



Georgia Department of
Community Affairs



**SERVICE DELIVERY STRATEGY
FORM 1**

COUNTY: **WALKER COUNTY**

I. GENERAL INSTRUCTIONS:

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

<p style="text-align: center;">OPTION A <i>Revising or Adding to the SDS</i></p>	<p style="text-align: center;">OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div style="background-color: #003366; color: white; padding: 10px; text-align: center;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at</i> http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</p> </div>

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Walker County
City of Chickamauga
City of Fort Oglethorpe
City of LaFayette
City of Lookout Mountain
City of Rossville

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

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

Airport
Ambulance Service
Animal Control
Animal Shelter
Archives/Records
Beverage Control Board
Building Inspections & Permits
Cemetery
Code Enforcement
Commodities Distribution
DFCS
Drug Task Force
E-911
Electric Utilities
Environmental Health
Fire Inspections
Fire Protection
Gas Department
GIS Mapping
Health Department
Jail
Law Enforcement
Library
Litter Control
Parks & Recreation
Planning & Zoning
Property Assessment
Public Sewer
Public Transportation
Recycling
Road & Street Construction
Solid Waste Collection
Vehicle Registration

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

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

Agriculture Services
Chamber of Commerce (this service is being updated)
Civic Center (this service is being replaced with Public Meeting Facilities)
Coroner
Courts (this service is being replaced with individual courts)
Courts - Drug Court
Courts - Juvenile Court
Courts - Magistrate Court
Courts - Mental Health Court
Courts - Probate Court
Courts - State Court
Courts - Superior Court
Department of Motor Vehicles Facility
Downtown Development
Economic Development (this service is being updated)
Elections
Emergency and Non-Emergency Dispatching
Emergency Management
Emergency Shelters
Extension Services (this service is being separated from Agriculture Services)
Family Connections - (this service is no longer provided)
Indigent
Meals on Wheels
Mosquito Control (this service is being updated)
Municipal Court
Museum (this service is being updated)
Public Defense
Public Meeting Facilities
Public Relations
Public Water (this service is being updated)
Senior Citizen Facilities
Senior Citizen Programs (this service is being updated)
Solid Waste Disposal (this service is being updated)
SPLOST Administration
State Patrol Facility
Stormwater Management (this service is being updated)
Tourism



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: WALKER COUNTY

Service: **Agriculture 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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund; SPLOST

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

None

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **Chamber of Commerce**

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.): **The Walker County Chamber of Commerce; however it is funded by the county and several cities**
- 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
Walker County	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



SERVICE DELIVERY STRATEGY

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

COUNTY: WALKER COUNTY	Service: Coroner
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund; Hotel/Motel Tax
City of Chickamauga	General Fund
City of LaFayette	General Fund
City of Lookout Mountain	General Fund; Hotel/Motel Tax
City of Rossville	General Fund

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

It wont. The only change is Fort Oglethorpe does not assist with funding this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Walker County Chamber of Commerce Agreement	Walker County, Chickamauga, LaFayette & Rossville	July 8, 1991

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: WALKER COUNTY	Service: Courts - Drug Court
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund, Fines & Forfeitures; User Fees; Grants

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

This is a new service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY	Service: Courts - Juvenile Court
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund, Fines & Forfeitures; User Fees; Grants

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

This service was not individually identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **Courts - Magistrate 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.): **Walker 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
Walker County	General Fund, Fines & Forfeitures; User Fees

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

This service was not individually identified in previous service delivery strategy reporting.

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?

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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

COUNTY: WALKER COUNTY	Service: Courts - Mental Health Court
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Walker 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
Walker County	General Fund, Fines & Forfeitures; User Fees; Grants

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

This service was not individually identified in previous service delivery strategy reporting.

