHEREAS, after balancing the interest of the community in promoting public health, safety, morality, or general welfare against the right of the property owner to unrestricted use of the property,

The Council of the City of Holly Springs hereby ordains that:

Section 1
A Conditional Use Permit for a "Self-Storage" establishment, concerning 2.05+/- acres, identified as tax parcels 049D and 049E of tax plat 15N25D, located off of Holly Springs Parkway, is hereby approved.

Section 2
The approval of this application has the following stipulations attached:

1. Lighting shall be environmentally sensitive, with developer making every effort to ensure that lighting is as unobtrusive as possible, utilizing fully-shielded LED lamps in compliance with the International Dark Sky Association, or equivalent organization.
2. Owner/Developer shall coordinate with the Community Development Director and the City Arborist regarding landscaping. In addition, landscaping shall be consistent with the existing landscaping within Holly Commons.
3. All improvements along Hwy 140 shall be provided as per determination and recommendation of the Georgia Department of Transportation (GDOT) and the City Engineer.
4. Owner/Developer shall coordinate with the City Engineer regarding site and access improvements.
5. All future development shall follow the design guidelines as outlined in the Holly Springs Zoning Ordinance, Article 19, Design Guidelines for Model Zoning Districts, Hickory Road District as well as, the Holly Springs Development Regulations and the Holly Springs Zoning Ordinance. In addition, the development will be consistent with the architecture of the existing nonresidential structures within Holly Commons and Harmony on the Lakes.
6. Development shall be substantially consistent with the conceptual plan submitted with the application entitled "PROPOSED STORAGE FACILITY HOLLY SPRINGS, GA" and dated, 07-15-20, attached as Exhibit A.

7. Development shall be limited to a maximum of 2 stories. Building façade on the south side of the building shall be architecturally consistent with the conceptual elevation plan, entitled "HOLLY SPRINGS SELF STORAGE", and dated, 7-24-20, attached as Exhibit B.
8. The following uses shall be prohibited on this site:
    a. Adult Entertainment
    b. Auto Laundry/Carwash Establishment
    c. Auto Leasing Establishments
    d. Auto Service Establishments
    e. Automobile Sales-New
    f. Automobile Sales-Used
    g. Amusement parks
    h. Animal hospitals/clinics with outdoor kennels
    i. Boat Sales Facility
    j. Bowling Alley
    k. Cash, Check Cashing, and Pawn Establishments
    l. Cellular phone towers
    m. Emissions Testing Facilities
    n. Gasoline Service Stations
    o. Go-kart, motor bike track
    p. Hotel and Extended Stay Facilities
    q. Membership Club Warehouse
    r. Outdoor Amusement Enterprises
    s. Recreation Park
    t. Tattoo Parlors and Body Piercing Establishments
    u. Tire sales with outdoor storage

Section 3
This ordinance shall become effective immediately upon approval by Mayor and City Council.

Section 4
The Community Development Director of the City of Holly Springs is hereby instructed to make any and all appropriate changes to the Official Zoning Map of Holly Springs, necessitated by the action described in Section 1 above; however, said changes to the Official Zoning Map of Holly Springs are effective concurrent with the date identified in Section 3 above, whether or not they have been physically made and represented.

All ordinances and parts of ordinances in conflict with this ordinance are hereby repealed.

Approved this 27th day of July, 2020, by the Mayor and City Council of the City of Holly Springs, Georgia.

_____
Steven W. Miller, Mayor

_____
Karen Norred, City Clerk

Seal:

PERFORMANCE BOND

Bond # GA18493

Expiration Date: 12/11/2018

KNOW ALL MEN BY THESE PRESENTS that:

Weaver Grading & Hauling, Inc.
(Name of Owner / Developer)

P.O. Box 39, Holly Springs, GA 3014
(Address of Owner / Developer)

Phone: (770) 345-2533 Fax: (770) 345-6856 jack@weavergrading.com
(Phone Number / Fax Number / Email Address)

a Corporation, hereinafter called Principal, and
(Corporation, Partnership, or Individual)

Merchants Bonding Company (MUTUAL)
(Name of Surety)

P.O. Box 14498, Des Moines, IA 50306-3498
(Address of Surety)

Phone: (515) 243-8171 Fax: (515) 243-3854 afinken@merchantsbonding.com
(Phone Number / Fax Number / Email Address)

hereinafter called Surety, are held and firmly bound unto the City of Holly Springs, P.O. Box 990, Holly Springs, Georgia 30142, hereinafter called Owner, in the penal sum of Fifty One Thousand Six Hundred Forty Five and 00/100---------- ($ 51,645.00----------) in lawful money of the Unites States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such that whereas, the Principal has agreed to construct in Morgan Run Subdivision, in the City of Holly Springs, the following improvements: Asphalt Topping.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the Principal shall construct, or have constructed, the improvements herein described and shall save the Obligee harmless from any loss, cost or damage by reason of its failure to complete said work, then this obligation shall be null and void; otherwise to remain in full force and effect.

IN WITNESS WHEREOF, this the 11th day of December, 20 17.

PRINCIPAL (SEAL):
Weaver Grading & Hauling, Inc.

By: _____
(Signature)

Name: JACK E. WEAVER
(Please Print)

Tile: _____

Address: P.O. Box 39, Holly Springs, GA 30142

ATTEST:
By: Becky Bruce
(Signature)

Name: Becky Bruce
(Please Print)

Title: Permit Tech

SURETY (SEAL):
Merchants Bonding Company (MUTUAL)

By: _____
(Signature)

Name: Margaret S. Meyers
(Please Print)

Tile: Attorney-in-Fact

Address: 2500 Cumberland Pkwy., Ste. 400, Atlanta, GA 30339

ATTEST:
By: _____
(Signature)

Name: Misty L. Haig
(Please Print)

Title: Client Analyst

NOTE: If Contractor is a Partnership, all partners should execute bond.

The power-of-attorney of the Attorney-in-Fact signing for the surety company must be attached.

IMPORTANT: Surety companies executing bonds must appear on the Treasury Department's most current list (Circular 570 as amended) and be authorized to transact business in the State where the project is located.

DocuSign Envelope ID: DC178DE8-3DFA-47CA-ADD5-3A2C4F61CABA

LexisNexis® | Coplogic™ Solutions

Draft: Signature In Process

Holly Springs Police Department

P.O. Box 990, 3235 Holly Springs Parkway, Holly Springs, GA, 30142

7/16/2020

Michael Carswell

Thank you for your valued relationship with LexisNexis Coplogic Solutions Inc. ("Coplogic"). Since 2009, Coplogic, and its predecessors, Appriss, Inc. and Open Portal Solutions (OPS), have provided the Georgia Electronic Accident Reporting System (GEARS) to Georgia law enforcement agencies via our contractual relationship with the Georgia Department of Transportation (GDOT). GEARS provides your agency with crash reporting software and analytical tools that allows your agency to submit your crash data to the GDOT GEARS repository. GEARS development and support is provided at zero cost to both the state and your agency. We do this by providing online distribution of automobile accident reports 24/7 and allowing citizens who have a legal right to accident reports the ability to access automobile accident reports more quickly and easily via our ecommerce web portal, www.BuyCrash.com.

Your agency has entered into a revenue sharing arrangement with Coplogic or one of its predecessors for the online sale of your agency's crash reports. Agencies in other states have recently raised a question regarding whether their revenue sharing arrangements with Coplogic for the provision of online access to crash reports should be interpreted to require the payment of another fee to the agency. Specifically, those agencies have inquired whether another fee is due to the agency where a crash report was previously sold by a Coplogic affiliate (such as LexisNexis Claims Solutions Inc. ("Claims")), an agency fee was already paid for that sale, and the affiliate then resold the crash report to a third party.

Coplogic has always interpreted these arrangements to mean that a payment is only made to the agency for crash report purchases from the Coplogic eCommerce portals (which are currently BuyCrash.com and Policereports.Lexisnexis.com).

Although we do not believe that revenue-sharing arrangements in Georgia require payments to be made for subsequent sales of previously sold crash reports by affiliates like Claims, we value our relationships with our law enforcement partners and therefore, Coplogic has performed a reconciliation of the accounts of its agency partners and has paid the outstanding fees associated with subsequent sales in the jurisdictions with which LexisNexis contracted, including your agency.

Additionally, we have updated our standard services agreements and orders to clarify when law enforcement agencies will be paid an agency fee for the sale of a crash report going forward.

We are requesting that you review the enclosed modification to your Agreement and sign and return it to Coplogic.Agreements@LexisNexisRisk.com. If you have any questions, please contact me Patti Greer at 937.329.7428 . We appreciate your assistance in this regard and look forward to our continued relationship.

Sincerely,

Patti Laney Greer
Client Services
Coplogic Solutions
LexisNexis Risk Solutions
937.329.7428 Direct

LexisNexis | Coplogic™ Solutions

DRAFT - Subject to Revision

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("**MOU**"), dated 7/16/2020, is by and between LexisNexis Coplogic Solutions Inc., with offices at 1000 Alderman Drive, Alpharetta, Georgia, 30005 ("**LN Coplogic**"), and Holly Springs Police Department with offices at P.O. Box 990, 3235 Holly Springs Parkway, Holly Springs, GA, 30142 ("**Agency**"). This MOU shall be effective on the date of execution of the last party signing ("**Effective Date**"). Each Party shall be individually referred to herein as "**Party**" or collectively as "**Parties.**"

PURPOSE. Agency acknowledges that, pursuant to a separate agreement (Contract Number: 48400-197-DOT0001774-001) between LN Coplogic and the Georgia Department of Transportation ("**GDOT**") to which Agency is not a party (the "**Agreement**"), GDOT has authorized LN Coplogic to facilitate the fulfillment of public record requests for accident reports prepared by a law enforcement agency pursuant to Universal Citation: GA Code § 40-9-31 (2018), including without limitation, the Georgia Uniform Motor Vehicle Crash Report and submitted by the agency to the Georgia Electronic Accident Reporting System (**GEARS**) ("**GEARS Reports**"). As such, LN Coplogic shall provide GEARS Reports to legal entities and individuals permitted to obtain a copy of GEARS Reports in accordance with the Agreement and applicable laws and regulations ("**Authorized Requestors**").

SCOPE OF SERVICES. LN Coplogic shall not charge any fee to Agency for the services described herein. LN Coplogic shall charge no more than the amount permitted by GDOT pursuant to Code Section 40-9-30 for each GEARS Report ("**GEARS Report Fee**") sold to an Authorized Requestor via LN Coplogic's eCommerce web portal, BuyCrash.com (and its successor(s) the "**LN Portal**") provided, however, that each request for a GEARS Report shall be submitted along with a statement of need (as described in **Exhibit A** and pursuant to the requirements set forth on the LN Portal). Of this GEARS Report Fee, LN Coplogic agrees to remit Five and 00/100 Dollars ($ 5.00) to Agency for each crash report submitted by Agency to GEARS and subsequently sold as a GEARS Report via the LN Portal ("**Agency Fee**"). No Agency Fee will be paid with respect to the following: (1) When an Affiliate (as defined below) has paid an Agency Fee to acquire a GEARS Report for an Authorized Requestor (including GEARS Reports purchased before the Effective Date) and such Affiliate later resells that GEARS Report from its inventory of previously purchased GEARS Reports to another Authorized Requestor; or (2) When a fee is not charged to an Authorized Requestor for the GEARS Report; or (3) When a GEARS Report is acquired by an Affiliate of LN Coplogic from a source other than a web portal, product and/or service which is offered, owned and/or operated by LN Coplogic or its Affiliate. Nothing in this MOU shall require LN Coplogic or its Affiliate to pay an Agency Fee to the Agency when an Authorized Requestor provides a GEARS Report to a third party after the Authorized Requestor has purchased such GEARS Report from the Affiliate's inventory of previously purchased reports. Agency acknowledges that all GEARS Reports requested by authorized law enforcement entities ("**Agency Requestors**") shall be provided free of charge.

Nothing in this MOU shall prohibit LN Coplogic's Affiliates from purchasing GEARS Reports via the LN Portal, or from distributing previously purchased GEARS Reports to Authorized Requestors or Agency Requestors in accordance with the terms of this MOU and applicable laws and regulations. Nothing in this MOU shall prohibit Affiliates from acquiring GEARS Reports from a source other than the LN Portal.

For purposes of this Agreement, "Affiliate" means any corporation, firm, partnership or other entity that directly or indirectly controls, or is controlled by, or is under common control with LN Coplogic. LN Coplogic Affiliates shall not be bound by the terms and conditions of this MOU with respect to the provision of their applicable services hereunder.

To the extent permitted under applicable law, LN Coplogic's entire liability to Agency under this MOU shall not exceed One-Hundred ($100.00) Dollars. In no event shall LN Coplogic be liable for any indirect, special, incidental, or consequential damages in connection with this MOU.

This MOU will automatically renew on the anniversary of the Effective Date for an additional year, and on each subsequent anniversary, unless either Party gives the other Party 60 days written notice of termination prior to the renewal.

IN WITNESS WHEREOF, The Parties have caused this Agreement to be executed by their respective authorized representatives as of the Effective Date.

LexisNexis | Coplogic™ Solutions

DRAFT: Signature In Process

Michael Carswell

By: _____

Print Name: Michael Carswell

Title: _____

Date: _____

LexisNexis Coplogic Solutions Inc.

By: _____

Print Name: Roy Marler

Title: _____

Date: _____

LexisNexis | Coplogic™ Solutions

DRAFT Signature In Process

Exhibit A
STATEMENT OF NEED

In accordance with O.C.G.A. § 50-18-72, the Requestor of the record shall first submit a written statement of need. The Requestor, whether a natural person or legal entity, who is requesting in person or by representative to inspect or copy the Crash Report or Crash Data derived therefrom shall check all applicable boxes and sign below. Furthermore, Crash Reports and Crash Data derived therefrom shall not be available in bulk for inspection or copying by any person absent a written statement showing the need for each such report.

NOTE: Any person or entity whose name or identifying information is contained in a Crash Report shall be entitled, either personally or through a lawyer or other representative, to receive a copy of such report;

The Requestor shall check all applicable boxes:

□ Has a personal, professional, or business connection with a party to the accident;

□ Owns or leases an interest in property allegedly or actually damaged in the accident;

□ Was allegedly or actually injured by the accident;

□ Was a witness to the accident;

□ Is the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident;

□ Is a prosecutor or a publicly employed law enforcement officer;

□ Is alleged to be liable to another party as a result of the accident;

□ Is an attorney stating that he or she needs the requested reports as part of a criminal case, or an investigation of a potential claim involving contentions that a roadway, railroad crossing, or intersection is unsafe;

□ Is gathering information as a representative of a news media organization; provided, however, that such representative submits a statement affirming that the use of such accident report is in compliance with Code Section 33-24-53. Any person who knowingly makes a false statement in requesting such accident report shall be guilty of a violation of Code Section 16-10-20;

□ Is conducting research in the public interest for such purposes as accident prevention, prevention of injuries or damages in accidents, determination of fault in an accident or accidents, or other similar purposes; provided, however, that this subparagraph shall apply only to accident reports on accidents that occurred more than 60 days prior to the request and which shall have the name, street address, telephone number, and driver's license number redacted; or

□ Is a governmental official, entity, or agency, or an authorized agent thereof, requesting reports for the purpose of carrying out governmental functions or legitimate governmental duties;

Print/Signature: _____ Date: _____

DocuSign SECURED

Certificate Of Completion

Envelope Id: DC178DE83DFA47CAADD53A2C4F61CABA

Status: Sent

Subject: Services Agreement Modification

Source Envelope:

Document Pages: 4

Signatures: 0

Certificate Pages: 1

Initials: 0

AutoNav: Enabled

EnvelopeId Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Coplogic Solutions
9443 Springboro Pike
Miamisburg, OH 45342
coplogic.agreements@lexisnexisrisk.com
IP Address: 66.241.32.168

Record Tracking

Status: Original
7/16/2020 3:11:31 PM

Holder: Coplogic Solutions
coplogic.agreements@lexisnexisrisk.com

Location: DocuSign

Signer Events	Signature	Timestamp
Michael Carswell mcarswell@hollyspringsga.us Security Level: Email, Account Authentication (None) **Signature Provider Details:** Signature Type: DS Electronic **Electronic Record and Signature Disclosure:** Not Offered via DocuSign		Sent: 7/16/2020 3:11:33 PM Viewed: 7/16/2020 3:15:32 PM
Roy Marler roy.marler@lexisnexisrisk.com Security Level: Email, Account Authentication (None) **Signature Provider Details:** Signature Type: DS Electronic **Electronic Record and Signature Disclosure:** Not Offered via DocuSign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/16/2020 3:11:33 PM

Payment Events	Status	Timestamps

DRAFT: Signature In Process

AN ORDINANCE TO AMEND THE CODE OF THE CITY OF HOLLY SPRINGS, GEORGIA, AS AMENDED, TO AMEND CHAPTER 22 – BUSINESSES; ARTICLE II. - OCCUPATION TAXES AND REGULATORY FEES; SECTION 22-38. - ADMINISTRATIVE AND REGULATORY FEE STRUCTURE; FOR THE PUBLIC HEALTH, SAFETY AND WELFARE OF THE CITY OF HOLLY SPRINGS, GEORGIA; TO PROVIDE FOR SEVERABILITY; TO REPEAL CONFLICTING ORDINANCES; TO PROVIDE AN EFFECTIVE DATE; AND FOR OTHER PURPOSES

The Council of the City of Holly Springs hereby ordains that:

Section 1. That Sec. 22-38. - Administrative and regulatory fee structure, Article II. – Occupation Taxes and Regulatory Fees of Chapter 22 – Businesses of the Code of the City of Holly Springs, Georgia, as amended, is hereby deleted and replaced to read as follows:

Sec. 22-38. - Administrative and regulatory fee structure.

(a) A nonprorated, nonrefundable administrative fee as set forth in the schedule of fees and charges shall be required on all business and occupation tax accounts for the initial start-up, renewal, or reopening of those accounts.

(b) A regulatory fee will be imposed as provided under O.C.G.A. § 48-13-9. ~~on those applicable businesses - regulatory activities - listed below. The regulatory fee shall be paid in lieu of the occupation tax, and upon payment and compliance with the additional requirements of this chapter, receive a business license. The regulatory fee schedule for persons in occupations and professions is as shown on the schedule of regulatory fees, as may from time to time be modified by the City Council.~~

~~As stated under O.C.G.A. § 48-13-9(b) and in the City of Holly Springs, regulatory activities subject to the regulatory fee are as follows:~~

~~(1) Building and construction contractors, subcontractors, and workers;~~
~~(2) Carnivals;~~
~~(3) Taxicab and limousine operators;~~
~~(4) Tattoo artists;~~
~~(5) Stables;~~
~~(6) Scrap metal processors;~~
~~(7) Pawnbrokers;~~
~~(8) Dealers in precious metals;~~
~~(9) Peddlers;~~
~~(10) Parking lots;~~
~~(11) Newspaper vending boxes;~~
~~(12) Modeling agencies;~~
~~(13) Landfills;~~
~~(14) Auto and motorcycle racing;~~
~~(15) Boarding houses;~~
~~(16) Businesses which provide appearance bonds;~~
~~(17) Boxing and wrestling promoters;~~
~~(18) Hypnotists;~~
~~(19) Handwriting analysts;~~
~~(20) Fortunetellers;~~
~~(21) Garbage collectors;~~
~~(22) Escort services;~~
~~(23) Burglar and fire alarm installers;~~
~~(24) Locksmiths;~~
~~(25) Model home; and~~
~~(26) Vending machines, boxes.~~

DRAFT

Section 2. If any Section, sub-section, sentence, clause, phrase or any portion of this Ordinance be declared invalid or unconstitutional by any court or competent jurisdiction or if the provisions of any part of this Ordinance as applied to any particular situation or set of circumstances shall be declared invalid or unconstitutional, such invalidity shall not be construed to affect the portions of this Ordinance not so held to be invalid. It is hereby declared to be the intent of the City Council to provide for separable and divisible parts and does hereby adopt any and all parts hereof as may not be held invalid for any reason.

Section 3. This Ordinance shall become effective immediately upon approval by the Mayor and City Council.

SO ORDAINED, this 27th day of July 2020.

_____
Steven W. Miller, Mayor

Attest:

_____
Karen Norred, City Clerk
(Seal)

DRAFT

CALDWELL ◇ CLINE

July 16, 2020

City of Holly Springs
Attn Rob Logan, Charles Heiser
Post Office Box 990
Holly Springs, Ga. 30142

Dear Rob,

We appreciate the opportunity to work with you on the development of Holly Springs. I have attached a proposal for the as Built drawings of the home adjacent to the Train Depot.

As per our discussion I would propose proceeding based on the following scope of work:

- Site visit to measure the existing building.
- Creation of as build floor plans and four elevations showing all existing conditions.

Fee Summary

Fixed fee for these services would be: $ 2,200.00

Reimbursable expenses (prints, mileage, courier's etc.) will be invoiced at 1.1 times direct cost. Additional services beyond the scope as outlined above will be based on direct time invested at the hourly rates as follows:

Principal ---------- $ 175.00 per hour
Production (drafting time)------- $ 100.00 per hour
Administrative time---------- $ 35.00 per hour

Once again we appreciate the opportunity to work with you on this development and look forward to reviewing this proposal with you. Please contact me if you have any questions regarding this information.

Sincerely,

Roger L. Caldwell, AIA
Caldwell Cline Architects & Designers

Cc: File

C:/proposals2020hollyspringsasbuilts071520

222 CRESCENT CIRCLE MARIETTA GA 30064
TEL. (770) 424-3882 Fax. 678-668-8930

OnSite
Monitoring & Management, LLC
NPDES Stormwater Monitoring, Soil & Erosion Control Inspections
Erosion Management & Remediation Consultants
NPDES Certification Training
P.O. Box 1228 Statham, Georgia 30666
Phone 770.725.8271 Fax 770.725.2880

21 July 2020

City of Holly Springs
Downtown Development Authority of Holly Springs
3237 Holly Springs Pkwy
Holly Springs, GA 30115

RE: Proposal for activities associated with NPDES general permit GAR100001
Holly Springs Mixed-Use Site Work and Infrastructure Project

OnSite Monitoring & Management, LLC is pleased to present the following proposal for the various activities associated with the above referenced project.