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
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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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: WALKER COUNTY	Service: Courts - Probate 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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund, Fines & Forfeitures; User Fees

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

This service was not individually identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: 706-638-1437 Date completed: 9/13/2022

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: Courts - State 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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund, Fines & Forfeitures; User Fees

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

This service was not individually identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: Courts - Superior 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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund, Fines & Forfeitures; User Fees

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

This service was not individually identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **Department of Motor Vehicle Facility**

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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY	Service: <u>Downtown Development</u>
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
 - b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
 - c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Chickamauga, LaFayette, Rossville**)
 - 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chickamauga	General Fund
LaFayette	General Fund
Rossville	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

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):
- 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.): **This service is provided county-wide by a staff member, the Walker County Development Authority and the Northwest Georgia Joint Development Authority. The city of LaFayette also has its own staff for this 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
Walker County	General Fund
LaFayette	General Fund

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

It will expand on the strategy. While the Walker County Development Authority and Northwest Georgia Joint Development Authority focus on manufacturing and industry, LaFayette will be able to target entrepreneurship, neighborhood revitalization and community development.

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
NW GA Joint Development	Walker, Dade, Chattooga, & Catoosa Counties	12/11/1997 updated 1/2009

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**

Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **Elections**

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.): **Walker County, Chickamauga, LaFayette, Lookout Mountain and Rossville**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
Chickamauga	General Fund
LaFayette	General Fund
Lookout Mountain	General Fund
Rossville	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement	City of Chickamauga	Effective December 2020
Intergovernmental Agreement	City of LaFayette	Effective August 2017
Intergovernmental Agreement	City of Lookout Mountain	
Intergovernmental Agreement	City of Rossville	Effective August 2019

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437

**INTERGOVERNMENTAL AGREEMENT
FOR THE CONDUCT OF ELECTIONS
BETWEEN
THE WALKER COUNTY BOARD OF ELECTIONS AND REGISTRATION,
WALKER COUNTY, GEORGIA
And
THE CITY OF CHICKAMAUGA**

THIS AGREEMENT which shall hereinafter be referred to as ("Agreement"), is made by and between **Walker County Board of Elections and Registration** (sometimes hereinafter referred to as "**Board**"), **Walker County, Georgia** ("**County**"), and the **City of Chickamauga, Georgia** ("**City**"), and is effective as of the date specified herein.

WHEREAS, the City has, in accordance with the Georgia Election Code, which is set forth, in part, in O.C.G.A. §21-2-45(c), authorized the County to conduct the City's General Municipal Election, hereinafter referred to as "City Election"; and

WHEREAS, the City has requested the County to perform all duties as superintendent of elections as specified under Chapter 2, Title 21 of the Official Code of Georgia Annotated, with the exception of the qualifying of candidates.

NOW THEREFORE, in consideration of the mutual undertakings and covenants contained herein, and for other and further good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto do mutually agree as follows:

1. Intent/Scope

Due to the level of knowledge and expertise required to successfully conduct modern elections, the City has asked to enter into an intergovernmental agreement with the Board to enable the Board to assume the majority of the City's statutory election responsibilities. It is the intention of the Board to assume all tasks associated with conducting the City's elections starting at the end of the qualifying period and ending with the submission of the results and records to the appropriate entities after the results are canvassed and certified, except as set forth below.

2. Payment for Services

The City will be expected to reimburse the County for the costs that the County incurs while performing the City's statutory obligations, or directly pay such costs to the appropriate entity in place of the Walker County Governing Authority paying them. Payments shall be made to the County at the address set forth under Notices, below. Said costs shall include, but not necessarily limited to, all costs as listed on the projected budget, which is attached hereto as Exhibit "A" and made a part hereof by reference. These projections are for one election, without the inclusion of costs which may be potentially incurred by the City in the case of a Runoff Election, Special Election, Primary (were one to be held) or in the event of judicial action. Within sixty (60) days after the date of said election, the County agrees to submit to the City a complete statement showing all costs and expenses incurred in the City election. Within thirty

(30) days of receipt of the statement of all costs and expenses, the City will provide reimbursement to the County.

3. Duties Retained by the City

The City will retain responsibility for the following duties:

- a. **Qualifying**-Although the Board's staff will be on hand to assist in the Qualifying process by confirming that the potential candidates meet all qualifications relating to Voter Registration, the City will be responsible for the entire qualifying process for all partisan, non-partisan, as well as write-in candidates as in described in Article 4 of Title 21 of the Official Code of Georgia.

- b. **Appointment of the Vote Review Panel**-The City will be expected to appoint and coordinate a Vote Review Panel as is described in O.C.G.A. §21-2-386(a)(6) and O.C.G.A. §21-2-483(g)(2)(B). This Vote Review Panel will be required to appear in person at the Boards Tabulation Center on Election Night at a time to be determined by the Elections Supervisor and will be expected to remain at the Tabulation Center until released by the Elections Supervisor, or his or her designee.

4. Advertising

The Board will advertise all of the statutory responsibilities that they are assigned by the City in accordance with the appropriate laws, rules, and judicial rulings as well as its own policies. The actual cost incurred by the Board for any advertising that is deemed necessary by the Board will be included in the final invoice to the City.

5. Duties of the County

The Board will assume all tasks relating to the preparation for the Election including but not limited to: elections planning, testing equipment, ordering ballots, hiring of personnel, training poll workers, ordering and packing supplies, absentee voting (mail out and in office), Election Day coverage, auditing of election results, certification and consolidation of returns, etc.

6. Supplies

The Board's staff will procure all necessary supplies for the operation of the City's elections. The City will be responsible for the actual cost of ballots and postage, as well as a \$50 fee for miscellaneous supplies which will be used during the election cycle.

7. Staffing and Payroll by Location and Task

- a. **Payroll for the Board and its Permanent Employees**
During the time that the Board and its permanent employees are preparing for and conducting an Election on behalf of the City, they will be paid through the customary payroll process through the Walker County Payroll Department. Due to the inherent difficulties of separating the time spent on different Election tasks, the City will be expected to reimburse the County for the Board's as well as its permanent employee's time and expertise in the form of a set fee (County Fee).
- b. **Board's Office**
 - i. *Election Preparation*

1. Staff - Only permanent employees of the Board will be assigned to this process. No temporary Staff will be hired to assist with this process.
 2. Payroll - The City will reimburse the Board for time spent on this process through the County Fee.
- ii. *Absentee by Mail*
1. Staff - Only permanent employees of the Board will be assigned to this process. No temporary Staff will be hired to assist with this process.
 2. Payroll - The City will reimburse the Board for time spent on this process through the County Fee.
- iii. *Election Day*
1. Staff – The Board’s permanent employees will be assigned to this process.
 2. Payroll – The City will reimburse the Board for time spent on this process through the County Fee.
- iv. *Election Night*
1. Staff – The Board and/or permanent employees and one temporary employee will be assigned to this process.
 2. Payroll – The City will reimburse the Board for time spent on this process through the County Fee.
- v. *Computation, Canvassing, and Certification*
1. Staff – Only permanent employees of the Board will be assigned to this process. No temporary staff will be hired to assist with this process.
 2. Payroll-The City will reimburse the Board for time spent on the process through the County Fee.
- c. **City Hall**
- i. *Absentee in Person*
1. Staff – One Poll Manager earning \$90 per day and two Assistant Managers earning \$70 per day for 15 days.
 2. Payroll - The City will reimburse the Board for time spent on this process through the Absentee in Person Personnel fee.
- ii. *Election Day – Election Night*
1. Staff – a staff of one Poll Manager earning \$175, two Assistant Managers earning \$150, and one clerk earning \$125.
 2. Payroll – The City will reimburse the Board for this process through the Election Day personnel fee.

8. Notices

Official notices, payments and correspondence to the County shall be delivered in person or transmitted via U.S. Mail, postage prepaid addressed to the County Commissioner of Walker County at PO Box 445, LaFayette, GA 30728. Official notices and correspondence to the Board

shall be delivered in person or transmitted via U.S. Mail, postage prepaid addressed to the Elections Supervisor at PO Box 1105, LaFayette, GA 30728. Official notices and correspondence to the City of Chickamauga shall be delivered in person or transmitted via U.S. Mail, postage prepaid, addressed to the City Clerk of Chickamauga, at 103 Crittenden Avenue, Chickamauga, GA 30707 or PO Box 69, Chickamauga, GA 30707.