Monitoring Services:

Tier 2	**$350.00 per month**
NPDES Paperwork for primary & secondary NOI, NOT, & NOI Transfer	*included*
Weekly Inspection Services for Primary and Secondary*	*included*
2 Sampling Activities (sample/location/event)*	*included*
Reporting Services	*included*
Manual Rain Gauge and Installation	*included*
OnSite Records Storage Box	*included*

The above proposal, including any attachments, has been read and understood and is hereby agreed to and accepted, as evidenced by my signature below.

By _____ Date _____

Name _____ Title _____

If you have any questions concerning the information above, please contact us at 770-725-8271.

Sincerely,

Mason Goodman

Mason Goodman
Operations Manager

NOTE: Invoices received by the 10th of each month will be paid by the 15th of the following month.

Authorized By: City of Holly Springs

_____ _____
By: **Date**

Authorized By: Holly Springs Downtown Development Authority

_____ _____
By: **Date**

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF THE CLIENT TO NOTIFY IN WRITING TO THE APPROPRIATE AUTHORITIES (THE ENVIRONMENTAL PROTECTION DIVISION) WHEN A VIOLATION HAS OCCURRED AND TO TAKE THE APPROPRIATE MEASURES TO COMPLY WITH THE GENERAL PERMIT. THE CLIENT MUST NOTIFY ONSITE MONITORING AND MANAGEMENT LLC IF A QULIFYING RAIN EVENT OCCURES TO CONDUCT POST RAIN FALL INSPECTIONS IF TIER 2 IS SELECTED. THE PRECEDING PROPOSAL IS INTENDED FOR THE SOLE USE OF CITY OF HOLLY SPRINGS AS PERTAINING TO THE ABOVE REFERENCED PROJECT(S). IT MAY NOT BE USED FOR ANY PURPOSES OTHER THAN THOSE APPROVED BY ONSITE MONITORING AND MANAGEMENT WITHOUT THE PRIOR CONSENT OF ONSITE MONITORING AND MANAGEMENT, LLC. THE PAYMENT OF EACH SERVICE IS DUE UPON RECEIPT OF INVOICE. THESE SERVICES WILL CONTINUE UNTIL A NOTICE OF TERMINATION (NOT) HAS BEEN SATISFIED OR NON-PAYMENT OF SERVICE RFENDERED.

Cherokee County SDS 2020
Form 2 Summary
8-Jul-20

Service	No Issue	Agree to Revise	Agree to Remove	Agree to Add	Need discussion ?	Comments
Airport Authority	X					
Animal Control & Animal Shelter	X					
Building Inspections	X					
Cemetery				X		
Cherokee Multi-Agency Narcotics Squad (CMANS)	X					
Code Enforcement	X					Add Ball Ground
Community Development Block Grant (CDBG)	X					
Conservation Administration	X					Do we need futher clarification?
Coroner/Indigent Burial		X			X	Create form for Cemetery and revise this to Coronor/Indigent Burial
Court Services - County		X				
Court Services - Municipal		X				
Cultural Arts					X	Needs revision
Development Services			X			Combine with Planning and Zoning
Development Services Center			X			Combine with Planning and Zoning
Department of Family and Child Services (DFACS)	X					
Downtown Development/Main Street Program		X				
Economic Development		X				
Elections - County, State, Federal		X				
Elections - Municipal		X				
Emergency 911 Communications & 800 mhz System		X				
Emergency Management	X					Do we need futher clarification?
Emergency Medical Services	X					
Engineering - Municipal	X					
Extension Services	X					
Fire and Emergency Services	X					
Floodplain Mapping	X					
Forest Resources Conservation	X					Do we need further clarification?
General Administration - Municipal	X					
Geographic Information Systems	X					Do we need further clarification?
Golf Course	X					
Health Department	X					
Health Services	X					
Historial Society		X				Change name of this form to "Historical Preservation"
Housing Authority		X				
Indigent Defense - Municipal				X		
Information Technology - Municipal	X					
Jail - Municipal		X				
Law Enforcement - Municipal	X					
Library Services		X				
Parks & Recreation - County	X					
Parks & Recreation - Municipal	X					
Planning and Zoning		X				Combine/add Development Services and Development Services Center
Recycling		X				
Roads & Bridges - County		X				
Roads & Bridges - Municipal		X				
Resource Recovery Development Authority	X					
Senior Services - County		X				
Senior Services - Municipal		X				
Solid Waste Collection and Disposal		X				
Stormwater		X				
Tax Assessment	X					
Tax Collection - Municipal	X					
Tourism		X				
Traffic Control - Municipal		X				
Transit - CATS	X					
Transit - Woodstock Trolley			X			
Voter Registration		X				
Water and Sewer Services		X				

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Airport Authority***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County Airport Authority	User Fees
Cherokee County	General Fund

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

No change.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/08/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Animal Control & Animal Shelter***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	General Fund, User Fees, Fines

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

This strategy has been revised to reflect that the County now provides animal control and animal shelter services county-wide pursuant to IGAs that each of the Cities have approved or agreed to approve. Additionally, this strategy replaces the previous strategies for 'Animal Shelter' and, in part, 'Marshal's Office/Animal Control/Ordinance Enforcement'.

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*
Municipal Services Agreement	Cherokee County, Ball Ground, Canton, Holly Springs,	Various
	Nelson, Waleska, and Woodstock	

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?

Each of the Cities have adopted or have agreed to adopt Cherokee County's animal control ordinance.

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/08/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Building Inspections***

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, City of Ball Ground, City of Canton, City of Holly Springs, City of Mountain Park, City of Nelson, City of Waleska, and City of Woodstock**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	User Fees, Insurance Premium Taxes, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).
Ball Ground, Canton	User Fees, General Fund
Holly Springs, Mountain Park	User Fees, General Fund
Nelson, Waleska, and Woodstock	User Fees, General Fund

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

This strategy has been added. Cherokee County provides this service within the Cities of Nelson and Waleska pursuant to IGAs.

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*
Municipal Services Agreement	Cherokee County and the Cities of Waleska and Nelson	Various

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Cemetery***

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County and City of Canton**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	Fees and General Fund
Canton	Fees and General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/22/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:CHEROKEE	Service:*Cherokee Multi-Agency Narcotics Squad (C-MANS)*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, Canton, Woodstock, Ball Ground, and Holly Springs**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	Fines, Fees, Grants, and General Fund
Canton, Woodstock, Ball Ground,	Fines, Fees, Grants, and General Fund
and Holly Springs	

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

This strategy has been added. The County and the Cities of Canton, Woodstock, Ball Ground, and Holly Springs entered into an agreement for the use of grants made available to combat the use and influence of illicit drugs.

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*
Intergovernmental and Inter-	Cherokee County, Canton, Woodstock, Ball Ground,	6/10/03 - continuing
Agency Agreement	and Holly Springs	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:CHEROKEE	**Service:*Code Enforcement***

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, City of Ball Ground, City of Canton, City of Holly Springs, City of Mountain Park, City of Nelson, City of Waleska, and City of Woodstock**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	User Fees, Insurance Premium Taxes, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).
Ball Ground, Canton	User Fees, General Fund
Holly Springs, Mountain Park	User Fees, General Fund
Nelson, Waleska, and Woodstock	User Fees, General Fund

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

This strategy has been added. Cherokee County provides this service within the Cities of Nelson and Waleska pursuant to IGAs.

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*
Municipal Services Agreement	Cherokee County and the Cities of Waleska and Nelson	Various

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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Instructions:

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COUNTY:CHEROKEE	Service:*Community Development Block Grant*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Grants, Fees, and General Fund

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

This strategy has been added.

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*
Cooperation Agreement	Cherokee County and each City	Various

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:CHEROKEE	**Service:*Conservation Administration***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Insurance Premium Taxes, Grants, User Fees, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:CHEROKEE	**Service:*Coroner/Indigent Burial***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Fines, Fees, and General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:CHEROKEE	Service:*Court Services - County*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Fines, Fees, and General Fund

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

This strategy has been revised to clarify the funding mechanism and to include probation services and the Probate and Magistrate Courts. This strategy replaces, in part, the previous strategy for 'Court Services including District Attorney, Juvenile, Family, Superior and State Courts'. Cherokee County will provide court services such as the Clerk of Courts, District Attorney, Indigent Defense, Probation, and the Probate, Magistrate, State, Superior, and Juvenile Courts county-wide. The Cities of Ball Ground, Canton, Holly Springs, and Woodstock provide their own Municipal Court Services, but the County Magistrate Court shall conduct first appearance bond hearings on criminal cases for the Cities at no cost to the Cities.

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*
Municipal Services Agreement	Cherokee County, Ball Ground, Canton, Holly Springs,	Various
	and Woodstock	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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Instructions:

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

COUNTY:CHEROKEE	Service:*Court Services - Municipal*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground	Fines, Fees, and General Fund
Canton	Fines, Fees, and General Fund
Holly Springs	Fines, Fees, and General Fund
Woodstock	Fines, Fees, and General Fund

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

This strategy replaces, in part, the previous strategy for 'Court Services including District Attorney, Juvenile, Family, Superior and State Courts'. The Cities of Ball Ground, Canton, Holly Springs, and Woodstock provide their own Municipal Court Services, but the County Magistrate Court shall conduct first appearance bond hearings on criminal cases for the Cities at no cost to the Cities.

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*
Municipal Services Agreement	Cherokee County, Ball Ground, Canton, Holly Springs,	Various
	and Woodstock	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Cultural Arts***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund, Hotel/motel Tax
Woodstock	General Fund, Hotel/motel Tax

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

This strategy has been added.

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*
MOU	City of Canton & Cherokee County Arts Council	Updated annually

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Department of Family and Child Services***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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.

Page 1 of 2

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*
Cherokee County	General Fund

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

This strategy has been added. Cherokee County provides DFACS county-wide for the benefit of all County residents,

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/23/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Downtown Development***

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Canton, Ball Ground, Holly Springs, Waleska and Woodstock.**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund
Ball Ground	General Fund
Holly Springs	General Fund
Waleska	General Fund
Woodstock	General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Economic Development - COED***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Dev. Auth. of Cherokee County	Bonds, Grants, and Lease Payments
Cherokee County Dev. Auth.	Bonds, Grants, and Lease Payments
Cherokee County	General Fund
Canton, Ball Ground, Holly Springs	General Fund
Waleska, and Woodstock	General Fund

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

This strategy has been added. Cherokee County has both the Development Authority of Cherokee County (created by legislation) and Cherokee County Development Authority (constitutional authority). The Cherokee Office of Economic Development (COED) is the face of both development authorities. COED may also provide an enhanced level of GIS service to the Cities, including sites/building searches, development assistance, real estate options, and demographic reports pursuant to separate IGAs between the individual Cities and COED.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Economic Development***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund
Holly Springs	General Fund
Woodstock	General Fund

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

This strategy has been added to distinguish between economic development services offered by the Cities apart from those services provided through Economic Development - COED.

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 - Tax Allocation	Cherokee County and City of Woodstock	03/20/07 - 12/31/28

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Elections - County, State, and Federal***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Fees and General Fund

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

This strategy has been added to replace, in part, the previous strategy for 'Voter Registration/Elections'. The Cherokee County Board of Elections provides voter registration and County, State, and Federal elections county-wide.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Elections - Municipal***

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Ball Ground, Canton, Holly Springs, Mountain Park, Waleska, Nelson, and Woodstock.**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground, Canton, Holly Springs,	Fees and General Fund
Mountain Park, Nelson, Waleska, and	Fees and General Fund
Woodstock	Fees and General Fund

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

This strategy has been added to replace, in part, the previous strategy for 'Voter Registration/Elections'. The Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Waleska, Nelson, and Woodstock may contract with the Cherokee County Board of Elections to provide municipal elections.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*
Municipal Services Agreement	Cherokee County, Cherokee County Board of Elections	Various
	Ball Ground, Canton, Holly Springs, Mountain Park,	
	Nelson, Waleska, and Woodstock	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE COUNTY	Service:*Emergency 911 Communications & 800 mhz System*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	SPLOST, General Fund
Ball Ground, Canton, Holly Springs,	SPLOST, General Fund
Mountain Park, Nelson, Waleska, and	SPLOST, General Fund
Woodstock	SPLOST, General Fund

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

This strategy has been added. Cherokee County provides the 911 PSAP as well as emergency and non-emergency dispatching through the County Marshals Office, which is funded entirely through e-911 telephone fees. An 800 mhz radio system is being installed county-wide for use by first responders. The Cities will be granted use of such system and will be tied in with County responders for communication purposes.

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*
800 mhz Agreement	Cherokee County, Ball Ground, Canton, Holly Springs	Various
	Nelson, and Woodstock	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/13/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Emergency Management***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Grants, Fees, and General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Emergency Medical Services***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	User Fees, Grants, and General Fund

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

This strategy has been added. In 2003, Cherokee County brought EMS service back in house under Fire & Emergency Services providing Advanced Life Support and Medical (Ambulance) Transport service countywide and dispatching an ambulance to every medical emergency.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Engineering - Municipal***

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Ball Ground, Canton, Holly Springs, Mountain Park, Waleska, Nelson, and Woodstock.**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground, Canton, Holly Springs,	General Fund and SPLOST
Mountain Park, Nelson, Waleska, and	General Fund and SPLOST
Woodstock	General Fund and SPLOST

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Extension Services***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	User Fees, General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/23/19

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

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

Georgia® Department of Community Affairs

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COUNTY:CHEROKEE	**Service:*Fire and Emergency Services***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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*
Cherokee County	Fire District Tax and Intergovernmental Revenue
Ball Ground, Canton, Holly Springs,	Fire District Tax and General Fund
Nelson, and Waleska	Fire District Tax and General Fund
Woodstock	General Fund

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

This strategy has been revised to reflect a change in service areas and funding mechanisms. Cherokee County provides fire services to a delineated service area including the unincorporated area and the municipalities of Ball Ground, Canton, Holly Springs, Nelson, and Waleska. The City of Woodstock provides its own fire protection.

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*
Municipal Services Agreement	Cherokee County, Ball Ground, Canton, Holly Springs,	Various
	Nelson, and Woodstock	
Automatic Aid Agreement	Cherokee County and Woodstock	07/28/98 - recurring
Fire & Emergency Services	Cherokee County and Canton	9/20/16 - 12/31/66
Fire & Emergency Services	Cherokee County and Holly Springs	10/1/13 - 9/30/23
Municipal Service Agreement	Cherokee County and Waleska	5/22/13 - continuing

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

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COUNTY:CHEROKEE	**Service:*Floodplain Mapping***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Holly Springs	Stormwater Fund
Woodstock	Stormwater Fund

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

This strategy has been added.

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*
Intergovernmental Agreement	Holly Springs and Woodstock	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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

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COUNTY:CHEROKEE	**Service:*Forest Resources Conservation***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Insurance Premium Taxes, Grants, User Fees, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 10/14/19

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

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

Georgia® Department of Community Affairs

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COUNTY:CHEROKEE	**Service:*General Administration - Municipal***

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Ball Ground, Canton, Holly Springs, Mountain Park, Waleska, Nelson, and Woodstock.**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground, Canton, Holly Springs,	General Fund
Mountain Park, Nelson, Waleska, and	General Fund
Woodstock	General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

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COUNTY:CHEROKEE	Service:*Geographic Information Systems*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, City of Ball Ground, City of Canton, City of Holly Springs, City of Mountain Park, City of Nelson, City of Waleska, and City of Woodstock**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	User Fees, Insurance Premium Taxes, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).
Ball Ground, Canton	User Fees, General Fund
Holly Springs, Mountain Park	User Fees, General Fund
Nelson, Waleska, and Woodstock	User Fees, General Fund

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

This strategy has been added.

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 for GIS Data	Cherokee County and Woodstock	2/21/17 - continuing

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:CHEROKEE	**Service:*Golf Course***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Health Department***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	User Fees, Grants, General Fund

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

No change.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Historic Preservation***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund
Holly Springs	General Fund
Woodstock	General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Historical Society***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	General Fund

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

This strategy has been added. The County provides the primary source of funding for the Cherokee County Historical Society and some Cities may make voluntary contributions to the Historical Society from time to time to ensure a higher level of service within their jurisdictions.

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*
MOU	City of Canton and Cherokee County Historical Society	Updated annually

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Housing Authority***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton Housing Authority	US Department of Housing and Urban Development Grants, user fees, rents.

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Indigent Defense - Municipal Court*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund
Holly Springs	General Fund
Mountain Park	General Fund
Woodstock	General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Information Technology - Municipal*

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Ball Ground, Canton, Holly Springs, Mountain Park, Waleska, Nelson, and Woodstock.**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground, Canton, Holly Springs,	General Fund
Mountain Park, Nelson, Waleska, and	General Fund
Woodstock	General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Jail - Municipal***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton, Holly Springs & Woodstock	General Fund

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

This strategy has been added.

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*
Jail Contract	Cherokee County Sheriff, Cherokee County, Canton,	Various
	Holly Springs, and Woodstock	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

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COUNTY:CHEROKEE	Service:*Law Enforcement - Municipal*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground	Fines, Fees, and General Fund
Canton	Fines, Fees, and General Fund
Holly Springs	Fines, Fees, and General Fund
Woodstock	Fines, Fees, and General Fund

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

This strategy has been added. The Cities of Ball Ground, Canton, Holly Springs, and Woodstock provide law enforcement services within their own jurisdictions through City Police Departments.

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*
Mutual Aid Agreement	Cherokee County Sheriff, Ball Ground, Canton, Holly	Various
	Springs, and Woodstock	
Remote Access to PSIS	Cherokee County and Woodstock	4/3/18 - 4/2/68
IGA Public Safety Radio	Cherokee County and Woodstock	3/17/11 - continuing
IGA Share Criminal Just. Info.	Cherokee County and Woodstock	5/17/16 - 12/31/59

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Library Services***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Fees and General Fund
Ball Ground, Canton, Holly Springs,	General Fund
Mountain Park, Nelson Waleska, and	General Fund
Woodstock	General Fund

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

This strategy has been revised to clarify the funding mechanism. Cherokee County funds library services county-wide through the Sequoyah Regional Library System. The Cities may make voluntary contributions to the Sequoyah Regional Library System from time to time to ensure a higher level of service within their jurisdictions.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Parks and Recreation - County*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	SPLOST, Grants, Bonds, General Fund

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

This strategy has been added to replace, in part, the previous strategy for 'Parks and Recreation Authority' and to clarify the funding mechanism. Cherokee County provides parks and recreation programs county-wide for the benefit of all county residents. The Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Waleska, and Woodstock provide supplemental parks and recreation facilities and services for the benefit of their respective residents at a higher level of service.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/03/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:CHEROKEE	**Service:*Parks and Recreation - Municipal***

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, and Woodstock**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground, Canton, Holly Springs,	SPLOST, Grants Bonds, General Fund
Mountain Park, Nelson, and	SPLOST, Grants Bonds, General Fund
Woodsock	SPLOST, Grants Bonds, General Fund

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

This strategy has been added to replace, in part, the previous strategy for 'Parks and Recreation Authority' and to clarify the funding mechanism. Cherokee county provides parks and recreation programs county-wide for the benefit of all county residents. The Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, and Woodstock provide supplemental parks and recreation facilities and services for the benefit of their respective residents at a higher level of service.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/03/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Planning and Zoning***

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, City of Ball Ground, City of Canton, City of Holly Springs, City of Mountain Park, City of Nelson, City of Waleska, and City of Woodstock**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	User Fees, Insurance Premium Taxes, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).
Ball Ground, Canton	User Fees, General Fund
Holly Springs, Mountain Park	User Fees, General Fund
Nelson, Waleska, and Woodstock	User Fees, General Fund

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

This strategy has been revised to clarify the funding mechanism and to reflect that Cherokee County provides this service within the Cities of Ball Ground, Nelson, and Waleska pursuant to IGAs.

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*
Municipal Services Agreement	Cherokee County and the Cities of Ball Ground, Nelson	Various
	and Waleska	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 06/29/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Recycling***

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, Canton, Mountain Park, Waleska, and Woodstock**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	Insurance Premium Tax, User Fees, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).
Canton, Mountain Park, Waleska,	User Fees
and Woodstock	User Fees

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

This strategy has been added. Cherokee County operates two recycling transfer stations located in the unincorporated area of the County. The Cities of Canton, Mountain Park, Waleska, and Woodstock provide municipal recycling collection within their own jurisdictions.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Roads and Bridges - County*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	SPLOST, Grants, LMIG, and General Fund

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

This strategy has been added to replace, in part, the previous strategy for 'Public Works/Roads & Bridges' and to clarify the funding mechanism. Cherokee County maintains county roads county-wide for the benefit of all county residents. The Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Waleska, and Woodstock maintain their respective network of city roads. Cherokee County intends to enter into an IGA with the Cities to formalize their prior arrangement whereby the County provides road improvements, including construction and maintenance within the Cities from time to time. Said IGA will also provide that the County's paving crew will re-pave city streets from time to time, with the cities paying only for the cost of materials.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/03/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Roads and Bridges - Municipal***

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Waleska, and Woodstock**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground, Canton, Holly Springs,	SPLOST, Grants, and General Fund
Mountain Park, Nelson, Waleska, and	SPLOST, Grants, and General Fund
Woodstock	SPLOST, Grants, and General Fund

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

This strategy has been added to replace, in part, the previous strategy for 'Public Works/Roads & Bridges' and to clarify the funding mechanism. The Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Waleska, and Woodstock each maintain their respective networks of City roads. Cherokee County intends to enter into an IGA with the Cities to formalize their prior arrangement whereby the County provides road improvements, including construction and maintenance within the Cities from time to time.

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*
Transportation Improvement	Cherokee County, Ball Ground, Canton, Holly Springs,	TBD
	Mountain Park, Nelson, Waleska, and Woodstock	
Intergovernmental Agreement	City of Woodstock and Cherokee County	7/21/15 - 7/20/65

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

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FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Resource Recovery Development Authority***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	Insurance Premium Tax, User Fees, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).

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

This strategy has been added. The Cherokee County Resource Recovery Development Authority (RRDA) issued bonds in 2007 to finance the construction of a recycling processing facility. Cherokee County has repaid and will continue to repay the 2007 bonds from revenues generated and collected within the unincorporated area of the County until the bonds are repaid in full, which will occur in 2022.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:CHEROKEE	**Service:*Senior Services - County***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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.