9. Effective Date; Term

This Agreement shall be effective February 1, 2021 or upon the date of the last signature by either party, whichever is later. This Agreement shall expire annually on December 31 of each year and be automatically renewed, for a maximum of ten (10) years. Either party may terminate the Agreement at any time, with thirty (30) days written notice.

10. Entire Agreement

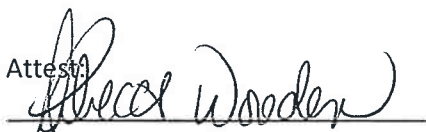
This Agreement contains all the terms and conditions and represents the entire Agreement between the parties and supersedes any pre-existing Agreement related to the Facility. Any alteration of the Agreement shall be invalid unless made by an amendment in writing, duly executed by the parties. There are no understandings, representations, or agreements, written or oral other than those contained in the Agreement.

IN WITNESS WHEREOF the Board, County and City have caused this Agreement to be duly executed by the proper officers and attested with their corporate seals affixed hereto as set forth in duplicate originals.

WALKER COUNTY, GEORGIA

**O.C.G.A. §21-2-45(c) provides for an agreement
between County and City.**

By: 
Shannon K. Whitfield, Commission Chair

Attest: 
Rebecca Wooden, County Clerk

Date: 1-28-2021

**WALKER COUNTY BOARD OF
ELECTIONS AND REGISTRATION**

Jim Buckner

Jim Buckner, Chairman

Attest:

Danielle L. Montgomery
Danielle L. Montgomery, Director

Date: 01/05/2021

CITY OF CHICKAMAUGA, GEORGIA

Ray Crowder

Ray Crowder, Mayor

Attest:

Candi Dalton
Candi Dalton, City Clerk

Date: 12/17/2020



**EXHIBIT A
CITY OF CHICKAMAUGA PROPOSED ELECTION BUDGET**

Personnel	Amount
Absentee in Person	\$3,450
Election Day	\$600
Training	\$60
Supplies	Amount
Ballots	\$125*
Postage	\$50*
Miscellaneous Supplies	\$50
County Fee	\$550
	TOTAL: \$4885

*estimated cost

This proposal does not include cost for a Runoff Election

**INTERGOVERNMENTAL AGREEMENT
FOR THE CONDUCT OF ELECTIONS
BETWEEN
THE WALKER COUNTY BOARD OF ELECTIONS AND REGISTRATION,
WALKER COUNTY, GEORGIA
And
THE CITY OF LA FAYETTE**

THIS AGREEMENT which shall hereinafter be referred to as ("Agreement"), is made by and between Walker County Board of Elections and Registration (sometimes hereinafter referred to as "Board"), Walker County, Georgia ("County"), and the City of La Fayette, Georgia ("City"), and is effective as of the date specified herein.

WHEREAS, the City has, in accordance with the Georgia Election Code, which is set forth, in part, in O.C.G.A. §21-2-45(c), authorized the County to conduct the City's General Municipal Election, hereinafter referred to as "City Election"; and

WHEREAS, the City has requested the County to perform all duties as superintendent of elections as specified under Chapter 2, Title 21 of the Official Code of Georgia Annotated, with the exception of the qualifying of candidates.

NOW THEREFORE, in consideration of the mutual undertakings and covenants contained herein, and for other and further good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto do mutually agree as follows:

1. Intent/Scope

Due to the level of knowledge and expertise required to successfully conduct modern elections, the City has asked to enter into an intergovernmental agreement with the Board to enable the Board to assume the majority of the City's statutory election responsibilities. It is the intention of the Board to assume all tasks associated with conducting the City's elections starting at the end of the qualifying period and ending with the submission of the results and records to the appropriate entities after the results are canvassed and certified, except as set forth below.