Page 1 of 2

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*
Cherokee County	General Fund

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

This strategy replaces, in part, the previous strategy for 'Senior Services'. The Cities of Canton and Woodstock provide additional senior services within their own jurisdictions while the County provides a base level of senior services county-wide. A separate form for municipal senior services has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Senior Services - Municipal*

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund, Grants, and User Fees.
Ball Ground	General Fund, Grants, and User Fees.
Woodstock	General Fund, Grants, and User Fees.

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

This strategy replaces, in part, the previous strategy for 'Senior Services'. The Cities of Canton and Woodstock provide additional senior services within their own jurisdictions while the County provides a base level of senior services county-wide. A separate form for County Senior Services has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Solid Waste Collection and Disposal*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, Canton, Ball Ground, Mountain Park, Nelson, Waleska, and Woodstock**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	General Fund
Canton, Mountain Park, Waleska,	General Fund
Ball Ground, Nelson, and Woodstock	General Fund

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

This strategy has been added. The Cities of Canton, Ball Grouond, Mountain Park, Nelson, Waleska, and Woodstock provide municipal solid waste disposal within their municipal jurisdictions. Cherokee County currently monitors a post-closure landfill.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Tax Assessment***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	General Fund

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

This strategy has been added.

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 for Exemption Application	Cherokee County and Holly Springs	7/1/17 - 7/1/27

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Tax Collection - Municipal*

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Woodstock, and Waleska.**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Ball Ground, Canton, Holly Springs,	General Fund
Mountain Park, Nelson, Waleska,	General Fund
Woodstock	General Fund

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

This strategy has been added. The Cities of Ball Ground, Canton, Holly Springs, Mountain Park, Nelson, Waleska, and Woodstock provide for the billing and collection of municipal taxes by providing this service themselves or through a contract for services with the Cherokee County Tax Commissioner. The Cherokee county Tax Commissioner bills and collects State and County taxes.

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*
Municipal Services Agreement	Cherokee County, Cherokee County Tax Commissioner	Various
	Ball Ground, Canton, and Nelson	

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/08/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	**Service:*Tourism***

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, Canton, Holly Springs, Waleska, and Woodstock**

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

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

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

☒ ***No***

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

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

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*
Cherokee County	Hotel/Motel Tax
Canton	Hotel/Motel Tax
Holly Springs	Hotel/Motel Tax
Waleska	General Fund
Woodstock	Hotel/Motel Tax

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

This strategy has been added.

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*
Memo. of Understanding	Canton and Cherokee County Chamber of Commerce	10/18/17 - continuing

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:CHEROKEE	Service:*Traffic Control - Municipal*

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Canton, Ball Ground, Holly Springs, Mountain Park, Waleska, and Woodstock**

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Canton	General Fund
Ball Ground	General Fund
Holly Springs	General Fund
Mountain Park	General Fund
Waleska	General Fund
Woodstock	General Fund

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

This strategy has been added.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

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Instructions:

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

COUNTY:CHEROKEE	**Service:*Transit - CATS***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	User Fees, Grants, General Fund

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

This strategy has been added. The Cherokee Area Transportation System provides public transportation services for all County residents.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 11/15/19

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Voter Registration***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

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

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

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

☒ ***No***

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of 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*
Cherokee County	General Fund

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

This strategy has been added to replace, in part, the previous strategy for 'Voter Registration/Elections'. The Cherokee County Board of Elections provides voter registration and County, State, and Federal elections county-wide.

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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

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

Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	**Service:*Water and Sewer Services***

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

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

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

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

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

e.) ☒ Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Cherokee County Water and Sewerage Authority ("CCWSA") and the Cities of Ball Ground, Canton, Waleska, and Woodstock.**

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*
CCWSA	Grants, Bonds, SPLOST, and User Fees
Canton	Enterprise Fund
Ball Ground	Enterprise Fund
Waleska	Enterprise Fund
Woodstock	Enterprise Fund

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

This strategy has been added to replace the previous strategy for 'Water Authority', to add the Cities of Ball Ground and Waleska as service providers, and to incorporate new water and sewer service area maps.

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*
Various	CCWSA, Canton, Woodstock, Holly Springs	Various
Water Purchase Contract	Woodstock and Cobb Marietta Water	5/24/82 - continuing

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?

January 31, 2000 IGA establishing a process for the provision of extraterritorial water and sewer services and land use compatibility.

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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:

CITY OF HOLLY SPRINGS

JOB DESCRIPTION

A. IDENTIFICATION INFORMATION

1. **Job Title: Special Project Coordinator**
2. **Department: Administration** **Division: N/A**
3. **FLSA Classification: Non-Exempt** **Pay Grade: 12**

B. INTRODUCTORY STATEMENT

This position is responsible for coordinating and administering special projects for the Mayor.

C. ESSENTIAL JOB FUNCTIONS

1. Coordinates the implementation of various projects.
2. Monitors progress of projects to ensure milestones and deadlines are met.
3. Identifies and reports any issues related to project implementation in a timely manner.
4. Communicates with City employees to exchange information and coordinate essential tasks.
5. Assists in coordinating reports, briefings, and other correspondence.
6. Performs related duties.

D. JOB FACTOR SPECIFICATIONS

1. Job Requirements

   a. Knowledge, Skill, and Ability

      1. Knowledge of city and departmental policies and procedures.
      2. Knowledge of computers and job-related software programs.
      3. Skill in prioritizing and organizing work.
      4. Skill in the provision of customer services.
      5. Skill in the maintenance of files and records.

6. Skill in the use of such office equipment as a computer, scanner, fax machine, and copier.

7. Skill in oral and written communication.

2. Responsibility

a. This position has no supervision over any other employees.

3. Personal Work Relationships

a. Contacts are typically with city employees, business owners, and the public.

b. Contacts are typically to give or exchange information, resolve problems, and provide services.

4. Physical Effort and Work Environment

a. The work is typically performed in an office while sitting at a desk or table. The employee occasionally lifts light objects.

5. Guidelines

a. Guidelines include city and department policies and procedures. These guidelines are generally clear and specific but may require some interpretation in application.

6. Complexity and Scope of Work

a. The work consists of related administrative duties. Frequent interruptions contribute to the complexity of the position.

b. The purpose of this position is to provide for coordinating and administering special projects for the Mayor. Successful performance contributes to the efficiency and effectiveness of those operations.

7. Minimum Qualifications

a. Knowledge and level of competency commonly associated with the completion of a baccalaureate degree in a course of study related to the occupational field.

b. Sufficient experience to understand the basic principles relevant to the major duties of the position, usually interpreted to require three to five years of related experience.

8. Supervisory Controls

a. The Mayor assigns work in terms of general instructions. The supervisor spot-checks

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completed work for compliance with procedures, accuracy, and the nature and propriety of the results.

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E. APPROVAL SIGNATURES

I have read and understand the attached job description for the position of Special Project Coordinator with the City of Holly Springs.

Employee (print)

Employee (signature) Date

Department Head (print)

Department Head (signature) Date

City Manager (print)

City Manager (signature) Date

DRAFT

City of Holly Springs
City Council Work Session Meeting Minutes
June 1, 2020

Elected Officials Present: Mayor Steven W. Miller, Councilwoman Karen Barnett, Councilman Jeremy Smith, Councilman Kyle Whitaker, and Mayor Pro Tem Michael Roy Zenchuk II.

Elected Officials Absent: Councilwoman Dee Phillips.

Staff Present: City Attorney Robert M. Dyer, City Manager Robert H. Logan, City Clerk Karen Norred, Chief Michael Carswell, Community Development Director Nancy Moon, Finance Director Denise Lamazares and Main Street Director/Assistant City Clerk Erin Honea.

Mayor Miller called the Work Session to order.

Mayor Miller led the Pledge of Allegiance. Councilman Smith gave the invocation.

Public Comment

Cherokee County resident Mark Preetorius spoke against A-01-2020 and MA-02-2020 citing traffic concerns.

Cherokee County resident Debra Frieden spoke against A-01-2020 and MA-02-2020 citing traffic concerns.

Holly Springs resident Karen Samson spoke against A-01-2020 and MA-02-2020 citing traffic concerns.

Cherokee County resident Matt Leszynski spoke against A-01-2020 and MA-02-2020 citing traffic concerns and the environmental impact on Toonigh Creek.

Cherokee County resident John Seifert spoke against A-01-2020 and MA-02-2020 citing traffic and density concerns and the environmental impact on Toonigh Creek.

Cherokee County resident Christina Leszynski declined to speak, stating that all her concerns regarding A-01-2020 and MA-02-2020 had been addressed by others.

Cherokee County resident Barbara Kriner, representing the Homeowners Association of the Falls of Cherokee and the Sixes Coalition, spoke against A-01-2020 and MA-02-2020 citing the aesthetics of the townhomes, inconsistent density with surrounding areas, and traffic concerns.

Holly Springs resident Bradley Carlson spoke against A-01-2020 and MA-02-2020 citing inconsistent density with surrounding areas and traffic concerns.

Cherokee County resident Matt Rogers and Holly Springs resident Frank Baldwin declined to speak, stating their concerns had already been addressed by others.

Mayor Miller announced that the applicant for MA-03-2020 and CUP-04-2020 requested that the items be tabled.

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Mayor Pro Tem Zenchuk made a motion to adjourn the Work Session and enter into Executive Session for the purposes of Litigation and Real Estate. Councilman Whitaker seconded the motion. Motion carried 4-0.

Meeting adjourned.

Respectfully Submitted.

_____
Steven W. Miller, Mayor

Attest:

_____
Karen Norred, City Clerk
(Seal)

DRAFT

City of Holly Springs
City Council Work Session Meeting Minutes
June 15, 2020

Elected Officials Present: Mayor Steven W. Miller, Councilwoman Karen Barnett (present by phone), Councilwoman Dee Phillips, Councilman Jeremy Smith, Councilman Kyle Whitaker, and Mayor Pro Tem Michael Roy Zenchuk II.

Staff Present: City Attorney Robert M. Dyer, City Manager Robert H. Logan, City Clerk Karen Norred, Chief Michael Carswell, Community Development Director Nancy Moon, Finance Director Denise Lamazares, and Main Street Director/Assistant City Clerk Erin Honea.

Mayor Miller called the Work Session to order.

No action taken.

Mayor Pro Tem Zenchuk made a motion to adjourn. Councilwoman Phillips seconded the motion. Motion carried 5-0.

Meeting adjourned.

DRAFT

City of Holly Springs
City Council Meeting Minutes
June 15, 2020

Elected Officials Present: Mayor Steven W. Miller, Councilwoman Karen Barnett (present by phone), Councilwoman Dee Phillips, Councilman Jeremy Smith, Councilman Kyle Whitaker, and Mayor Pro Tem Michael Roy Zenchuk II.

Staff Present: City Attorney Robert M. Dyer, City Manager Robert H. Logan, City Clerk Karen Norred, Chief Michael Carswell, Community Development Director Nancy Moon, Finance Director Denise Lamazares, and Main Street Director/Assistant City Clerk Erin Honea.

Mayor Miller called the meeting to order. Councilman Smith gave the invocation.

Mayor Pro Tem Zenchuk made a motion to move Items 10-16 to the Consent Agenda. Councilman Whitaker seconded the motion. Motion carried 5-0.

Consent Agenda

1. May 4, 2020 Council Work Session & Special Called Meeting Minutes

2. May 21, 2020 Council Work Session & Meeting Minutes

3. Proposal for pre-demolition screening for suspected asbestos for certain structures located at 411 Hickory Road and 100 Hickory Circle from Environmental Associates, Inc. in an amount not to exceed $1,400

4. Letter of Agreement for Professional Design Services, Holly Springs Town Center Project, Task 1 – Audio-Visual System Design, Task 2 – Site Electrical & Low Voltage Lighting Design, Task 3 – Tree Mitigation Plans, Task 4 – Memorial Park Design, and Task 5 – Memorial Park Bidding Assistance & Construction Administration Assistance among Foresite Group, LLC, the Downtown Development Authority, and the City of Holly Springs, Georgia

5. Professional Services Agreement Addendum No. 13 for Task 73 – Boundary Survey and Task 74 – Topographic Mapping between Southeastern Engineering, Inc. (SEI) and the City of Holly Springs, Georgia

6. Utility Relocation Agreement between Georgia Power Company and the City of Holly Springs, Georgia for the Palm Street Sidewalk and Drainage Project, Georgia Department of Transportation Project Number PI# L8211, in an amount not to exceed $58,894

7. Terminating a Service Agreement between Clementine Creative and the City of Holly Springs, Georgia

8. Amendments to RES-15-2020, to open one (1) Certificate of Deposit (CD) in the Autocallable Goldman Sachs (GS) Momentum Builder Multi-Asset 5S ER Index-Linked Certificate of Deposit (CD) due 2027 with South State Bank Investment Services and authorize the City Manager to manage said investment

9. Resolution to open a Certificate of Deposit with South State Bank and authorize the City Manager to manage said Certificate of Deposit

10. 2020-2021 Classic Main Street Memorandum of Understanding among the Georgia Department of Community Affairs Office of Downtown Development Georgia Main Street Program, the Downtown Development Authority, the Main Street Director, and the City of Holly Springs, Georgia and authorize the City Clerk and Main Street Director to electronically execute the agreement

11. Trademark Sublicense Agreement between the Georgia Department of Community Affairs and the City of Holly Springs, Georgia and authorize the Main Street Director to electronically execute the agreement

12. Proposal Number 1612 for the East Cherokee Guardrail Project from Gracie Gray Contractors, Inc. in an amount not to exceed $39,930

13. Proposal from OnSite Monitoring & Management, LLC for the activities associated with the National Pollutant Discharge Elimination System (NPDES) general permit GAR100001 for the Holly Springs Mixed-Use Land Disturbance Permit in an amount not to exceed $300 per month and authorize and ratify the City Manager's execution of the agreement

14. Amendment One to the Contract for Professional Services between Optech Monette, LLC and the City of Holly Springs, Georgia

15. Contract Change Order #11 from Georgia Development Partners for the Hickory Road and Palm Street Intersection Improvements Project in an amount not to exceed $14,506.80

16. Amendments to the job description for Administrative Assistant, Police Department

Mayor Pro Tem Zenchuk made a motion to approve the June 15, 2020 Consent Agenda. Councilwoman Phillips seconded the motion. Motion carried 5-0.

City Manager Robert H. Logan announced that the May finance report was in the packet.

Mayor Pro Tem Zenchuk made a motion to adjourn. Councilwoman Phillips seconded the motion. Motion carried 5-0.

Meeting adjourned.

Respectfully Submitted.

_____

Steven W. Miller, Mayor

DRAFT

Attest:

_____

Karen Norred, City Clerk
(Seal)

DRAFT

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF HOLLY SPRINGS, GEORGIA, TO AMEND THE ADOPTED MUNICIPAL SERVICES MASTER FEE SCHEDULE; TO PROVIDE FOR THE HEALTH, SAFETY, AND WELFARE OF THE GENERAL PUBLIC; TO ESTABLISH THE EFFECTIVE DATE; AND FOR OTHER PURPOSES

WHEREAS, the Mayor and City Council of the City of Holly Springs, Georgia, seek to provide for the health, safety, and welfare of the general public; and

WHEREAS, the Mayor and City Council of the City of Holly Springs, Georgia amend the fee schedule from time to time; and

NOW, THEREFORE, IT IS HEREBY RESOLVED, that the Mayor and City Council of the City of Holly Springs, Georgia, do hereby adopt the amended Municipal Services Master Fee Schedule as attached hereto as Exhibit "A."

IT IS HEREBY FURTHER RESOLVED, by the Mayor and City Council of the City of Holly Springs, Georgia, that the amended Municipal Services Master Fee Schedule attached hereto as Exhibit "A," shall be effective immediately.

This Resolution is adopted this 27th day of July, 2020.

CITY OF HOLLY SPRINGS

_____
Steven W. Miller, Mayor

Attest:

_____
Karen Norred, City Clerk
(Seal)

DRAFT

EXHIBIT A

-AMENDED-
CITY OF HOLLY SPRINGS MUNICIPAL SERVICES MASTER FEE SCHEDULE

Building Permits

Fence Permit – Residential	$25

DRAFT

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF HOLLY SPRINGS, GEORGIA; CALLING FOR A SPECIAL ELECTION TO BE HELD IN CONJUNCTION WITH THE 2020 GENERAL MUNICIPAL ELECTION; SETTING FORTH THE MANNER OF QUALIFICATION; NAMING THE DATE OF SAID ELECTION; PROVIDING FOR CLOSURE OF VOTER REGISTRATION; PROVIDING FOR QUALIFICATION FEES, AND FOR OTHER PURPOSES

WHEREAS, the Special Election to be held in conjunction with the General Election for the City of Holly Springs, Georgia will be held on the 3rd day of November 2020; and

WHEREAS, House Bill 1087 provides for authorization of a referendum to permit for a homestead exemption from ad valorem taxes for residents who are 62 years of age and older; and

WHEREAS, the ballot shall have written or printed thereon the words:

Shall the Act be approved which provides a homestead exemption from City of Holly Springs ad valorem taxes for municipal purposes in the amount of up to $409,900.00 of the appraised value of the homestead for residents of that city who are 62 years of age or older?

WHEREAS, the Mayor and two (2) Council Members representing Wards 3 and 5 shall be elected in such election; and

WHEREAS, all persons desiring to be a candidate for Mayor or Council shall qualify in person at City Hall in the City Clerk's office between 8:30 a.m. and 4:30 p.m., Monday through Friday. Qualifying begins on the 17th day of August 2020 and ends the 19th day of August 2020. The qualifying fee for Mayor is $360 and Council is $180, payable to the City of Holly Springs at the time of qualifying; and

WHEREAS, the City of Holly Springs has an Intergovernmental Agreement with the Cherokee County Board of Elections to conduct Municipal Elections. This agreement sets forth the duties of the City Clerk and the Supervisor of the Cherokee County Elections and Registration Office; and

WHEREAS, Absentee, Advance, Early and Saturday Voting will be handled through the office of the Cherokee County Board of Elections; and

WHEREAS, the deadline for Voter Registration for the General Election shall be at the close of business on Monday, October 5, 2020; and

BE IT SO RESOLVED, this 27th day of July 2020.

_____
Steven W. Miller, Mayor

Attest:

_____
Karen Norred, City Clerk
(Seal)

DRAFT

Anticipated Collections Addendum from Non-Federal Sources

Please provide the information requested in the table below. This information will be used to complete your Memorandum of Agreement (MOA). See Page 2 for additional instructions and an explanation of terms.

1. Agency Information	
Agency Name:	City of Holly Springs
Tax Identification Number (TIN):	58-1051551
Data Universal Numbering System (DUNS) or Business Partner Network (BPN) Number:	087903287
2. Billing (Accounts Payable) Point of Contact (POC) Information	
Name:	City of Holly Springs
Phone Number (xxx-xxx-xxxx):	770-345-5536
Fax Number (xxx-xxx-xxxx):	770-345-0209
E-mail Address:	knorred@hollyspringsga.us
Address:	PO Box 990
Address (2nd line):	
City, State, Zip Code:	Holly Springs, GA 30142
3. Customer Payment and Budgeting Information	
Purchase Commitment Number:	
Payment Method:	Check
Amount Obligated (Budgeted):	$300
Funds Expiration Date:	December 31, 2020
4. Program POC	
Name:	Karen Norred
Phone Number (xxx-xxx-xxxx):	770-721-7502
E-mail Address:	knorred@hollyspringsga.us

In accordance with the SAVE Paperless Initiative, my agency agrees to only submit electronic verification requests and to not submit non-electronic verification requests, including non-electronic requests made on Form G-845 and/or the Form G-845 Supplement.

This addendum will commence as soon as all signatures are obtained in accordance with the Memorandum of Agreement. Both parties must agree to any amendments prior to their implementation in accordance with the Memorandum of Agreement.

Karen Norred
City Clerk/HR Director, City of Holly Springs

Jonathan M. Mills
Chief, SAVE Program, DHS USCIS

07/11/2020
Date

Date

Internal SAVE Use ONLY
Agency High Level Identifier:

INSTRUCTIONS FOR COMPLETING THIS ADDENDUM

1. Type or legibly print the information requested. See below for an **Explanation of Terms**.
2. Have your agency's authorized signatory sign and date the Addendum.
3. Return the Addendum to your SAVE Program Agency Manager via e-mail, or fax (802) 860-6907 or U.S. mail to:

   SAVE Program
   U.S. Citizenship and Immigration Services
   Department of Homeland Security
   10 Fountain Plaza
   Buffalo, NY 14202

   If you require an original signature from the SAVE Program Chief on your copy of this Addendum, please mail your signed Addendum to:

   SAVE Program
   U.S. Citizenship and Immigration Services
   MS2620
   Department of Homeland Security
   Washington, DC 20529-2620

   **Do not send any payment along with this ACA; you will receive a monthly bill for any use.

EXPLANATION OF TERMS

[1]**DUNS or BPN Number:** This field may be left blank if your agency does not have a DUNS or BPN number.

[2]**Purchase Commitment Number:** This field may be left blank if your agency does not use this number or a similar identifier.

[3]**Amount Obligated (Budgeted):** This amount may be an estimate, though SAVE recommends a minimum of $300 per year (calendar or fiscal), which is equal to $25 per month and is the minimum amount your agency can be invoiced in a single month (unless you do not submit a single query).

[4]**Funds Expiration Date:** This date is the time at which your agency's obligated funding amount runs out. This may be the end of the SAVE Program fiscal year (for example, September 2011), the end of your fiscal year, or the end of the calendar year.

[5]**Form G-845:** Verification Document, Form G-845, file electronically. Use this form to verify the immigration status of applications for state or local public benefits when additional verification is required.

E 9-1-1 Communications
Cherokee County, Georgia

150 Chattin Dr ~ Canton GA 30115
Phone: 678-493-4008 ~ Fax: 678-493-4199

Public Safety Memorandum of Understanding

This agreement is made and entered into this 13th day of May 2020, by and between Cherokee County, a political subdivision of the State of Georgia, (the County), and the City of Holly Springs, a municipality of Cherokee County, Georgia (the City).

Witnesseth

The parties desire both to interface utilization of "9-1-1" as a number for procuring emergency services between the parties, and to form a cooperative "9-1-1" Emergency Answering Center for the purpose of receiving and dispatching emergency calls.

In consideration of the mutual benefits to be derived by each and the promises made and set forth herein, the parties agree to abide by all applicable CALEA standards and the following:

1. An organization known as the Cherokee County E 9-1-1 Emergency Communications Center (the Center) is hereby established. The purpose of the communications center is to provide emergency telephone answering, radio and data services for the parties hereto. The Center shall provide emergency call answering services for law enforcement, fire and emergency medical services in Cherokee County 24 hours a day, 7 days a week, and 365 days a year.

2. This agreement shall be effective for 36 months, or until such time as both parties mutually agree to terminate.

3. The County shall hold title to and have care, custody and control of the real property, equipment, furnishings, fixtures and the Center. The County shall further be responsible for planning, acquiring, and maintaining the common equipment of the Center. ***Specific equipment purchased by the City or County for an individual agency to aid in a particular function of that agency shall remain the property of the purchasing entity.***

4. The Center shall provide for its day to day operations, which will include personnel, management, operating costs, and office supplies. Subject to approval by the County, the Center shall be in charge of the hiring, training, disciplining, and management of the employees working on the premises of, or in conjunction with, the operation of the

Center. The County will administer the employee's pay, insurance, vacations, and any and all benefits accruing to the employees.

5. E 9-1-1 will maintain a record of services provided (i.e. phone and radio records and CAD records) as per the Georgia Retention Schedule.

6. Fees may be charged to the Organization for additional services as deemed appropriate, fair, and mutually agreeable.

7. The Center will work to maintain policies that are not in conflict with the policies established by our stakeholders.

8. Equipment and software purchases as well as contracts for the purpose of operating the Center shall be in the name of the County. The Center costs shall consist of the following items: buildings, recorders, phone lines, equipment, salaries and benefits, center supplies and materials, depreciation of equipment, employee training and related expenses, publicity expenses, and other expenses incurred during the day to day operations of the Center and based upon a fiscal budget approved by the County.

9. All funds, payments, and disbursements on behalf of the Center shall be accounted for by the respective finance departments of the County and the Center. The County shall conduct and annual audit of the 9-1-1 Surcharge Fund as required by state and federal law, and the Center shall conduct an audit of the annual budget.

10. Revenues received through the collection of the E 9-1-1 surcharge from local and cellular phone providers shall be administered by the County and utilized as prescribed by law. Primary use of funds shall be for facility lease/rental, improvements, utilities, communications equipment, and other computer hardware/software.

11. All gifts or grants in furtherance of the purpose of the Center shall be in the name of the County unless otherwise restricted or limited by donor or grantor and shall be used for the purpose of reducing the overall operating costs of the Center.

12. All claims for federal and state aid for the operation of the Center shall be made by or for the benefit of the County.

13. This contract may be amended by the Center Director or their designee upon receipt of a written request submitted by the party hereto.

14. Any dispute arising between the parties hereto shall be decided by the Center.

The Director of Cherokee Co. E 9-1-1 shall serve as the administrator of this agreement in the manner provided herein.

IN WITNESS WHEREOF, the parties, acting through their duly authorized officers, have caused this Agreement to be executed.

Jerry Cooper County Manager Cherokee County	Date	Steven W. Miller Mayor City of Holly Springs	Date

BMK CONSTRUCTION & ENGINEERING
www.bmandk.com

June 22, 2020

City of Holly Springs
Attn: Mr. Robert H. Logan, City Manager
PO Box 990
Holly Springs, GA 30142

Subject: Award Recommendation – 2020 Stormwater Maintenance Project

Dear Mr. Logan:

Bids for the above referenced projects were received, opened, and read aloud at City Hall on June 19th, 2020 at 10:00 AM. Technical evaluations of the bids submitted have been completed and **Table 1 & 2** below list the results:

Rank	Bidder Name	Bid
1	A1 Contracting	$ 37,600.00
2	Excellere Construction	$ 38,850.00
3	Blount Construction	$ 51,165.09
4	Chatfield Contracting	$ 71,266.00
5	Site Engineering	$ 116,000.00

Table 1 – Base Bid

Rank	Bidder Name	Bid
1	Excellere Construction	$ 52,800.00
2	Chatfiled Contracting	$ 59,928.00
3	A1 Contracting	$ 70,500.00
4	Blount Construction	$ 76,963.45
5	Site Engineering	$ 85,800.00

Table 2 – Alternate 1 – Ozark Trail

A thorough review has confirmed that each proposal has met all of the prescribed requirements in the bid documents. Complete bid packages for all bidders are included as Enclosures 1-5. They are being returned for your use until the contract has been awarded. Bid Bonds may be returned to the remaining bidders at your earliest opportunity.

Excellere Construction submitted the qualifying low bid of $91,650.00 for the combined Base Bid Stormwater Improvement and Alternate 1. Their bid is lower than the engineer's estimate and approximately 27% lower than the next qualifying bid (A1 Contracting). Therefore, I recommend award of the 2020 Stormwater Maintenance Project as well as Alternate 1 to Excellere Construction, LLC. I have included the bid tabulation for your review as Enclosure 5.

103 Mountian Brook Drive, Suite 112, Holly Springs GA 30115
phone: 678.522.5601

Furthermore, a Notice of Award has been included to Excellere Construction, LLC. as Enclosure 6. It should be placed on City letterhead and, upon award, mailed to Excellere Construction, LLC, 4343 Shallowford Road, Suite B6B, Marietta, GA 30062.

The final contract documents will be prepared for signatures and forwarded for execution while the City awaits Payment Bonds, Performance Bonds, and Certificates of Insurance from the contractor. When these items are received and the contracts have been executed, a Notice to Proceed will be issued.

Please let me know if you have any questions or need any additional information.

Sincerely,

Jacob Hughes, P.E.
Consultant City Engineer

Cc: Project File

ENCL:
(1) Bid Package, Blount Construction Company Inc.
(2) Bid Package, A1 Contracting
(3) Bid Package, Site Engineering Inc.
(4) Bid Package, Chatfield Contracting, Inc.
(5) Bid Tabulation
(6) Notice of Award – Excellere Construction, LLC.

Bid Schedule 2020 Maintenance Project

Line No.	Item Number	Description	Unit	Quantity	Unit Prices				
					Excellere	Blount	A1	Site Engineering	Chatfield
5	150-1000	TRAFFIC CONTROL	LS	1	$1,000.00	$8,366.40	$5,000.00	$25,000.00	$3,500.00
10	210	MINOR GRADING	LS	1	$14,998.44	$5,435.43	$7,500.00	$25,000.00	$57,266.00
15	632	CATCH BASIN LID - REMOVE & RECONSTRUCT	EA	10	$1,208.92	$1,364.99	$1,000.00	$3,000.00	$500.00
20	632	CATCH BASIN LID - REMOVE AND RESET	EA	1	$616.34	$1,392.48	$800.00	$3,000.00	$500.00
25	632	CATCH BASIN LID - RESET	EA	7	$616.34	$700.88	$500.00	$2,000.00	$250.00
30	632	CATCH BASIN - REMOVE AND RECONSTRUCT THROAT	EA	1	$938.64	$2,411.72	$300.00	$4,000.00	$1,000.00
40	441-0104	CONCRETE SIDEWALK, 4 IN - REMOVE & REPLACE	SY	150	$32.62	$100.02	$70.00	$100.00	$15.00
				TOTAL	**$38,850.00**	**$51,165.09**	**$ 37,600.00**	**$ 116,000.00**	**$ 71,266.00**

Bid Schedule FY 2020 Stormwater Maintenance Project - Alternate 1

Line No.	Item Number	Description	Unit	Quantity	Unit Prices				
					Excellere	Blount	A1	Site Engineering	Chatfield
		ALTERNATE 1							
5	210-0001	GRADING COMPLETE	LS	1	$ 18,181.22	$ 27,204.75	$ 25,000.00	$ 10,000.00	$ 36,128.00
10	441-0016	DRIVEWAY CONC, 6 IN TK	SY	100	$ 46.78	$ 53.44	$ 70.00	$ 100.00	$ 15.00
15	441-6216	CONC CURB & GUTTER, 8 IN X 24 IN, TP 2	LF	100	$ 21.55	$ 28.71	$ 30.00	$ 100.00	$ 12.00
20	550-1180	STORM DRAIN PIPE (RCP), 18 IN, H 1-10	LF	100	$ 80.41	$ 140.07	$ 60.00	$ 100.00	$ 22.00
25	550-4218	FLARED END SECTION, 18 IN, STORM DRAIN	EA	1	$ 1,864.64	$ 1,590.44	$ 1,000.00	$ 2,000.00	$ 500.00
30	603-2181	STN DUMPED RIP RAP, TP 3, 18 IN	SY	50	$ 53.52	$ 29.67	$ 20.00	$ 100.00	$ 20.00
35	603-7000	FILTER FABRIC	SY	50	$ 4.66	$ 8.84	$ 10.00	$ 6.00	$ 3.00
40	668-2100	DROP INLET, GP 1	EA	1	$ 3,602.05	$ 4,348.28	$ 2,500.00	$ 5,000.00	$ 2,500.00
45	668-6112	TRENCH DRAIN, 12 IN	LF	40	$ 228.27	$ 300.12	$ 400.00	$ 400.00	$ 250.00
50	668-7018	18 INCH GRATED INLET - YARD DRAIN	EA	1	$ 329.40	$ 5,379.72	$ 1,500.00	$ 5,000.00	$ 2,500.00
55	700-9300	SOD - BERMUDA	SY	150	$ 11.04	$ 13.18	$ 10.00	$ 30.00	$ 10.00
60	700	PERM EROSION CONTROL, GRASSING, MATTING - SLOPE	LS	1	$ 252.89	$ 310.96	$ 5,500.00	$ 8,000.00	$ 750.00
				TOTAL	**$ 52,800.00**	**$ 76,963.45**	**$ 70,500.00**	**$ 85,800.00**	**$ 59,928.00**

COMBINED BASE BID + ALTERNATE 1 **$ 91,650.00** **$ 128,128.54** **$ 108,100.00** **$ 201,800.00** **$ 131,194.00**

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF HOLLY SPRINGS TO ACCEPT A LOAN AND A GRANT FROM THE GEORGIA TRANSPORTATION INFRASTRUCTURE BANK (GTIB) ADMINISTERED BY THE STATE ROAD AND TOLLWAY AUTHORITY (SRTA); AND AUTHORIZING THE CITY MANAGER TO ACT IN ALL MATTERS PERTAINING TO THE CITY OF HOLLY SPRINGS' PARTICIPATION IN THE GEORGIA TRANSPORTATION INFRASTRUCTURE BANK (GTIB) LOAN AND GRANT PROGRAM ADMINISTERED BY THE STATE ROAD AND TOLLWAY AUTHORITY (SRTA)

WHEREAS, the State Road and Tollway Authority (SRTA) administers the Georgia Transportation Infrastructure Bank (GTIB) Loans and Grants program for highly competitive transportation projects that have enhanced mobility and driven economic development in local communities throughout Georgia; and

WHEREAS, the State Road and Tollway Authority (SRTA) has awarded the City of Holly Springs the Georgia Transportation Infrastructure Bank (GTIB) Loan in an amount of $3,500,000; and

WHEREAS, the State Road and Tollway Authority (SRTA) has awarded the City of Holly Springs the Georgia Transportation Infrastructure Bank (GTIB) Grant in an amount of $1,250,000; and

WHEREAS, the funds from the loan and grant will be used for the Holly Springs Parkway Widening Phase II Project; and

WHEREAS, the Mayor and City Council authorize the City Manager to act in all matters in connection with the Georgia Transportation Infrastructure Bank (GTIB) Loan and Grant Program through the State Road and Tollway Authority (SRTA)

NOW, THEREFORE BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF HOLLY SPRINGS, GEORGIA, that

1. The City of Holly Springs is hereby accepting a loan from the Georgia Transportation Infrastructure Bank (GTIB) administered by the State Road and Tollway Authority (SRTA) in an amount of $3,500,000.

2. The City of Holly Springs is hereby accepting a grant from the Georgia Transportation Infrastructure Bank (GTIB) administered by the State Road and Tollway Authority (SRTA) in an amount of $1,250,000.

3. The Mayor and City Council authorize the City Manager to act in all matters in connection with the Georgia Transportation Infrastructure Bank (GTIB) Loan and Grant Program through the State Road and Tollway Authority (SRTA).

4. The City of Holly Springs' officials and staff are directed to do any and all acts necessary to carry out the intent of this Resolution.

DRAFT

This Resolution is adopted this 27th day of July 2020.

Attest:

_____
Steven W. Miller, Mayor

_____
Karen Norred, City Clerk
(Seal)

DRAFT

FINANCIAL HIGHLIGHTS
June 30, 2020

Budget Summary
50% of year lapsed

	Audited		Unaudited	
	2019 Year End Actual	2020 Annual Budget	2020 Year to Date	% Annual Budget
REVENUES BY FUND				
General Fund	8,873,082	8,950,000	2,227,730	24.89%
Operating Grant Fund	183,262	215,000	77,788	36.18%
Parks & Recreation Fund	390,944	390,000	210,830	54.06%
Hotel/Motel Tax Fund	4,249	5,000	1,311	26.23%
Urban Redevelopment Agency	1,493,031	3,000,000	4,510,837	150.36%
SPLOST III Fund	15,296	275,000	47	0.02%
SPLOST IV Fund	7,235	70,000	24	0.03%
SPLOST V Fund	2,445,685	8,556,365	1,197,511	14.00%
Town Center Fund	2,419,961	3,351,600	4,510,982	134.59%
Debt Service Fund	2,179,430	516,319	1,058	0.20%
Stormwater Utility Fund	406,454	350,000	14,426	4.12%
TOTAL REVENUES - ALL FUNDS	**$ 18,418,629**	**$ 25,679,284**	**$ 12,752,543**	**49.66%**

EXPENDITURES/EXPENSES BY FUND				
General Fund	11,184,086	8,950,000	5,312,454	59.36%
Operating Grant Fund	183,219	215,000	72,166	33.57%
Parks & Recreation Fund	488,132	390,000	40,446	10.37%
Hotel/Motel Tax Fund	7,580	5,000	540	10.80%
Urban Redevelopment Agency	1,493,031	3,000,000	4,510,837	150.36%
SPLOST III Fund	-	275,000	-	0.00%
SPLOST IV Fund	-	70,000	-	0.00%
SPLOST V Fund	4,556,125	8,556,365	405,688	4.74%
Town Center Fund	2,270,161	3,351,600	4,809,816	143.51%
Debt Service Fund	358,736	516,319	15,382	2.98%
Stormwater Utility Fund	263,042	350,000	96,715	27.63%
TOTAL EXPENDITURES/ EXPENSES - ALL FUNDS	**$ 20,804,112**	**$ 25,679,284**	**$ 15,264,044**	**59.44%**

Comparison to Prior Year
50% of year lapsed

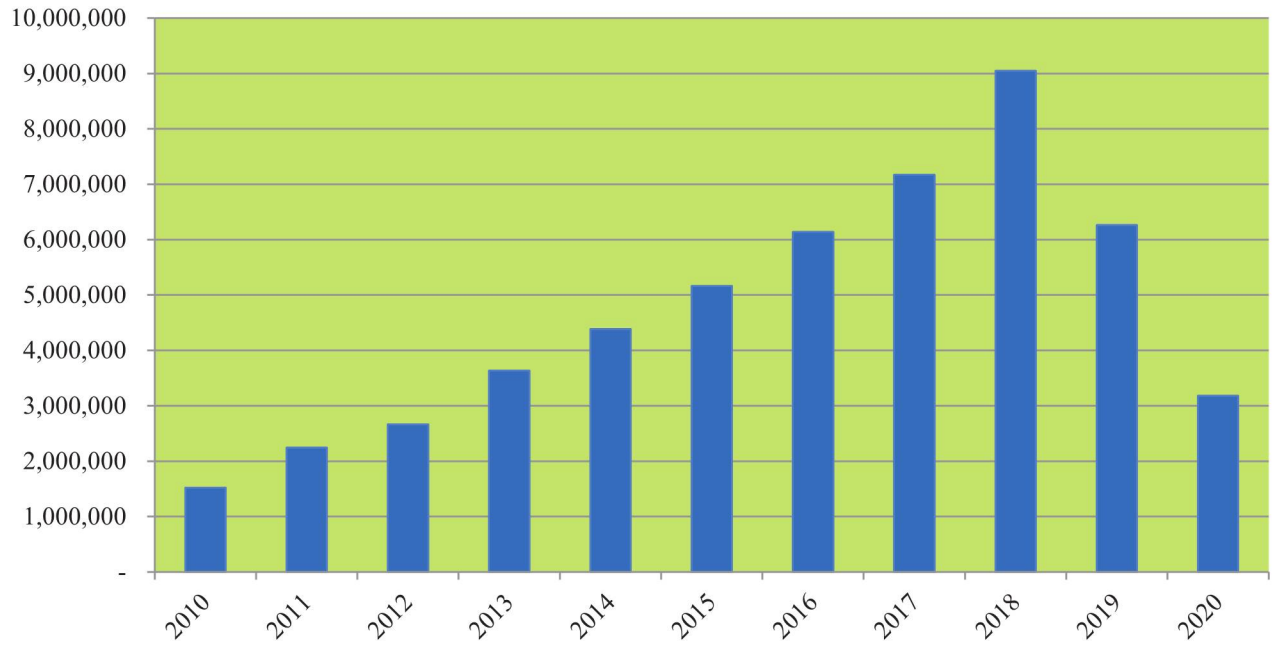
	6/30/19 Actual	2019 Annual Budget	% of Annual Budget	6/30/20 Actual	2020 Annual Budget	% of Annual Budget
REVENUES BY FUND						
General Fund	2,269,177	11,500,000	19.73%	2,227,730	8,950,000	24.89%
Operating Grant Fund	106,246	228,500	46.50%	77,788	215,000	36.18%
Parks & Recreation Fund	188,778	500,000	37.76%	210,830	390,000	54.06%
Hotel/Motel Tax Fund	2,336	4,500	51.91%	1,311	5,000	26.23%
Urban Redevelopment Agency	-	2,000,000	0.00%	4,510,837	3,000,000	150.36%
SPLOST III Fund	9,205	15,325	60.07%	47	275,000	0.02%
SPLOST IV Fund	8,474	71,500	11.85%	24	70,000	0.03%
SPLOST V Fund	1,204,864	4,728,895	0.00%	1,197,511	8,556,365	14.00%
Town Center Fund	397,840	2,635,103	15.10%	4,510,982	3,351,600	134.59%
Debt Service Fund	179,368	2,179,368	8.23%	1,058	516,319	0.20%
Stormwater Utility Fund	24,936	335,000	7.44%	14,426	350,000	4.12%
TOTAL REVENUES - ALL FUNDS	**$ 4,391,224**	**$ 24,198,191**	**52.70%**	**$ 12,752,543**	**$ 25,679,284**	**49.66%**

EXPENDITURES/EXPENSES BY FUND						
General Fund	5,167,814	11,500,000	44.94%	5,312,454	8,950,000	59.36%
Operating Grant Fund	97,957	228,500	42.87%	72,166	215,000	33.57%
Parks & Recreation Fund	296,829	500,000	59.37%	40,446	390,000	10.37%
Hotel/Motel Tax Fund	7,030	4,500	156.22%	540	5,000	10.80%
Urban Redevelopment Agency	-	2,000,000	0.00%	4,510,837	3,000,000	150.36%
SPLOST III Fund	-	15,325	0.00%	-	275,000	0.00%
SPLOST IV Fund	-	71,500	0.00%	-	70,000	0.00%
SPLOST V Fund	2,189,906	4,728,895	0.00%	405,688	8,556,365	4.74%
Town Center Fund	352,971	2,635,103	13.39%	4,809,816	3,351,600	143.51%
Debt Service Fund	179,368	2,179,368	8.23%	15,382	516,319	2.98%
Stormwater Utility Fund	149,766	335,000	44.71%	96,715	350,000	27.63%
TOTAL EXPENDITURES/ EXPENSES - ALL FUNDS	**$ 8,441,641**	**$ 24,198,191**	**63.08%**	**$ 15,264,044**	**$ 25,679,284**	**59.44%**

Changes in Fund Balance/Net Position
As of June 30, 2020

	Audited			Unaudited	
Fund	**Balance as of 1/1/2020**	**Revenues**	**Expenditures/ Expenses**	**Balance as of 6/30/2020**	**Net Increase/ (Decrease)**
General Fund	6,263,331	2,227,730	5,312,454	3,178,607	(3,084,724)
Operating Grant Fund	37,126	77,788	72,166	42,748	5,622
Parks & Recreation Fund	149,491	210,830	40,446	319,875	170,384
Hotel/ Motel Tax Fund	6,842	1,311	540	7,613	771
Urban Redevelopment Agency	-	4,510,837	4,510,837	-	-
SPLOST III Fund	273,978	47	-	274,025	47
SPLOST IV Fund	66,716	24	-	66,740	24
SPLOST V Fund	(3,058,475)	1,197,511	405,688	(2,266,653)	791,822
Town Center Fund	167,393	4,510,982	4,809,816	(131,441)	(298,834)
Debt Service Fund	1,820,694	1,058	15,382	1,806,370	(14,324)
Stormwater Utility Fund	4,155,266	14,426	96,715	4,072,976	(82,290)
	$ 9,882,362	**$ 12,752,543**	**$ 15,264,044**	**$ 7,370,861**	**$ (2,511,501)**