2. Payment for Services

The City will be expected to reimburse the County for the costs that the County incurs while performing the City's statutory obligations, or directly pay such costs to the appropriate entity in place of the Walker County Governing Authority paying them. Payments shall be made to the County at the address set forth under Notices, below. Said costs shall include, but not necessarily limited to, all costs as listed on the projected budget, which is attached hereto as Exhibit "A" and made a part hereof by reference. These projections are for one election, without the inclusion of costs which may be potentially incurred by the City in the case of a Runoff Election, Special Election, Primary (were one to be held) or in the event of judicial action. Within sixty (60) days after the date of said election, the County agrees to submit to the City a complete statement showing all costs and expenses incurred in the City election. Within thirty

(30) days of receipt of the statement of all costs and expenses, the City will provide reimbursement to the County.

3. Duties Retained by the City

The City will retain responsibility for the following duties:

- a. **Qualifying**-Although the Board's staff will be on hand to assist in the Qualifying process by confirming that the potential candidates meet all qualifications relating to Voter Registration, the City will be responsible for the entire qualifying process for all partisan, non-partisan, as well as write-in candidates as in described in Article 4 of Title 21 of the Official Code of Georgia.

- b. **Appointment of the Vote Review Panel**-The City will be expected to appoint and coordinate a Vote Review Panel as is described in O.C.G.A. §21-2-386(a)(6) and O.C.G.A. §21-2-483(g)(2)(B). This Vote Review Panel will be required to appear in person at the Boards Tabulation Center on Election Night at a time to be determined by the Elections Supervisor and will be expected to remain at the Tabulation Center until released by the Elections Supervisor, or his or her designee.

4. Advertising

The Board will advertise all of the statutory responsibilities that they are assigned by the City in accordance with the appropriate laws, rules, and judicial rulings as well as its own policies. The actual cost incurred by the Board for any advertising that is deemed necessary by the Board will be included in the final invoice to the City.

5. Duties of the County

The Board will assume all tasks relating to the preparation for the Election including but not limited to: elections planning, testing equipment, ordering ballots, hiring of personnel, training poll workers, ordering and packing supplies, absentee voting (mail out and in office), Election Day coverage, auditing of election results, certification and consolidation of returns, etc.

6. Supplies

The Board's staff will procure all necessary supplies for the operation of the City's elections. The City will be responsible for the actual cost of ballots and postage, as well as a \$50 fee for miscellaneous supplies which will be used during the election cycle.

7. Staffing and Payroll by Location and Task

- a. **Payroll for the Board and its Permanent Employees**

During the time that the Board and its permanent employees are preparing for and conducting an Election on behalf of the City, they will be paid through the customary payroll process through the Walker County Payroll Department. Due to the inherent difficulties of separating the time spent on different Election tasks, the City will be expected to reimburse the County for the Board's as well as its permanent employee's time and expertise in the form of a set fee (County Fee).
- b. **Board's Office**
 - i. *Election Preparation*

1. Staff - Only permanent employees of the Board will be assigned to this process. No temporary Staff will be hired to assist with this process.
 2. Payroll - The City will reimburse the Board for time spent on this process through the County Fee.
- ii. *Absentee by Mail*
1. Staff - Only permanent employees of the Board will be assigned to this process. No temporary Staff will be hired to assist with this process.
 2. Payroll - The City will reimburse the Board for time spent on this process through the County Fee.
- iii. *Absentee in Person*
1. Staff - The Board's permanent employees and one temporary employee will issue and receive absentee ballots in person at this location.
 2. Payroll - The City will reimburse the Board for time spent on this process through the County Fee.
- iv. *Election Day*
1. Staff – The Board's permanent employees will be assigned to this process.
 2. Payroll – The City will reimburse the Board for time spent on this process through the County Fee.
- v. *Election Night*
1. Staff – The Board and/or permanent employees and one temporary employee will be assigned to this process.
 2. Payroll – The City will reimburse the Board for time spent on this process through the County Fee.
- vi. *Computation, Canvassing, and Certification*
1. Staff – Only permanent employees of the Board will be assigned to this process. No temporary staff will be hired to assist with this process.
- c. **City Hall**
- i. *Election Day – Election Night*
1. Staff – a staff of one Poll Manager earning \$150, two Assistant Managers earning \$125, and one clerk earning \$8.50 per hour.
 2. Payroll – The City will reimburse the Board for this process though the Election Day personnel fee.