General Fund - History of Fund Balance

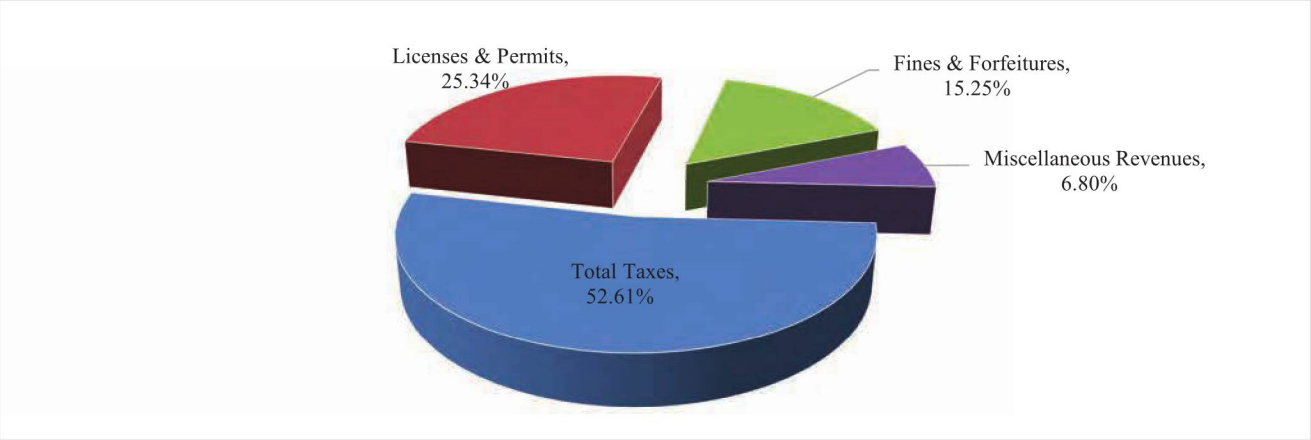


Budget Comparison Report - General Fund

50% of year lapsed

REVENUES	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Property Taxes	6,715	4,200,000	141,914	3.38%
Motor Vehicle Taxes	6,626	60,000	55,002	91.67%
Motor Vehicle Title Ad Valorem Tax	31,971	325,000	193,741	59.61%
Mobile Home Tax	-	150	153	101.76%
Recording Intangible Taxes	10,593	75,000	68,290	91.05%
Penalties & Interest	551	12,500	5,164	41.31%
Fifa Fees	135	2,000	915	45.75%
Franchise Tax	-	415,000	449,940	108.42%
Railroad Equipment Car Tax	-	650	-	0.00%
Real Estate Transfer Tax	1,113	15,000	8,691	57.94%
Business & Occupation Tax	2,425	125,000	49,121	39.30%
Financial Institutions Tax	-	3,500	3,831	109.46%
Insurance Premium Tax	-	705,000	-	0.00%
Total Taxes	78,765	6,440,300	1,171,993	18.20%
Licenses & Permits	70,672	1,222,600	564,495	46.17%
Fines & Forfeitures	64,498	665,100	339,645	51.07%
Miscellaneous Revenues	19,414	556,750	91,664	16.46%
Interest Income	465	35,000	22,562	64.46%
Proceeds from the Sale of Conf Assets	-	250	-	0.00%
Proceeds from the Sale of Assets	25,670	10,000	25,870	258.70%
Donation from Private Sources	11,500	20,000	11,500	57.50%
TOTAL GENERAL FUND REVENUES	**$ 270,985**	**$ 8,950,000**	**$ 2,227,730**	**24.89%**

Revenues by Source



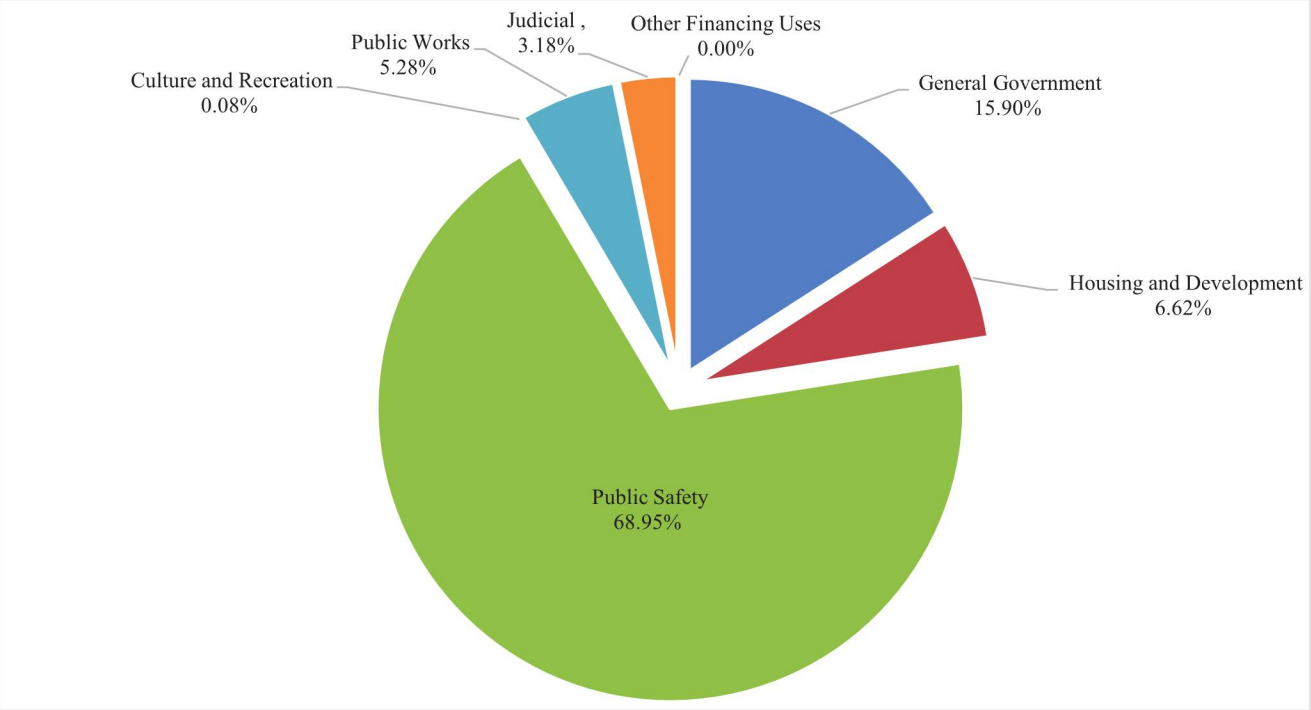
EXPENDITURES	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget

Budget Comparison Report - General Fund

50% of year lapsed

General Government	105,683	1,666,873	844,785	50.68%
Housing and Development	52,811	745,850	351,844	47.17%
Public Safety	281,290	5,564,690	3,662,785	65.82%
Culture and Recreation	-	4,000	4,000	100.00%
Public Works	48,440	641,990	280,342	43.67%
Judicial	35,942	326,597	168,698	51.65%
Other Financing Uses	-	-	-	#DIV/0!
TOTAL GENERAL FUND EXPENDITURES	**$ 524,167**	**$ 8,950,000**	**$ 5,312,454**	**59.36%**

Expenditures by Function



Budget Comparison Report - All Funds

50% of year lapsed

	Audited		Unaudited	
	2019 Year End Actuals	**2020 Annual Budget**	**Year to Date**	**% 2020 Annual Budget**
GENERAL FUND				
Revenues:	8,873,082	8,950,000	2,227,730	24.89%
Expenditures:	11,184,086	8,950,000	5,312,454	59.36%
Excess Revenues over (under) Expenditures	**(2,311,004)**	**-**	**(3,084,724)**	
OPERATING GRANT FUND				
Revenues:	183,262	215,000	77,788	36.18%
Expenditures:	183,219	215,000	72,166	33.57%
Excess Revenues over (under) Expenditures	**43**	**-**	**5,622**	
PARKS & RECREATION FUND				
Revenues:	390,944	390,000	210,830	54.06%
Expenditures:	488,132	390,000	40,446	10.37%
Excess Revenues over (under) Expenditures	**(97,188)**	**-**	**170,384**	
HOTEL/MOTEL TAX FUND				
Revenues:	4,249	5,000	1,311	26.23%
Expenditures:	7,580	5,000	540	10.80%
Excess Revenues over (under) Expenditures	**(3,331)**	**-**	**771**	
URBAN REDEVELOPMENT AGENCY				
Revenues:	1,493,031	3,000,000	4,510,837	150.36%
Expenditures:	1,493,031	3,000,000	4,510,837	150.36%
Excess Revenues over (under) Expenditures	**-**	**-**	**-**	
SPLOST III FUND				
Revenues:	15,296	275,000	47	0.02%
Expenditures:	-	275,000	-	0.00%
Excess Revenues over (under) Expenditures	**15,296**	**-**	**47**	
SPLOST IV FUND				
Revenues:	7,235	70,000	24	0.03%
Expenditures:	-	70,000	-	0.00%
Excess Revenues over (under) Expenditures	**7,235**	**-**	**24**	
SPLOST V FUND				
Revenues:	2,445,685	8,556,365	1,197,511	14.00%
Expenditures:	4,556,125	8,556,365	405,688	4.74%

Budget Comparison Report - All Funds
50% of year lapsed

	Audited		Unaudited	
	2019 Year End Actuals	**2020 Annual Budget**	**Year to Date**	**% 2020 Annual Budget**
Excess Revenues over (under) Expenditures	**(2,110,440)**	**-**	**791,822**	
TOWN CENTER FUND				
Revenues:	2,419,961	3,351,600	4,510,982	134.59%
Expenditures:	2,270,161	3,351,600	4,809,816	143.51%
Excess Revenues over (under) Expenditures	**149,800**	**-**	**(298,834)**	
DEBT SERVICE FUND				
Revenues:	2,179,430	516,319	1,058	0.20%
Expenditures:	358,736	516,319	15,382	2.98%
Excess Revenues over (under) Expenditures	**1,820,694**	**-**	**(14,324)**	
STORMWATER UTILITY FUND				
Revenues:	406,454	350,000	14,426	4.12%
Expenses:	263,042	350,000	96,715	27.63%
Excess Revenues over (under) Expenses	**143,412**	**-**	**(82,290)**	

Investments
As of June 30, 2020

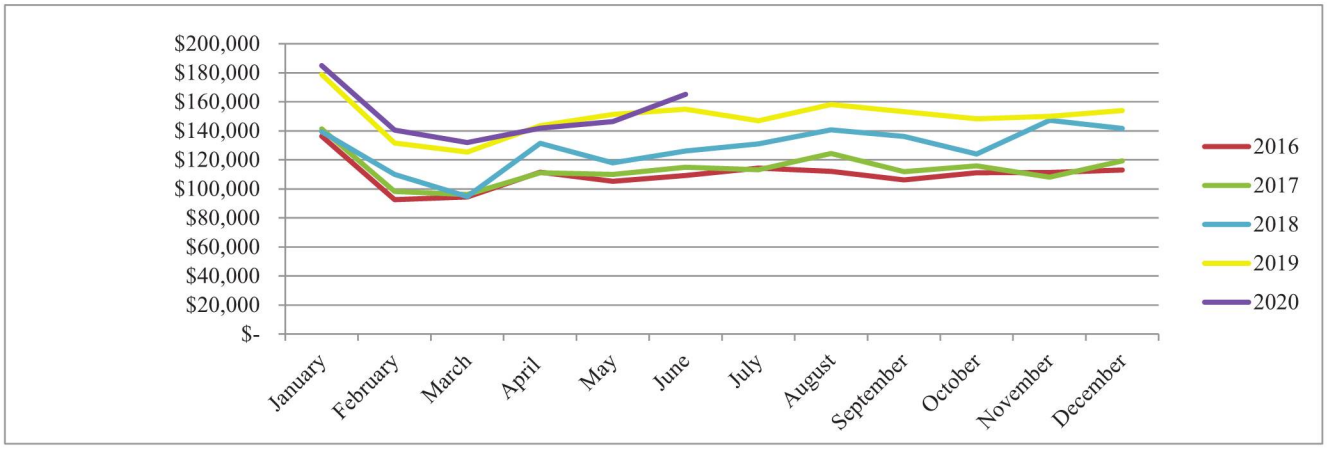
Ameris Bank		
Downtown Development Authority - CD .75%		35,972
Subtotal Ameris Bank	**$**	**35,972**
Goldman Sachs Bank		250,000
Goldman Sachs Bank		250,000
TBK Bank SSB		12,000
Subtotal South State Investment Services	**$**	**512,000**
Total Investments	**$**	**547,972**

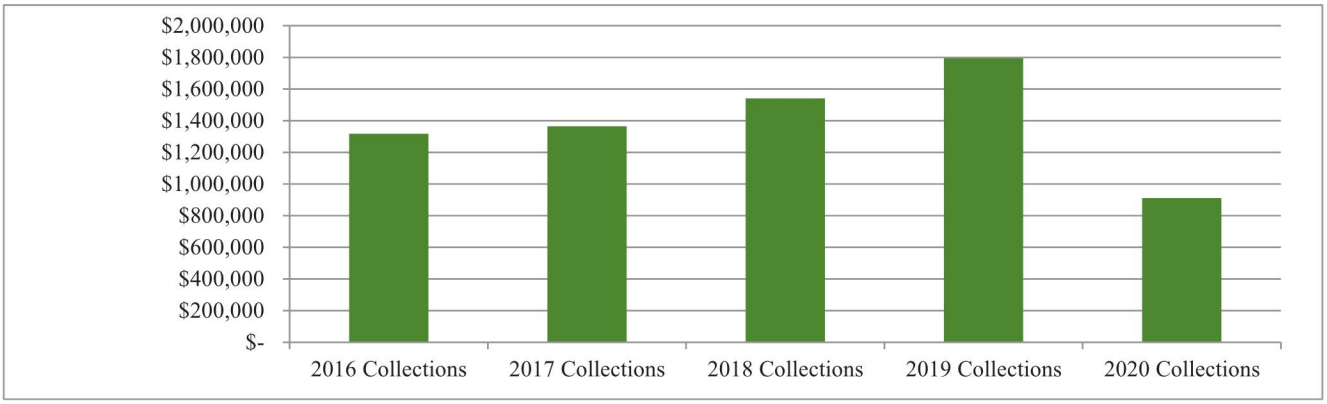
Cash
As of June 30, 2020

Ameris Bank		
Downtown Development Authority - Checking		83,550
Subtotal Ameris Bank	**$**	**83,550**
South State Bank		
General Fund		1,537,485
Main Street Board		56,851
Parks & Recreation Fund		284,859
Hotel Motel Tax Fund		7,419
Money Market Account		1,576,169
Municipal Court Fund		144,028
Operating Grant Fund		18,511
Police Forfeiture Account		6,027
Police Seized Asset Account		26
SPLOST III		274,025
SPLOST IV		64,661
SPLOST IV/Grant Revenue		2,079
SPLOST V		588,524
Town Center Fund		265,905
Debt Service Fund		1,806,370
Stormwater Utility Fund		636,658
Tree Replacement Fund		3,614
Subtotal South State Bank	**$**	**7,273,210**
BB&T		
Savings Account		8,021
Subtotal BB&T	**$**	**8,021**
South State Investment Services		
Budget Stabilization Cash Account		4
Subtotal South State Investment Services	**$**	**4**
Total Cash	**$**	**7,364,785**

Special Purpose Local Option Sales Tax Collections
As of June 30, 2020

	2016 Collections	2017 Collections	2018 Collections	2019 Collections	2020 Collections	% Change from Prior Year
January	$ 136,321	$ 141,344	$ 139,474	$ 178,754	$ 184,956	3.47%
February	92,605	98,189	109,987	131,700	140,587	6.75%
March	94,455	96,130	94,765	125,375	131,947	5.24%
April	111,527	111,048	131,392	143,535	141,914	-1.13%
May	105,169	110,063	117,981	151,269	146,483	-3.16%
June	109,300	114,965	126,193	154,922	165,255	6.67%
July	114,305	113,172	131,005	146,946		
August	112,004	124,429	140,651	158,066		
September	106,169	111,901	136,184	153,139		
October	111,138	115,857	124,067	148,285		
November	111,396	108,048	147,256	149,921		
December	112,996	119,270	141,583	153,903		
	$ 1,317,384	**$ 1,364,416**	**$ 1,540,538**	**$ 1,795,816**	**$ 911,143**	





Downtown Development Authority
As of June 30, 2020

Revenues	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Prior Year Fund Balance	-	4,900	-	0.00%
Interest Revenue	-	100	-	0.00%
TOTAL REVENUES	**$ -**	**$ 5,000**	**$ -**	**0.00%**
Expenditures				
Dues & Fees	290	500	290	58.00%
Training	-	250	-	0.00%
Other Expenditures	-	250	-	0.00%
Stormwater Fees	-	2,500	-	0.00%
Sponsorships	-	1,500	-	0.00%
TOTAL EXPENDITURES	**$ 290**	**$ 5,000**	**$ 290**	**5.80%**

GENERAL FUND REVENUE DETAIL
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Real Property Tax	6,715	4,200,000	141,914	3.38%
Real Property Tax - Public Utility	-	56,000	-	0.00%
Personal Property Tax	-	183,000	-	0.00%
Motor Vehicle Tax	6,626	60,000	55,002	91.67%
Motor Vehicle Title Ad Valorem Tax	31,971	325,000	193,741	59.61%
Apportioned Vehicles (AAVT)	-	2,500	-	0.00%
Mobile Home Tax	-	150	153	101.76%
Intangible Tax	10,593	75,000	68,290	91.05%
Railroad Equipment Car Tax	-	650	-	0.00%
Real Estate Transfer Tax	1,113	15,000	8,691	57.94%
Franchise Tax - Electric	-	415,000	449,940	108.42%
Franchise Tax - Gas	18,636	55,000	37,273	67.77%
Franchise Tax - Cable	-	195,000	154,603	79.28%
Franchise Tax - Telephone	-	10,000	3,356	33.56%
Business & Occupational Tax	2,425	125,000	49,121	39.30%
Insurance Premium Tax	-	705,000	-	0.00%
Financial Institutions Tax	-	3,500	3,831	109.46%
Penalties & Interest	551	12,500	5,164	41.31%
FiFa Fees	135	2,000	915	45.75%
Total Taxes	**78,765**	**6,440,300**	**1,171,993**	**18.20%**
Alcoholic Beverage Licenses	1,000	70,000	8,250	11.79%
Alcohol Pouring Permit	225	2,500	1,085	43.40%
Zoning and Land Use Permits	1,315	10,000	11,128	111.28%
Planning and Development Fees	-	10,000	280	2.80%
Sign Permit Fees	300	3,000	1,400	46.67%
Special Event Permits	50	250	200	80.00%
Vacant Lot Registration	-	50	25	50.00%
Personal Transportation Veh Permit	20	50	30	60.00%
Other Licenses and Permits	-	1,000	500	50.00%
Building Permit Revenue	49,236	850,000	407,093	47.89%
Certificate of Occupancy Fees	10,500	175,000	81,500	46.57%
Building Permit - Reinspection Fees	800	15,000	9,375	62.50%
Building Permit-Sub Fee	4,950	35,000	33,130	94.66%
Occupational Tax Late Fees	73	750	795	106.02%
Plan Review Fees	2,203	50,000	9,704	19.41%
Total Licenses and Permits	**70,672**	**1,222,600**	**564,495**	**46.17%**
Municipal Court Fines	61,228	650,000	333,794	51.35%
Forfeitures	-	500	-	0.00%
Court Costs	3,020	7,500	4,281	57.08%
Drug Testing Fees	-	500	70	14.00%
Expungements	-	100	-	0.00%
Tree Recompense Revenue	-	5,000	-	0.00%
Other Fines & Forfeitures-Code	250	500	1,500	300.00%
Other Forfeitures	-	1,000	-	0.00%
Total Fines and Forfeitures	**64,498**	**665,100**	**339,645**	**51.07%**
Grant Revenue	-	1,000	20,125	2012.50%
Probation Fees	2,602	15,000	16,900	112.67%
Printing and Duplicating Service Fees	-	750	1	0.08%
Election and Qualifying Fees	-	1,440	-	0.00%
Advertising Fees	7,128	5,000	7,563	151.26%

GENERAL FUND REVENUE DETAIL
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Accident/Incident Reports	149	2,500	1,309	52.36%
Wrecker Service Contract	-	15,000	18,500	123.33%
Background Checks	30	1,000	255	25.50%
Bad Check Fees	-	100	-	0.00%
Miscellaneous Revenue	20	498,960	4,826	0.97%
Rents and Royalties	9,485	6,000	18,460	307.67%
Reimbursement for Damaged Property	-	10,000	3,726	37.26%
Total Miscellaneous Income	**19,414**	**556,750**	**91,664**	**16.46%**
Interest Revenue	465	35,000	22,562	64.46%
Total Investment Income	**465**	**35,000**	**22,562**	**64.46%**
Proceeds from Sale of Conf Assets	-	250	-	0.00%
Proceeds from Sale of Assets	25,670	10,000	25,870	258.70%
Donations from Private Sources	11,500	20,000	11,500	57.50%
Total Other Financing Sources	**37,170**	**30,250**	**37,370**	123.54%
TOTAL GENERAL FUND REVENUES	**$ 270,985**	**$ 8,950,000**	**$ 2,227,730**	**24.89%**

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Governing Body				
Salaries & Wages-Council	3,500	42,000	21,000	50.00%
Employee Benefits-Medical	4,935	62,511	34,111	54.57%
Employee Benefits-Dental	234	2,179	1,640	75.26%
Employee Benefits-ADD Life	-	882	441	50.00%
FICA	156	2,604	934	35.87%
Medicare	37	609	218	35.87%
Employee Benefits-Retirement	338	3,811	2,029	53.25%
Unemployment	11	101	64	63.39%
Workers Comp Insurance	-	108	20	18.61%
Total Salaries and Benefits	9,211	114,805	60,457	52.66%
Communications	41	750	244	32.55%
Travel	-	500	-	0.00%
Dues and Fees	-	750	237	31.65%
Education and Training	-	1,500	-	0.00%
Other Expenditures	138	250	302	120.67%
General Supplies and Materials	-	250	32	12.62%
Small Equipment	-	-	74	100.00%
Total Operations	179	4,000	889	22.22%
City Manager				
Salaries & Wages	10,220	132,855	66,279	49.89%
Employee Benefits-Medical	608	7,956	4,205	52.85%
Employee Benefits-Dental	(18)	920	431	46.86%
Employee Benefits-ADD Life	-	147	74	50.00%
Employee Benefits-Disability	-	939	504	53.67%
FICA	633	8,237	4,103	49.81%
Medicare	148	1,926	960	49.82%
Employee Benefits-Retirement	1,039	12,054	6,232	51.70%
Unemployment	-	27	35	130.19%
Workers' Comp. Insurance	-	574	107	18.61%
Total Salaries and Benefits	12,629	165,635	82,928	50.07%
Communications	41	600	259	43.18%
Travel	-	500	199	39.70%
Dues and Fees	27	2,500	1,206	48.22%
Education and Training	-	1,000	-	0.00%
Other Expenditures	55	500	812	162.46%
General Supplies and Materials	-	1,000	36	3.56%
Total Operations	123	6,100	2,511	41.17%
City Clerk				
Salaries & Wages	10,132	152,218	65,043	42.73%
Employee Benefits-Medical	1,767	22,678	12,221	53.89%
Employee Benefits-Dental	99	1,297	723	55.76%
Employee Benefits-ADD Life	-	294	147	50.00%
Employee Benefits-Disability	-	934	551	58.96%
FICA	606	9,437	3,891	41.24%
Medicare	142	2,207	910	41.24%
Employee Benefits-Retirement	1,195	13,811	7,171	51.92%
Unemployment	-	53	70	132.62%
Workers' Comp. Insurance	-	426	79	18.61%
Total Salaries and Benefits	13,941	203,355	90,807	44.65%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Professional Services	-	20,000	-	0.00%
Communications	41	1,000	259	25.91%
Advertising	-	750	-	0.00%
Travel	-	2,500	534	21.37%
Dues and Fees	215	6,000	2,743	45.72%
Education and Training	-	1,000	490	49.00%
Other Expenditures	-	1,000	152	15.23%
General Supplies and Materials	16	5,000	296	5.93%
Software	-	5,195	-	0.00%
Total Operations	273	42,445	4,475	10.54%
Elections				
Advertising	-	1,500	-	0.00%
Intergovernmental - Elections	-	12,500	-	0.00%
Total Operations	-	14,000	-	0.00%
Contingency				
Contingency	-	289,500	-	0.00%
Total Operations	-	289,500	-	0.00%
Financial Administration				
Salaries & Wages	12,384	167,073	63,020	37.72%
Employee Benefits-Medical	3,772	59,750	22,526	37.70%
Employee Benefits-Dental	99	2,759	519	18.80%
Employee Benefits-ADD Life	-	441	147	33.33%
Employee Benefits-Disability	-	692	480	69.32%
FICA	721	10,359	3,608	34.83%
Medicare	169	2,423	844	34.82%
Employee Benefits-Retirement	1,330	15,159	7,982	52.65%
Unemployment	12	80	88	110.30%
Workers' Comp. Insurance	-	428	80	18.61%
Total Salaries and Benefits	18,487	259,164	99,293	38.31%
Professional Services	-	5,000	-	0.00%
Professional Services - Audit	9,500	20,000	16,500	82.50%
Advertising/Promotions	-	1,000	390	39.00%
Printing and Binding	-	1,000	264	26.40%
Travel	(256)	-	199	100.00%
Dues and Fees-Bank Service Fees	(1,028)	5,250	10,526	200.50%
Education and Training	-	500	-	0.00%
Other Expenditures	-	100	35	35.00%
General Supplies and Materials	37	2,500	252	10.08%
General Supplies-Postage	183	7,500	2,947	39.29%
Gasoline/Diesel	-	100	-	0.00%
Small Equipment	-	500	2,747	549.45%
Total Operations	8,436	43,450	33,860	77.93%
Legal				
Professional Services - Legal	564	45,000	6,228	13.84%
Total Operations	564	45,000	6,228	13.84%
Salaries & Wages	4,144	53,881	26,960	50.04%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Employee Benefits-Medical	1,081	13,649	7,471	54.74%
Employee Benefits-Dental	70	920	490	53.21%
Employee Benefits-ADD Life	-	147	74	50.00%
Employee Benefits-Disability	-	431	226	52.51%
FICA	236	3,341	1,537	46.01%
Medicare	55	781	359	46.03%
Employee Benefits-Retirement	421	4,889	2,528	51.70%
Unemployment	-	27	35	130.19%
Workers' Comp. Insurance	-	138	26	18.61%
Total Salaries and Benefits	6,008	78,204	39,706	50.77%
Communications	41	750	270	35.94%
Dues and Fees	15	1,750	6,722	384.13%
Other Expenditures	-	100	-	0.00%
General Supplies and Materials	-	5,000	307	6.15%
Small Equipment	-	7,500	682	9.09%
Software	3,112	100,000	227,311	227.31%
Total Operations	3,168	115,100	235,292	204.42%
Risk Management				
Professional Services	-	10,000	5,000	50.00%
Liability Insurance	21,211	115,000	126,301	109.83%
Total Operations	21,211	125,000	131,301	105.04%
General Government Building				
Salaries & Wages	2,995	55,702	18,847	33.84%
Employee Benefits-Medical	608	7,956	4,205	52.85%
Employee Benefits-Dental	29	377	205	54.25%
Employee Benefits-ADD Life	-	147	74	50.00%
Employee Benefits-Disability	-	300	157	52.42%
FICA	185	3,453	1,162	33.65%
Medicare	43	808	272	33.63%
Employee Benefits-Retirement	293	3,491	1,757	50.32%
Unemployment	-	53	35	66.30%
Workers' Comp. Insurance	-	5,708	1,062	18.61%
Total Salaries and Benefits	4,153	77,995	27,775	35.61%
Disposal - Garbage	30	500	181	36.22%
Pest Control	545	3,500	815	23.29%
Repairs and Maintenance	3,287	15,000	4,801	32.00%
Repairs and Maintenance - Vehicles	-	5,000	654	13.09%
Rental of Equipment	176	5,000	2,097	41.93%
Communications	946	10,000	5,900	59.00%
Dues and Fees	-	500	343	68.62%
Other Expenditures	-	500	1,968	393.57%
General Supplies and Materials	506	15,000	3,546	23.64%
Water and Sewer	197	2,500	585	23.42%
Natural Gas	110	5,000	865	17.29%
Electricity	1,094	10,000	6,121	61.21%
Gasoline and Diesel	117	1,750	588	33.59%
Small Equipment	203	5,370	515	9.60%
Software	87	3,500	283	8.09%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Total Operations & Capital	7,299	83,120	29,262	35.20%
TOTAL GENERAL GOVERNMENT	**$ 105,683**	**$ 1,666,873**	**$ 844,785**	**50.68%**
Municipal Court				
Salaries & Wages	11,728	143,843	72,887	50.67%
Salaries & Wages - Overtime	-	1,000	590	58.99%
Employee Benefits-Medical	2,823	27,873	19,042	68.32%
Employee Benefits-Dental	169	1,840	1,154	62.74%
Employee Benefits-ADD Life	-	442	196	44.34%
Employee Benefits-Disability	-	615	516	83.91%
FICA	591	8,980	4,000	44.55%
Medicare	138	2,100	936	44.55%
Employee Benefits-Retirement	1,020	11,927	6,118	51.30%
Unemployment	-	106	113	106.50%
Workers' Compensation	-	371	69	18.61%
Total Salaries and Benefits	16,469	199,097	105,621	53.05%
Professional Services - Public Defender	1,470	7,500	3,360	44.80%
Professional Services - Solicitor/Judge	16,050	65,000	42,292	65.06%
Repairs & Maintenance	-	2,500	-	0.00%
Rental of Equipment	78	1,750	773	44.19%
Communications	-	500	-	0.00%
Advertising	-	100	-	0.00%
Printing & Binding	56	1,000	251	25.10%
Travel	-	1,500	231	15.38%
Dues and Fees	-	750	148	19.78%
Education and Training	-	750	675	90.00%
Other Expenditures	-	1,000	98	9.76%
General Supplies and Materials	(1)	2,500	966	38.65%
General Supplies and Materials Postage	253	100	484	483.83%
Gasoline/Diesel	-	50	26	52.28%
Food Supplies	-	2,500	1,114	44.57%
Books and Periodicals-Code Books	-	250	-	0.00%
Small Equipment	1,015	2,500	1,434	57.36%
Software	552	25,000	9,755	39.02%
Other Supplies - Uniforms	-	250	-	0.00%
Intergovernmental - Inmate Housing	-	12,000	1,470	12.25%
Total Operations	19,473	127,500	63,077	49.47%
TOTAL JUDICIAL	**$ 35,942**	**$ 326,597**	**$ 168,698**	**51.65%**
Police Administration				
Salaries & Wages	36,946	444,485	229,418	51.61%
Salaries & Wages-Overtime	-	6,000	-	0.00%
Employee Benefits-Medical	3,724	71,907	29,484	41.00%
Employee Benefits-Dental	212	4,811	2,244	46.64%
Employee Benefits-ADD Life	-	1,029	478	46.43%
Employee Benefits-Disability	-	3,357	1,821	54.26%
FICA	2,240	27,930	13,712	49.10%
Medicare	524	6,532	3,207	49.10%
Employee Benefits-Retirement	3,503	40,873	21,016	51.42%
Unemployment	-	186	248	133.31%
Workers' Compensation	-	18,662	3,473	18.61%
Total Salaries and Benefits	47,147	625,772	305,102	48.76%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Professional Services	-	5,000	-	0.00%
Repair & Maintenance	-	1,000	-	0.00%
Repair & Maintenance-Vehicle	16	6,000	2,625	43.74%
Rental of Equipment	210	5,000	2,494	49.87%
Communications	301	4,250	1,750	41.18%
Advertising	-	1,000	-	0.00%
Printing and Binding	-	500	204	40.80%
Travel	-	4,000	1,724	43.10%
Dues and Fees	-	7,500	2,670	35.59%
Education and Training	-	6,000	1,660	27.67%
Other Expenditures	-	4,000	815	20.37%
General Supplies and Materials	-	7,500	505	6.74%
General Supplies - Postage	106	250	339	135.41%
Gasoline/Diesel	398	9,000	3,454	38.38%
Small Equipment	1,344	5,000	5,376	107.53%
Software	558	4,000	2,834	70.85%
Other Supplies - Uniforms	126	3,200	3,054	95.43%
Total Operations and Capital	3,059	73,200	29,503	40.30%
Criminal Investigation Division				
Salaries & Wages	17,147	227,117	114,903	50.59%
Salaries & Wages-Overtime	-	6,000	4,536	75.60%
Employee Benefits-Medical	4,434	55,745	30,713	55.09%
Employee Benefits-Dental	198	3,137	1,510	48.14%
Employee Benefits-ADD Life	-	588	281	47.81%
Employee Benefits-Disability	-	1,554	864	55.63%
FICA	1,012	14,453	7,079	48.98%
Medicare	237	3,380	1,656	48.98%
Employee Benefits-Retirement	1,732	21,151	10,392	49.13%
Unemployment	-	106	141	132.59%
Workers' Compensation	-	10,556	1,964	18.61%
Total Salaries and Benefits	24,760	343,787	174,039	50.62%
Repair & Maintenance-Vehicle	68	7,000	1,346	19.23%
Communications	148	2,500	890	35.62%
Printing and Binding	-	250	-	0.00%
Travel	-	1,000	131	13.13%
Dues and Fees	500	1,000	886	88.58%
Education and Training	-	2,500	405	16.20%
General Supplies and Materials	-	2,000	156	7.81%
General Supplies and Materials-Postage	-	50	-	0.00%
Gasoline and Diesel	206	6,000	1,666	27.77%
Small Equipment	-	5,500	3,518	63.96%
Software	-	2,000	-	0.00%
Other Supplies - Uniforms	-	1,000	1,884	188.38%
Total Operations and Capital	922	30,800	10,882	35.33%
Vice				
Salaries & Wages	3,992	53,089	26,640	50.18%
Salaries & Wages-Overtime	-	2,000	-	0.00%
Employee Benefits-Medical	612	14,722	7,189	48.83%
Employee Benefits-Dental	70	920	490	53.21%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Employee Benefits-ADD Life	-	147	74	50.00%
Employee Benefits-Disability	-	375	203	54.06%
FICA	226	3,416	1,513	44.28%
Medicare	53	799	354	44.27%
Employee Benefits-Retirement	406	4,998	2,434	48.70%
Unemployment	-	27	35	130.19%
Workers' Compensation	-	2,494	464	18.61%
Total Salaries and Benefits	5,358	82,987	39,395	47.47%
Repairs & Maintenance Vehicles	-	2,000	259	12.94%
Communications	-	750	-	0.00%
Dues and Fees	-	150	19	12.98%
Gasoline	137	2,000	706	35.29%
Total Operations and Capital	137	4,900	984	20.08%
Patrol				
Salaries & Wages	92,637	1,249,871	564,554	45.17%
Salaries & Wages-Overtime	14,280	52,000	36,337	69.88%
Employee Benefits-Medical	25,093	317,069	169,756	53.54%
Employee Benefits-Dental	1,423	15,777	9,397	59.56%
Employee Benefits-ADD Life	-	3,822	1,751	45.81%
Employee Benefits-Disability	-	9,051	4,496	49.68%
FICA	6,440	80,716	36,071	44.69%
Medicare	1,506	18,877	8,436	44.69%
Employee Benefits-Retirement	9,669	117,113	58,014	49.54%
Unemployment	13	718	905	125.98%
Workers' Compensation	-	58,949	13,454	22.82%
Total Salaries and Benefits	151,060	1,923,963	903,170	46.94%
Professional Services	195	750	3,333	444.34%
Repair & Maintenance	-	3,000	1,683	56.10%
Repair & Maintenance-Vehicle	6,396	45,000	27,667	61.48%
Communications	1,445	19,000	8,020	42.21%
Printing and Binding	120	500	120	24.00%
Travel	1,719	2,000	3,716	185.79%
Dues and Fees	27	1,500	267	17.78%
Education & Training	159	12,000	660	5.50%
Contract Labor	250	1,000	875	87.50%
Other Expenditures	418	7,000	2,222	31.75%
General Supplies and Materials	-	6,000	2,197	36.61%
Weapons Supplies & Ammunition	3,695	-	3,695	100.00%
Gasoline and Diesel	4,464	80,000	26,680	33.35%
Small Equipment	460	10,000	6,709	67.09%
Software	-	20,000	3,000	15.00%
Other Supplies - Uniforms	3,616	30,000	23,184	77.28%
Total Operations and Capital	22,964	237,750	114,027	47.96%
Police Training				
Salaries & Wages	3,981	55,348	25,883	46.76%
Salaries & Wages-Overtime	-	2,000	548	27.42%
Employee Benefits-Medical	-	7,956	-	0.00%
Employee Benefits-Dental	-	377	-	0.00%
Employee Benefits-ADD Life	-	147	49	33.33%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Employee Benefits-Disability	-	375	203	54.06%
FICA	247	3,556	1,639	46.08%
Medicare	58	832	383	46.06%
Employee Benefits-Retirement	406	5,203	2,434	46.78%
Unemployment	-	27	35	130.15%
Workers' Compensation	-	2,597	483	18.61%
Total Salaries and Benefits	4,691	78,418	31,658	40.37%
Repair & Maintenance	-	2,000	93	4.63%
Repair & Maintenance-Vehicle	-	2,000	722	36.12%
Communications	36	500	231	46.14%
Travel	-	2,000	247	12.34%
Dues and Fees	-	500	65	12.98%
Education and Training	-	3,000	495	16.50%
General Supplies and Materials	-	3,000	887	29.57%
Weapons Supplies & Ammunition	8,738	65,000	23,668	36.41%
Gasoline and Diesel	123	2,000	628	31.42%
Other Supplies - Uniforms	-	300	240	80.00%
Intergovernmental	-	5,000	5,000	100.00%
Total Operations and Capital	8,898	85,300	32,276	37.84%
Police Stations and Buildings				
Disposal-Garbage/Recycle	90	1,500	608	40.55%
Pest Control	410	1,000	545	54.50%
Repairs and Maintenance	2,734	12,500	10,854	86.83%
Communications	905	9,500	5,597	58.92%
General Supplies and Materials	138	5,000	1,074	21.49%
Water/Sewer	1,292	5,000	3,422	68.45%
Electricity	842	15,000	5,377	35.85%
Small Equipment	406	500	868	173.56%
Software	104	3,500	580	16.57%
Total Operations	6,922	53,500	28,926	54.07%
Probation				
Salaries & Wages	3,738	46,800	24,325	51.98%
Employee Benefits-Medical	612	7,956	3,583	45.04%
Employee Benefits-Dental	29	377	146	38.75%
Employee Benefits-ADD Life	-	147	61	41.67%
Employee Benefits-Disability	-	354	98	27.76%
FICA	228	2,902	1,487	51.23%
Medicare	53	679	348	51.21%
Employee Benefits-Retirement	377	4,246	2,261	53.26%
Unemployment	-	27	35	130.15%
Workers' Compensation	-	2,119	394	18.61%
Total Salaries and Benefits	5,037	65,607	32,739	49.90%
Communications	36	500	238	47.69%
Travel	-	250	-	0.00%
Dues and Fees	32	300	107	35.76%
General Supplies and Materials	-	300	56	18.50%
Small Equipment	-	-	811	100.00%
Software	250	-	1,500	100.00%
Other Supplies - Uniforms	18	-	18	100.00%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Total Operations and Capital	336	1,350	2,730	202.22%
Fire Services				
Intergovernmental-Fire Services	-	1,957,356	1,957,356	100.00%
Total Fire Services	-	1,957,356	1,957,356	100.00%
TOTAL PUBLIC SAFETY	**$ 281,290**	**$ 5,564,690**	**$ 3,662,785**	**65.82%**
Highways and Streets				
Professional Services-Engineering	-	7,500	2,000	26.67%
Disposal-Garbage/Recycling	95	1,250	567	45.38%
Lawn Care	-	1,000	129	12.92%
Pest Control	135	500	270	54.00%
Repairs & Maintenance	2,620	63,314	6,724	10.62%
Repairs & Maintenance-Vehicles	28	6,000	2,540	42.33%
Rental of Equipment	215	2,500	635	25.40%
Contract Labor	34,848	418,176	208,405	49.84%
Other Expenditures	-	250	-	0.00%
General Supplies and Materials	-	3,000	5	0.18%
Electricity	301	3,500	1,825	52.15%
Gasoline/Diesel	366	5,000	1,735	34.69%
Small Equipment	-	2,500	-	0.00%
Total Operations	38,609	514,490	224,835	43.70%
Street Lights				
Electricity-Street Lights	9,492	100,000	54,249	54.25%
Total Street Lights	9,492	100,000	54,249	54.25%
Traffic Lights				
Electricity-Traffic Lights	339	2,000	1,258	62.88%
Total Traffic Lights	339	2,000	1,258	62.88%
Tree Commission				
Repairs & Maintenance	-	22,000	-	0.00%
Travel	-	750	-	0.00%
Dues and Fees	-	500	-	0.00%
Education and Training	-	1,000	-	0.00%
General Supplies & Materials	-	750	-	0.00%
Books and Periodicals	-	500	-	0.00%
Total Operations	-	25,500	-	0.00%
TOTAL PUBLIC WORKS	**$ 48,440**	**$ 641,990**	**$ 280,342**	**43.67%**
Culture and Recreation				
Intergovernmental-Sequoyah Regional	-	4,000	4,000	100.00%
TOTAL CULTURE AND RECREATION	**$ -**	**$ 4,000**	**$ 4,000**	100.00%
Building Inspections				
Salaries & Wages	15,324	198,064	98,967	49.97%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Overtime	-	1,000	-	0.00%
Employee Benefits-Medical	2,378	55,745	16,293	29.23%
Employee Benefits-Dental	158	2,594	1,103	42.53%
Employee Benefits-ADD Life	-	588	243	41.26%
Employee Benefits-Disability	-	1,556	832	53.46%
FICA	926	12,342	5,980	48.45%
Medicare	217	2,886	1,399	48.46%
Employee Benefits-Retirement	1,949	18,061	11,695	64.75%
Unemployment	-	106	149	140.15%
Workers' Compensation	-	3,404	2,116	62.15%
Total Salaries and Benefits	20,952	296,346	138,775	46.83%
Professional Services-Engineering	7,339	50,000	36,575	73.15%
Professional Services-Legal	608	7,500	3,698	49.31%
Technical Services - Planning	-	25,000	-	0.00%
Repairs & Maintenance	-	1,000	-	0.00%
Repairs & Maintenance - Vehicles	-	3,000	525	17.49%
Communications	239	5,000	1,517	30.34%
Advertising -Promotions	150	1,500	1,183	78.89%
Printing & Binding	-	250	65	26.00%
Travel	-	1,500	-	0.00%
Dues and Fees	-	7,500	2,096	27.95%
Education and Training	-	2,500	-	0.00%
Contract Labor	2,850	10,000	14,100	141.00%
Other Expenditures	-	750	-	0.00%
General Supplies and Materials	10	1,000	148	14.84%
General Supplies - Postage	-	100	-	0.00%
Gasoline/Diesel	231	4,000	1,312	32.79%
Books and Periodicals-Code Books	-	250	-	0.00%
Small Equipment	-	2,000	811	40.54%
Other Supplies - Uniforms	-	250	-	0.00%
Total Operations	11,428	123,100	62,030	50.39%
Planning and Zoning				
Salaries & Wages	8,577	115,103	57,480	49.94%
Employee Benefits-Medical	1,600	27,873	11,755	42.17%
Employee Benefits-Dental	68	920	508	55.22%
Employee Benefits-ADD Life	(12)	294	149	50.51%
Employee Benefits-Disability	(22)	872	552	63.30%
FICA	498	7,136	3,347	46.90%
Medicare	117	1,669	785	47.01%
Employee Benefits-Retirement	569	10,443	3,413	32.69%
Unemployment	(2)	53	85	160.19%
Workers' Compensation	(230)	4,558	(532)	-11.67%
Total Salaries and Benefits	11,163	168,921	77,542	45.90%
Professional Services	-	1,000	-	0.00%
Professional Services-Legal	-	1,000	-	0.00%
Technical Services - Planning	-	5,000	-	0.00%
Repairs & Maintenance	-	500	-	0.00%
Other Services - Map Updates	-	1,000	-	0.00%
Communications	47	1,750	302	17.25%
Advertising	1,596	15,000	10,749	71.66%
Printing & Binding	-	250	-	0.00%
Travel	(256)	2,500	521	20.86%