8. Notices

Official notices, payments and correspondence to the County shall be delivered in person or transmitted via U.S. Mail, postage prepaid addressed to the County Commissioner of Walker County at PO Box 445, LaFayette, GA 30728. Official notices and correspondence to the Board shall be delivered in person or transmitted via U.S. Mail, postage prepaid addressed to the Elections Supervisor at PO Box 1105, LaFayette, GA 30728. Official notices and correspondence to the City of LaFayette shall be delivered in person or transmitted via U.S. Mail, postage prepaid, addressed to the City Clerk of LaFayette, at 207 S. Duke Street, LaFayette, GA 30728.

9. Effective Date; Term

August 2017

This Agreement shall be effective September 1, 2017 or upon the date of the last signature by either party, whichever is later. This Agreement shall expire annually on December 31 of each year and be automatically renewed, for a maximum of ten (10) years. Either party may terminate the Agreement at any time, with thirty (30) days written notice.

10. Entire Agreement

This Agreement contains all the terms and conditions and represents the entire Agreement between the parties and supersedes any pre-existing Agreement related to the Facility. Any alteration of the Agreement shall be invalid unless made by an amendment in writing, duly executed by the parties. There are no understandings, representations, or agreements, written or oral other than those contained in the Agreement.

IN WITNESS WHEREOF the Board, County and City have caused this Agreement to be duly executed by the proper officers and attested with their corporate seals affixed hereto as set forth in duplicate originals.

WALKER COUNTY, GEORGIA

**O.C.G.A. §21-2-45(c) provides for an agreement
between County and City.**

By: Shannon K. Whitfield 9/14/2017
Shannon K. Whitfield, Sole Commissioner

Attest: Rebecca Wooden
Rebecca Wooden, County Clerk

Date: 9/14/2017

**WALKER COUNTY BOARD OF
ELECTIONS AND REGISTRATION**

Jim Buckner
Jim Buckner, Chairman

Attest: Danielle L. Montgomery
Danielle L. Montgomery, Supervisor

Date: 09/14/2017

CITY OF LAFAYETTE, GEORGIA

Andy Arnold - Mayor
Andy Arnold, Mayor

Attest:
Brenda Snyder
Brenda Snyder, City Clerk

Date: August 28, 2017

**INTERGOVERNMENTAL AGREEMENT
FOR THE CONDUCT OF ELECTIONS
BETWEEN
THE WALKER COUNTY BOARD OF ELECTIONS AND REGISTRATION,
WALKER COUNTY, GEORGIA
And
THE CITY OF ROSSVILLE**

THIS AGREEMENT which shall hereinafter be referred to as (“Agreement”), is made by and between Walker County Board of Elections and Registration (sometimes hereinafter referred to as “Board”), Walker County, Georgia (“County”), and the City of Rossville, Georgia (“City”), and is effective as of the date specified herein.

WHEREAS, the City has, in accordance with the Georgia Election Code, which is set forth, in part, in O.C.G.A. §21-2-45(c), authorized the County to conduct the City’s General Municipal Election, hereinafter referred to as “City Election”; and

WHEREAS, the City has requested the County to perform all duties as superintendent of elections as specified under Chapter 2, Title 21 of the Official Code of Georgia Annotated.

NOW THEREFORE, in consideration of the mutual undertakings and covenants contained herein, and for other and further good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto do mutually agree as follows:

1. Intent/Scope

Due to the level of knowledge and expertise required to successfully conduct modern elections, the City has asked to enter into an intergovernmental agreement with the Board to enable the Board to assume the majority of the City’s statutory election responsibilities. It is the intention of the Board to assume all tasks associated with conducting the City’s elections starting at the advance voting and ending with the submission of the results and records to the appropriate entities after the results are canvassed and certified, except as set forth below.