General Fund Expenditures
As of June 30, 2020

	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Dues and Fees	117	2,500	1,038	41.53%
Education and Training	-	1,500	55	3.67%
Planning & Zoning Meeting Fees	147	3,000	1,078	35.93%
Other Expenditures	-	500	102	20.31%
General Supplies and Materials	23	1,500	48	3.21%
Gasoline & Diesel	-	500	-	0.00%
Small Equipment	-	1,500	127	8.47%
Total Operations	1,672	39,000	14,020	35.95%
Main Street Program				
Salaries and Wages	5,489	50,665	35,626	70.32%
Overtime	-	1,000	-	0.00%
Employee Benefits - Medical	1,083	13,649	7,492	54.89%
Employee Benefits - Dental	29	377	205	54.25%
Employee Benefits - Add Life	-	147	74	50.00%
Employee Benefits - Disability	-	405	299	73.87%
FICA	330	3,203	2,139	66.78%
Medicare	77	749	500	66.80%
Employee Benefits - Retirement	396	4,688	2,375	50.67%
Unemployment	-	27	35	130.19%
Workers Comp Insurance	-	223	41	18.61%
Total Salaries and Benefits	7,404	75,133	48,786	64.93%
Communications	41	750	243	32.45%
Advertising	-	500	-	0.00%
Travel	-	1,000	-	0.00%
Dues and Fees	-	1,600	815	50.94%
Education and Training	150	1,000	150	15.00%
Contract Labor	-	7,500	1,685	22.47%
Supplies - Special Events	-	15,000	4,798	31.99%
Software	-	1,000	-	0.00%
Payments to Other Agencies	-	5,000	-	0.00%
Total Operations	191	33,350	7,691	23.06%
Intergovernmental				
Intergovernmental - COED	-	10,000	3,000	30.00%
Total Intergovernmental	-	10,000	3,000	30.00%
TOTAL HOUSING AND DEVELOPMENT	**$ 52,811**	**$ 745,850**	**$ 351,844**	**47.17%**
TOTAL GENERAL FUND EXPENDITURES	**$ 524,167**	**$ 8,950,000**	**$ 5,312,454**	**59.36%**

Operating Grant Fund
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Atlanta Regional Commission Grant	13,869	214,975	77,784	36.18%
Interest Revenue	1	25	4	14.48%
TOTAL REVENUES	**$ 13,870**	**$ 215,000**	**$ 77,788**	**36.18%**
EXPENDITURES:				
Payments to Other Agencies-FOCUS	8,829	215,000	72,166	33.57%
TOTAL EXPENDITURES	**$ 8,829**	**$ 215,000**	**$ 72,166**	**33.57%**

Parks & Recreation Fund
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Alcoholic Bev Excise Tax Beer & Wine	27,157	244,000	138,909	56.93%
Alcoholic Bev Excise Tax Liquor	9,821	85,000	51,013	60.02%
Local Option Mixed Drink Tax	3,448	45,000	18,140	40.31%
Penalties and Interest	-	250	-	0.00%
Bad Check Fees	-	50	-	0.00%
Interest Revenue	8	200	27	13.72%
Rents and Royalties	889	15,000	2,740	18.27%
Prior Year Fund Balance	-	500	-	0.00%
TOTAL REVENUES	**$ 41,322**	**$ 390,000**	**$ 210,830**	**54.06%**
EXPENDITURES:				
Disposal - Garbage Depot	51	1,000	308	30.83%
Pest Control - Depot	135	750	270	36.00%
Repairs & Maintenance - Depot	-	30,000	351	1.17%
Communications	138	1,500	823	54.86%
General Supplies - Depot	11	2,000	11	0.54%
Water/Sewer - Depot	20	750	61	8.15%
Natural Gas - Depot	110	1,500	880	58.68%
Electricity - Depot	294	5,000	858	17.15%
Small Equipment - Depot	-	1,500	170	11.33%
Disposal - Garbage Parks	51	750	308	41.11%
Lawn Care	312	9,000	3,364	37.38%
Pest Control - Parks	310	1,000	445	44.50%
Repairs & Maintenance - Parks	1,716	25,000	8,828	35.31%
Rental - Equipment & Land	-	1,250	-	0.00%
Dues and Fees	-	500	363	72.60%
Contract Labor	3,300	50,000	20,988	41.98%
General Supplies and Materials - Parks	12	1,500	(809)	-53.96%
Water/Sewer - Parks	671	5,000	2,741	54.83%
Electricity - Parks	111	1,500	486	32.39%
Small Equipment - Parks	-	500	-	0.00%
Capital Outlay - Site Improvements	-	250,000	-	0.00%
			-	
TOTAL EXPENDITURES	**$ 7,242**	**$ 390,000**	**$ 40,446**	**10.37%**

Hotel/Motel Tax Fund
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Hotel/Motel Taxes	201	4,995	1,310	26.23%
Interest Revenue	0	5	1	23.80%
TOTAL REVENUES	**$ 202**	**$ 5,000**	**$ 1,311**	**26.23%**
EXPENDITURES:				
Advertising/Promotions	-	5,000	540	10.80%
TOTAL EXPENDITURES	**$ -**	**$ 5,000**	**$ 540**	**10.80%**

Urban Redevelopment Agency
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Proceeds from General Long-term D	1,003,869	3,000,000	4,510,837	150.36%
TOTAL REVENUES	**$ 1,003,869**	**$ 3,000,000**	**$ 4,510,837**	**150.36%**
EXPENDITURES:				
Transfer to Town Center Fund	1,003,869	3,000,000	4,510,837	150.36%
TOTAL EXPENDITURES	**$ 1,003,869**	**$ 3,000,000**	**$ 4,510,837**	**150.36%**

SPLOST III Fund
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Special Assessments - Crestmont	-	11,928	-	0.00%
Prior Year Fund Balance	-	262,622	-	0.00%
Interest Revenue	8	450	47	10.40%
TOTAL REVENUES	**$ 8**	**$ 275,000**	**$ 47**	**0.02%**
EXPENDITURES:				
Capital Outlay-Infrastructure	-	275,000	-	0.00%
TOTAL EXPENDITURES	**$ -**	**$ 275,000**	**$ -**	**0.00%**

SPLOST IV Fund
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Interest Revenue	6	150	24	16.09%
Prior Year Fund Balance	-	69,850	-	0.00%
TOTAL REVENUES	**$ 6**	**$ 70,000**	**$ 24**	**0.03%**
EXPENDITURES:				
Capital Outlay-Infrastructure	-	70,000	-	0.00%
TOTAL EXPENDITURES	**$ -**	**$ 70,000**	**$ -**	**0.00%**

SPLOST V Fund
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
SPLOST V Revenue	165,255	1,500,000	911,142	60.74%
Grant Revenue-LMIG	-	150,065	150,066	100.00%
Grant Revenue-SRTA	-	1,500,000	-	0.00%
Grant Revenue-TIP	-	1,604,167	-	0.00%
Grant Revenue-LCI Phase II	-	-	116,110	100.00%
Assessments - Roads	-	-	20,000	100.00%
Interest Revenue	66	500	193	38.56%
Prior Year Fund Balance	-	211,183	-	0.00%
Proceeds from SRTA Loan	-	3,590,450	-	0.00%
TOTAL REVENUES	**$ 165,321**	**$ 8,556,365**	**$ 1,197,511**	**14.00%**
EXPENDITURES:				
Capital Outlay-Public Safety Equipment	-	200,000	1,148	0.57%
Capital Outlay-Police Cars	-	205,000	24,960	12.18%
Capital Outlay-Sites	11	-	11	100.00%
Capital Outlay-Infrastructure	1,424	626,870	79,557	12.69%
Capital Outlay-HOTL Pedestrian	451	-	451	100.00%
Capital Outlay-Industrial Connector	-	1,925,000	105	0.01%
Capital Outlay-HS Pkwy Phase	-	-	251,262	100.00%
Capital Outlay-HS Pkwy Phase II	-	5,599,495	3,878	0.07%
Capital Outlay-LCI Phase II	-	-	2,228	100.00%
Capital Outlay - HS Pkwy Sidewalk	-	-	1,359	100.00%
Capital Outlay - Hickory Sidewalk	1,196	-	1,621	100.00%
Capital Outlay - Palm Street Sidewalk	20,503	-	39,112	100.00%
TOTAL EXPENDITURES	**$ 23,585**	**$ 8,556,365**	**$ 405,688**	**4.74%**

Town Center Fund
As of June 30, 2020

Revenues	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Interest Revenue	5	103	144	140.23%
Prior Year Fund Balance	-	351,497	-	0.00%
Transfer from URA	1,003,869	3,000,000	4,510,837	150.36%
TOTAL REVENUES	**$ 1,003,874**	**$ 3,351,600**	**$ 4,510,982**	**134.59%**
Expenditures				
Advertising	-	-	62	100.00%
Professional Services	25,000	350,000	34,870	9.96%
Capital Outlay - Sites	-	1,000,000	556,251	55.63%
Capital Outlay - Site Improvements	49,100	325,000	371,629	114.35%
Capital Outlay - Buildings	-	-	2,087,244	100.00%
Capital Outlay - TCP Road Network	314,693	1,676,600	1,759,759	104.96%
TOTAL EXPENDITURES	**$ 388,793**	**$ 3,351,600**	**$ 4,809,816**	**143.51%**

Debt Service Fund
As of June 30, 2020

Revenues	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Interest	165	-	1,058	100.00%
Prior Year Fund Balance	-	516,319	-	0.00%
TOTAL REVENUES	**$ 165**	**$ 516,319**	**$ 1,058**	**0.20%**
Expenditures				
Debt Service - Bond Principal HSPRA	-	311,206	-	0.00%
Debt Service - Bond Interest HSPRA	-	47,530	-	0.00%
Debt Service - Bond Interest URA	-	157,583	15,382	9.76%
TOTAL EXPENDITURES	**$ -**	**$ 516,319**	**$ 15,382**	**2.98%**

Stormwater Utility Fund
As of June 30, 2020

REVENUES:	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Stormwater Utility Fees	719	349,500	14,125	4.04%
Interest Revenue	75	500	301	60.11%
TOTAL REVENUES	**$ 794**	**$ 350,000**	**$ 14,426**	**4.12%**
EXPENSES:				
Salaries & Wages	3,950	47,390	23,700	50.01%
Employee Benefits - Medical Insurance	663	7,956	3,978	50.00%
Employee Benefits - Dental Insurance	31	377	186	49.34%
Employee Benefits - Disability	22	261	132	50.57%
Employee Benefits - ADD Life	12	147	72	48.98%
FICA	245	2,938	1,470	50.03%
Medicare	57	687	342	49.78%
Employee Benefits - Retirement	358	4,300	2,148	49.95%
Unemployment	2	27	12	44.44%
Workers Comp Insurance	230	2,756	1,380	50.07%
Professional Services	-	4,487	112	2.50%
Technical Services - Regional SW	-	2,500	-	0.00%
Technical Services - Pollution	-	1,500	-	0.00%
Technical Services - Watershed	-	500	-	0.00%
Professional Services - Engineer	7,339	100,000	39,360	39.36%
Repairs & Maintenance	-	95,000	1,254	1.32%
Rental of Equipment	-	5,000	7,020	140.40%
Communications	247	2,000	580	29.02%
Advertising	-	250	-	0.00%
Dues and Fees	-	6,500	5,234	80.52%
Training	100	2,000	1,294	64.70%
Contract Labor	6,880	46,500	6,880	14.80%
General Supplies & Materials	-	1,500	56	3.73%
General Supplies - Postage	-	424	32	7.44%
Water/Sewer	-	5,000	-	0.00%
Gasoline & Diesel	111	4,000	724	18.10%
Small Equipment	-	1,500	410	27.35%
Other Supplies	-	1,000	339	33.93%
Contingency	-	3,500	-	0.00%
TOTAL EXPENSES	**$ 20,247**	**$ 350,000**	**$ 96,715**	**27.63%**

Main Street Board
Budget To Actual Comparison Report
As of June 30, 2020

Revenues	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% of Annual Budget
Business & Occupation Licenses	2,545	50,586	48,499	95.87%
Alcohol Beverage Licenses	1,000	25,000	8,250	33.00%
Alcohol Pouring Permits	225	5,000	1,085	21.70%
Donations From Private Sources	-	20,000	-	0.00%
Miscellaneous/Registrations/Booth Fees	-	8,825	1,806	20.46%
Rents and Royalties	-	2,500	2,500	100.00%
Interest Revenue	2	50	9	18.62%
TOTAL REVENUES	**$ 3,772**	**$ 111,961**	**$ 62,149**	**55.51%**
Expenditures				
Salaries & Wages	5,489	50,163	35,626	71.02%
Overtime	-	1,000	-	0.00%
Employee Benefits - Medical	1,083	17,663	7,492	42.41%
Employee Benefits- Dental	29	377	205	54.25%
Employee Benefits-Add Life	-	147	74	50.00%
Employee Benefits-Disability	-	405	299	73.87%
FICA	330	3,172	2,139	67.44%
Medicare	77	742	500	67.43%
Employee Benefits-Retirement	396	4,694	2,375	50.60%
Unemployment	-	27	35	130.19%
Workers Comp Insurance	-	221	41	18.77%
Communications	41	750	243	32.45%
Advertising	-	500	-	0.00%
Travel	-	1,000	-	0.00%
Dues and Fees	-	1,600	815	50.94%
Education and Training	150	1,000	150	15.00%
Contract Labor	-	7,500	1,685	22.47%
Supplies-Special Events	-	15,000	4,798	31.99%
Software	-	1,000	-	0.00%
Payments to Other Agencies	-	5,000	-	0.00%
TOTAL EXPENDITURES	**$ 7,595**	**$ 111,961**	**$ 56,477**	**50.44%**

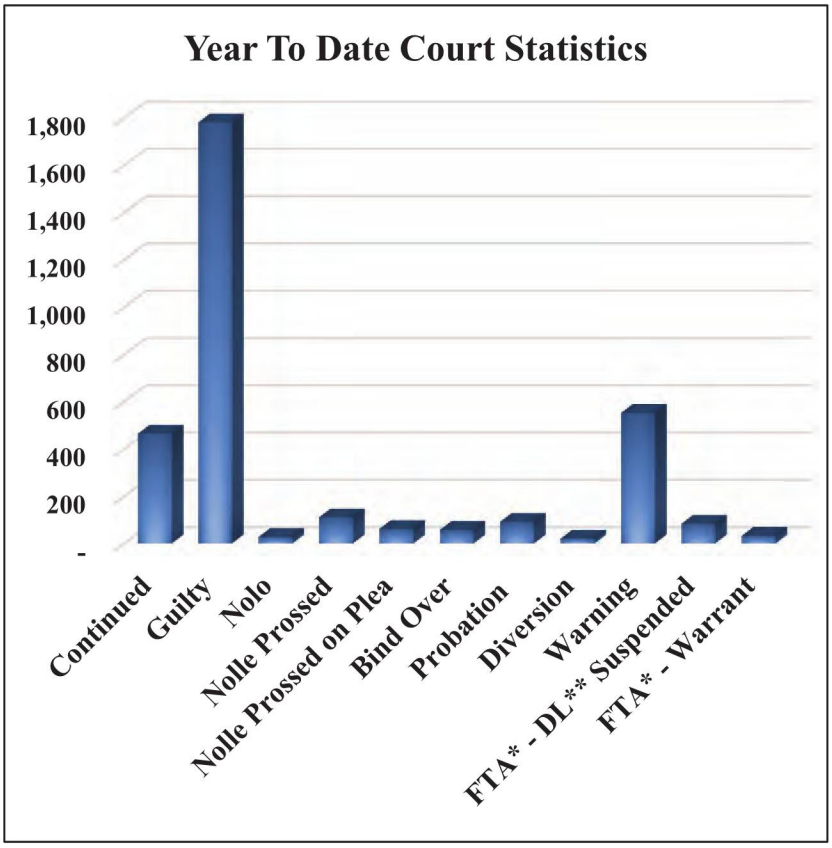
Holly Springs Tree Commission
Budget to Actual Comparison Report
As of June 30, 2020

Revenues	June 2020 Transactions	2020 Annual Budget	YTD Transactions	% Variance
Development Fees/Recompense	-	25,450.00	-	0.00%
Interest Revenue	0.03	50.00	0.18	0.36%
TOTAL REVENUES	**$ 0.03**	**$ 25,500.00**	**$ 0.18**	**0.00%**
Expenditures				
Landscaping/Tree Planting & Care	-	8,000.00	-	0.00%
Tree Maintenance	-	8,000.00	-	0.00%
Tree Removal	-	6,000.00	-	0.00%
Travel	-	750.00	-	0.00%
Dues and Fees	-	500.00	-	0.00%
Education and Training	-	1,000.00	-	0.00%
Tree Seedlings	-	500.00	-	0.00%
Banners & Shirts	-	250.00	-	0.00%
Books and Periodicals	-	500.00	-	0.00%
TOTAL EXPENDITURES	**$ -**	**$ 25,500.00**	**$ -**	**0.00%**

City of Holly Springs
Court Statistics
2020 Year to Date

	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	YTD
Continued	130	170	65	-	1	97	-	-	-	-	-	-	463
Guilty	585	685	183	36	22	270	-	-	-	-	-	-	1,781
Nolo	6	12	1	-	-	8	-	-	-	-	-	-	27
Nolle Prossed	37	34	6	-	4	29	-	-	-	-	-	-	110
Nolle Prossed on Plea	13	18	10	-	3	17	-	-	-	-	-	-	61
Bind Over	17	17	2	2	3	16	-	-	-	-	-	-	57
Probation	18	39	14	-	1	19	-	-	-	-	-	-	91
Diversion	5	8	3	-	-	4	-	-	-	-	-	-	20
Warning	82	135	59	12	152	111	-	-	-	-	-	-	551
FTA* - DL** Suspended	5	29	35	5	6	3	-	-	-	-	-	-	83
FTA* - Warrant	6	8	10	-	-	8	-	-	-	-	-	-	32
	904	**1,155**	**388**	**55**	**192**	**582**	**-**	**-**	**-**	**-**	**-**	**-**	**3,276**

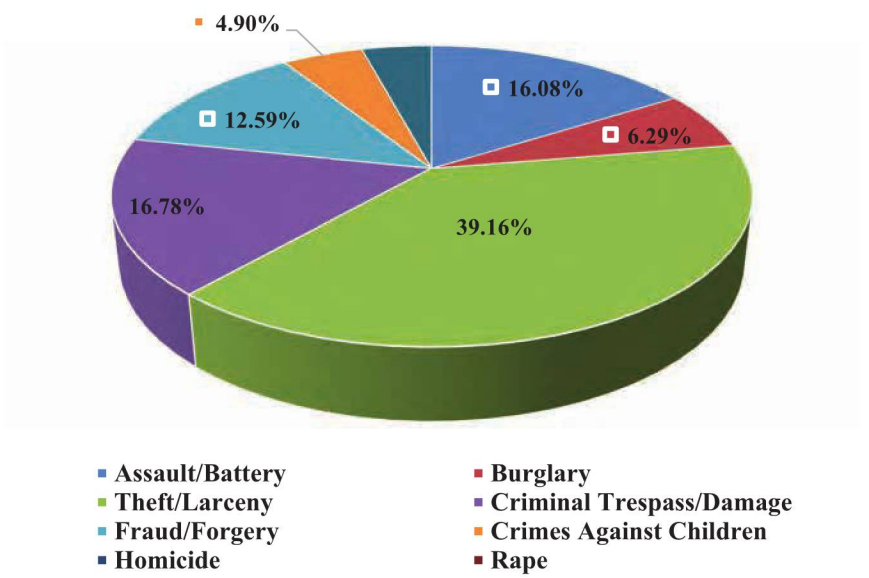
* Failure to Appear
** Driver's License



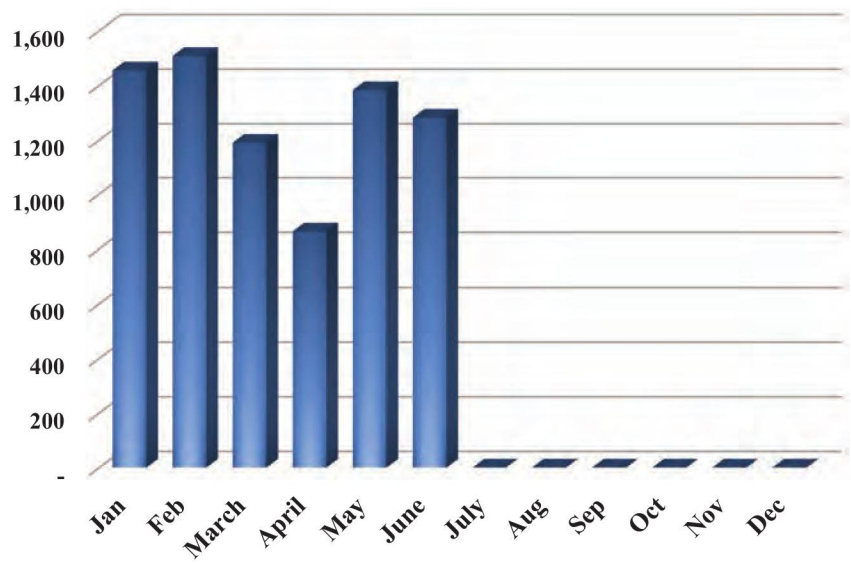
City of Holly Springs
Police Statistics
2020 Year to Date

	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	YTD
Assault/Battery	3	2	5	-	2	11	-	-	-	-	-	-	23
Burglary	-	-	2	4	3	-	-	-	-	-	-	-	9
Theft/Larceny	15	6	7	10	9	9	-	-	-	-	-	-	56
Criminal Trespass/Damage	4	10	-	7	-	3	-	-	-	-	-	-	24
Fraud/Forgery	4	4	1	3	3	3	-	-	-	-	-	-	18
Crimes Against Children	-	2	-	-	1	4	-	-	-	-	-	-	7
Homicide	-	-	-	-	-	-	-	-	-	-	-	-	-
Rape	-	-	-	-	-	-	-	-	-	-	-	-	-
Robbery	-	-	-	-	-	-	-	-	-	-	-	-	-
Arson	-	-	-	-	-	-	-	-	-	-	-	-	-
Motor Vehicle Theft	3	1	1	-	-	1	-	-	-	-	-	-	6
Sex Crimes	-	-	-	-	-	-	-	-	-	-	-	-	-
	29	**25**	**16**	**24**	**18**	**31**	**-**	**-**	**-**	**-**	**-**	**-**	**143**
Calls for Service	**1,454**	**1,507**	**1,189**	**862**	**1,382**	**1,281**	**-**	**-**	**-**	**-**	**-**	**-**	**7,675**

Year To Date Police Statistics



Year To Date Calls for Service



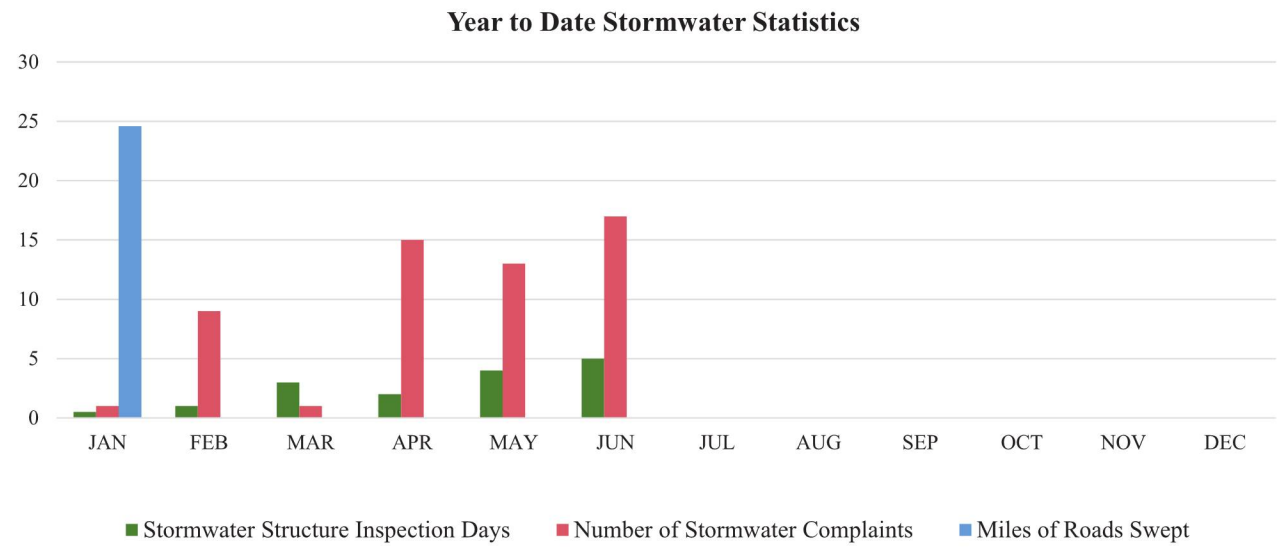
OPTECH
family of companies
Utility Partners
Optech Monette
OPTECH RWM

City of Holly Springs
Monthly Operation Report
Executive Summary

Description	Jun-20
Pot Hole Repair	6
Tree Service Work	5
ROW Mowing	25
Dead Animal Pick Up	4
Street Sweeping	0
Road Salting	0
Sign Maintenance	4
Traffic Signals	3
Equipment Maintenance	2
Misc. Work Orders	15
PARKS	
J.B. Owens	16
Barrett Park	16
J.C. Mullins	15
Monthly Totals	**111**

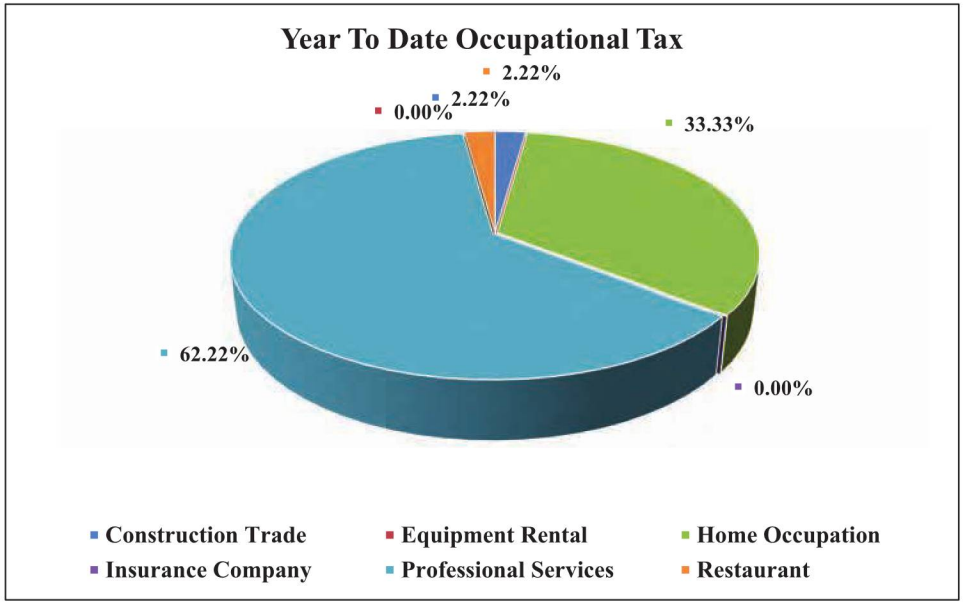
City of Holly Springs
Stormwater Statistics
2020 Year to Date

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Stormwater Structure Inspection Days	0.5	1	3	2	4	5							15.5
Number of Stormwater Complaints	1	9	1	15	13	17							56
Miles of Roads Swept	24.6	0	0	0	0	0							24.6



City of Holly Springs
Occupational Tax Summary
2020 Year to Date

	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Total	
Construction Trade	-	-	-	-	1	-	-	-	-	-	-	-	1	2.22%
Equipment Rental	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Home Occupation	-	5	1	2	3	4	-	-	-	-	-	-	15	33.33%
Insurance Company	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Professional Services	7	3	5	1	6	6	-	-	-	-	-	-	28	62.22%
Restaurant	1	-	-	-	-	-	-	-	-	-	-	-	1	2.22%
	8	**8**	**6**	**3**	**10**	**10**	**-**	**-**	**-**	**-**	**-**	**-**	**45**	100.00%

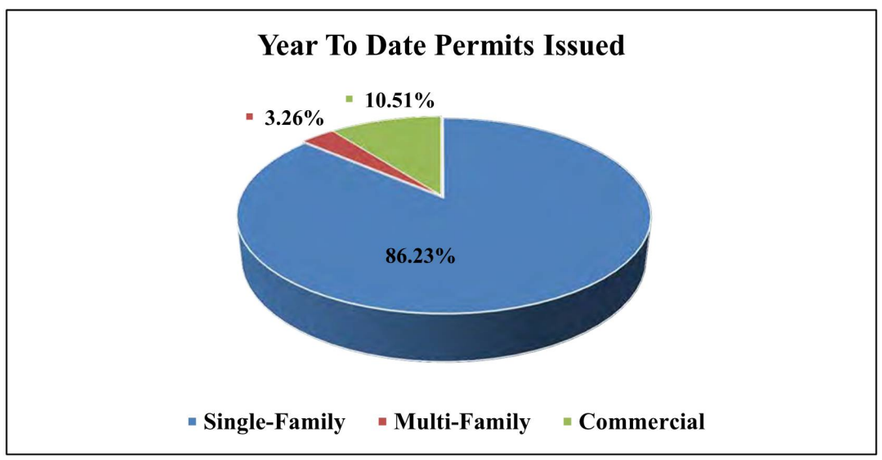


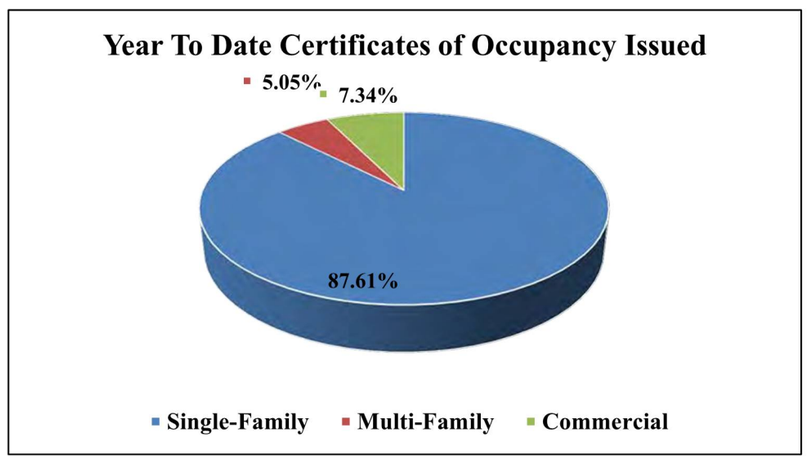
City of Holly Springs
Building Permits and Certificates of Occupancy
2020 Year to Date

	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	YTD
Single-Family													
Houses	18	42	46	26	7	16							**155**
Accessory Structures			1	3	6	8							**18**
Additions		1		1									**2**
Basement Buildouts	1	1	1	2	1	3							**9**
Mechanical	3	5	3	1	2	2							**16**
Plumbing		1	1										**2**
Electrical	1	1	2	1	2	2							**9**
Miscellaneous	4	12		3	6	2							**27**
Certificates of Completion	1	1	9		1	4							**16**
Certificates of Occupancy	31	28	30	33	26	27							**175**
Multi-Family													
Townhomes					5	4							**9**
Apartments													**0**
Misc-Multi Family													**0**
Certificates of Occupancy	8	3											**11**
Commercial													
New Structures	1												**1**
Addition-C				1									**1**
Tenant Build Outs	1	1	1	2		1							**6**
Accessory Structures					1								**1**
Mechanical	2												**2**
Plumbing			1										**1**
Electrical	1	2	2			1							**6**
Misc-C		2	1	5	2	1							**11**
Certificates of Completion	1	1	2		1								**5**
Certificates of Occupancy	4	2	1	2	1	1							**11**

Permits		
Single-Family	238	86.23%
Multi-Family	9	3.26%
Commercial	29	10.51%
	276	100.00%

CO's		
Single-Family	191	87.61%
Multi-Family	11	5.05%
Commercial	16	7.34%
	218	100.00%





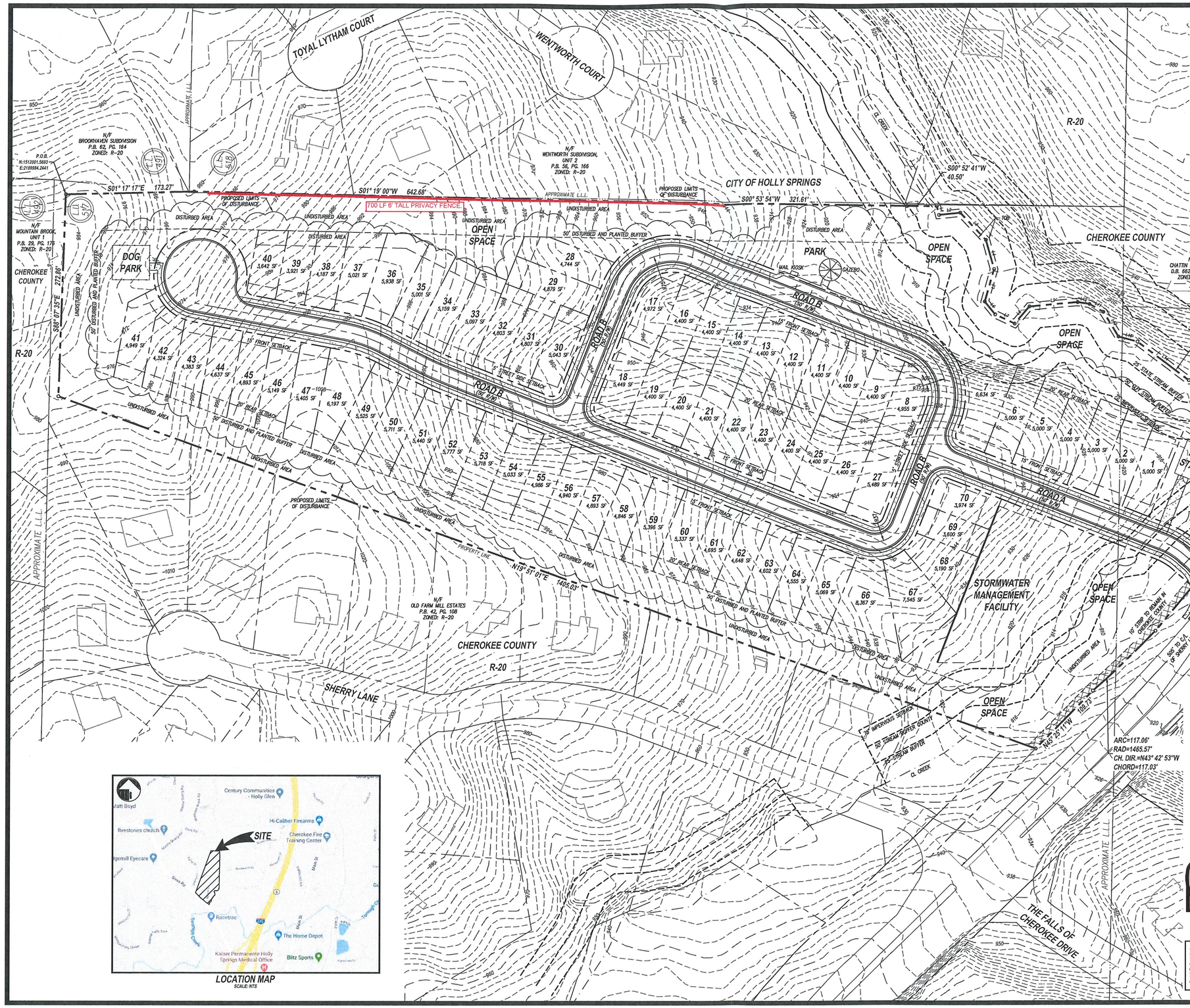
Rob Logan

From: Bradley Carlsen <brad08r6@gmail.com> on behalf of Bradley Carlsen
Sent: Monday, July 27, 2020 3:45 PM
To: Steven Miller; jeff@ridgepe.com; Barbara Kriner; John Seufert; Nancy Moon; Rob Logan
Subject: Proposed homes on sixes behind Wentworth
Attachments: image0.png; Untitled attachment 00004.txt

Good Afternoon Sir,

After our last conversation, I emailed Mr Smith with issues we had with the updated single family subdivision he had proposed on July 6th. The main issue we had was the lack of a full 50 foot buffer (per sixes coalition request) behind Wentworth. Mr. Smith has updated his plans which address our concern and has provided the buffer by moving the homes over an approximate 15-20 feet. The homes in Wentworth that are affected by the new subdivision's common area(dog park and park) have requested a privacy fence to built to help slow down the potential of human traffic in our subdivision. Friday the 24th Mr Smith replied via text that the builder would do a 6' privacy fence about 700' long behind our homes. He has not provided a picture yet. Remaining questions we have are about elevation changes with the new homes and amount of trees that are planted in the disturbed areas where traffic lights might shine into our homes. Mr. Smith said he would get these detail later because he currently did not have those answers. As of now as now, the Wentworth community and Myself do not have any objections to the new subdivision being approved. We believe in good faith that Mr Smith and Mr Huff will continue to work with us on any future concerns we might have.

Thank you
Bradley Carlsen
520-304-5579
Wentworth HOA President



DEVELOPMENT SUMMARY	
ZONING	
EXISTING ZONING	R-40
PROPOSED ZONING	PD-TND
AREA	
SITE AREA	17.78 ACRES
OPEN SPACE REQUIRED	3.55 ACRES (20%)
OPEN SPACE PROVIDED	5.4 ACRES (30%)
DENSITY	
NUMBER OF UNITS	70 UNITS
PROPOSED GROSS DENSITY	3.9 UNITS/ACRE
SETBACKS	
FRONT	15 FEET
SIDE	5 FEET
STREET SIDE SETBACK	*5 FEET
REAR	20 FEET
MINIMUM DISTANCE BETWEEN BUILDINGS	*10 FEET
MINIMUM LOT WIDTH/FRONTAGE	*40 FEET
MINIMUM LOT DEPTH	*90 FEET
MINIMUM LOT SIZE	*3,600 SF
MINIMUM HORIZONTAL ROAD CENTERLINE RADIUS	*37 FEET

*VARIANCE REQUIRED
WE PROPOSE TO INCREASE 30' BUFFER TO A 50' BUFFER, WHICH MAY BE DISTURBED AND REPLANTED AS REQUIRED FOR GRADING AND UTILITIES

LOCATION MAP
SCALE: NTS

24 HOUR CONTACT:
JEFF SMITH
404.328.6280

60 30 0 60 120
(IN FEET)
1 inch = 60 ft.

GEORGIA 811
Utilities Protection Center, Inc.
Know what's below. Call before you dig.

THE UTILITIES SHOWN HEREON ARE FOR THE CONTRACTORS CONVENIENCE ONLY. THERE MAY BE OTHER UTILITIES NOT SHOWN ON THESE PLANS. THE ENGINEER ASSUMES NO RESPONSIBILITY FOR THE LOCATIONS SHOWN AND IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY ALL UTILITIES WITHIN THE LIMITS OF THE WORK. ALL DAMAGE MADE TO EXISTING UTILITIES BY THE CONTRACTOR SHALL BE THE SOLE RESPONSIBILITY OF THE CONTRACTOR.

RIDGE PLANNING AND ENGINEERING®
1290 KENNESTONE CIRCLE - BLDG A
SUITE 200 - MARIETTA, GA 30066
OFFICE 770.938.9000

CONSTRUCTION PLANS

SIXES ROAD TRACT

LAND LOTS 517
15 DISTRICT
HOLLY SPRINGS, GEORGIA

OWNER/DEVELOPER

LDS PARTNERS, LLC
20 HEARDS OVERLOOK COURT
ATLANTA, GA 30328

PHONE: 404.915.3420

GSWCC CERTIFICATION NUMBER: 10471
EXPIRATION DATE: 05.05.2021

GEORGIA REGISTERED PROFESSIONAL ENGINEER No. 33121 JEFFREY M. SMITH

REVISIONS
6/29/20-REVISE ZONING PLAN
7/23/20-UPDATE ZONING PLAN

ZONING PLAN

C200

19077 ZONING.DWG 04.01.2020

Copyright ©2019

Rob Logan

From: Geoff Morton <gmorton@cherokeega.com> on behalf of Geoff Morton
Sent: Monday, July 27, 2020 1:32 PM
To: Rob Logan
Cc: Jimmy H. Marquis
Subject: SDS - Revised Form 2's - questions and responses
Attachments: County SDS Form 2s (07.27.20).pdf

Rob:

Please see below and attached. Let me know if you have any additional questions.

1. Conservation Administration – this is the Limestone Valley Soil and Water conservation district – USDA/NRCS. We pay that employee's salary, benefits and office expenses. The only person in this department is Joe Bishop.
2. Emergency Medical Services – is that not paid thru Fire District Tax and Intergovernmental Revenues? It shows as User fees, Grants and General Fund. Per Jimmy Marquis here is a list of the EMS Revenues:
    - Intergovernmental = Federal – COVID Funds, State – Fee for the number of ambulances we run.
    - Charge for Services – Ambulance fees less Medicare Adjustments
    - Transfer from General Fund

    Transfer from Fire Fund - Starting with the FY2021 budget, there will be no transfers from the Fire Fund to EMS. All Fund transfers will be from the General Fund. The Fire District tax will be for Fire only.
    EMS has been historically funded through the General Fund or from Fire Fund transfers:
    FY2018 - General Fund $1,593,088, Fire Fund $541,603
    FY2019 - General Fund $1,750,000, Fire Fund $947,058
    FY2020 Budget – General Fund $1,750,000, Fire Fund $1,519,713
    FY2021 Proposed Budget - General Fund $4,170,606, No transfer from Fire Fund
3. Roads & Bridges – we will need to discuss this one further. I expect we will have separate IGA for each project – resurfacing roads, sidewalk projects, etc. We need to set up a meeting to discuss.
4. Stormwater – see pages 97 and 98 – that form was revised but when the document was merged it was inadvertently left out. We are now at 112 pages!

I have also copied Jimmy Marquis if you have any additional finance related questions!

Thanks!

Geoff

Geoffrey E. Morton, P.E.
Community Development Agency Director
email: gmorton@cherokeega.com
phone: 678-493-6077
Cherokee County Board of Commissioners, 1130 Bluffs Parkway Canton, GA 30114

www.cherokeega.com

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Georgia® Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:CHEROKEE	Service:*Stormwater*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cherokee County, Ball Ground, Canton, Holly Springs, Mountain Park, Waleska, and Woodstock**

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

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

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

☒ ***No***

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

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

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
Cherokee County	User Fees, Insurance Premium Taxes, and all other unincorporated area
	revenues authorized pursuant to O.C.G.A. § 36-70-24 (3)(B).
Canton, Holly Springs, Woodstock	Stormwater Fund
Mountain Park, Waleska, Ball Ground	General Fund

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

This strategy has been added.

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
Memo. of Understanding	Limestone Valley and Holly Springs	6/2/15 - continuing
Memo. of Understanding	Limestone Valley and Woodstock	6/21/15 - continuing

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?

7. Person completing form: **Jerry Cooper, County Manager**
Phone number: **678-493-6001** Date completed: 07/12/20

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:

SIGN IN SHEET FOR
A-01-2020 and MA-02-2020

SIXES ROAD RESIDENTIAL DEVELOPMENT

Meeting Date: July 27, 2020

Name	Address	City Resident Y/N	Topic of Comment
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Note: City Council meetings are public meetings but are not public hearings. It is at the Chief Elected Official's discretion if public comment is taken.

SIGN IN SHEET FOR
ALL CASES EXCEPT A-01-2020 & MA-02-2020 (SIXES ROAD RESIDENTIAL DEVELOPMENT) AND MA-03-2020 & CUP-04-2020 (SELF STORAGE FACILITY ON HWY. 140)

Meeting Date: July 27, 2020

Name	Address	City Resident Y/N	Topic of Comment
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Note: City Council meetings are public meetings but are not public hearings. It is at the Chief Elected Official's discretion if public comment is taken.

SIGN IN SHEET FOR
MA-03-2020 & CUP-04-2020
SELF STORAGE FACILITY ON HWY. 140

Meeting Date: July 27, 2020

Name	Address	City Resident Y/N	Topic of Comment
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Note: City Council meetings are public meetings but are not public hearings. It is at the Chief Elected Official's discretion if public comment is taken.