2. Payment for Services

The City will be expected to reimburse the County for the costs that the County incurs while performing the City’s statutory obligations, or directly pay such costs to the appropriate entity in place of the Walker County Governing Authority paying them. Payments shall be made to the County at the address set forth under Notices, below. Said costs shall include, but not necessarily limited to, all costs as listed on the projected budget, which is attached hereto as Exhibit “A” and made a part hereof by reference. These projections are for one election, without the inclusion of costs which may be potentially incurred by the City in the case of a Runoff Election, Special Election, Primary (were one to be held) or in the event of judicial action. Within sixty (60) days after the date of said election, the County agrees to submit to the City a complete statement showing all costs and expenses incurred in the City election. Within thirty (30) days of receipt of the statement of all costs and expenses, the City will provide reimbursement to the County.

3. Advertising

The Board will advertise all of the statutory responsibilities that they are assigned by the City in accordance with the appropriate laws, rules, and judicial rulings as well as its own policies. The actual cost incurred by the Board for any advertising that is deemed necessary by the Board will be included in the final invoice to the City.

4. Duties of the County

The Board will assume all tasks relating to the preparation for the Election including but not limited to: elections planning, testing equipment, ordering ballots, hiring of personnel, training poll workers, ordering and packing supplies, absentee voting (mail out and in office), Election Day coverage, auditing of election results, certification and consolidation of returns, etc.

5. Supplies

The Board's staff will procure all necessary supplies for the operation of the City's elections. The City will be responsible for the actual cost of ballots and postage, as well as a \$50 fee for miscellaneous supplies which will be used during the election cycle.

6. Staffing and Payroll by Location and Task

a. Payroll for the Board and its Permanent Employees

During the time that the Board and its permanent employees are preparing for and conducting an Election on behalf of the City, they will be paid through the customary payroll process through the Walker County Payroll Department. Due to the inherent difficulties of separating the time spent on different Election tasks, the City will be expected to reimburse the County for the Board's as well as its permanent employee's time and expertise in the form of a set fee (County Fee).

b. Board's Office

i. Election Preparation

1. Staff - Only permanent employees of the Board will be assigned to this process. No temporary Staff will be hired to assist with this process.
2. Payroll - The City will reimburse the Board for time spent on this process through the County Fee.

ii. Absentee by Mail

1. Staff - Only permanent employees of the Board will be assigned to this process. No temporary Staff will be hired to assist with this process.
2. Payroll - The City will reimburse the Board for time spent on this process through the County Fee.

iii. Election Day-Walker County Elections Office

1. Staff – The Board's permanent employees/poll workers will be assigned to this process.
2. Payroll – The City will reimburse the Board for time spent on this process through the Election Day.

iv. Election Night

1. Staff – The Board and/or permanent employees and one temporary employee will be assigned to this process.
2. Payroll – The City will reimburse the Board for time spent on this process through the County Fee.

v. *Computation, Canvassing, and Certification*

1. Staff – Only permanent employees of the Board will be assigned to this process. No temporary staff will be hired to assist with this process.
2. Payroll-The City will reimburse the Board for time spent on the process through the County Fee.

vi. *Absentee in Person*

1. Staff – One Poll Manager earning, at least, \$90 per day and two Assistant Managers earning, at least, \$70 each per day for 15 days.
2. Payroll - The City will reimburse the Board for time spent on this process through the Absentee in Person Personnel fee.

c. **City Hall**

ii. *Election Day – Election Night*

1. Staff – a staff of one Poll Manager earning, at least \$175, two Assistant Managers earning, at least, \$150 each, and one clerk earning, at least, \$125
2. Payroll – The City will reimburse the Board for this process through the Election Day personnel fee.

7. Notices

Official notices, payments and correspondence to the County shall be delivered in person or transmitted via U.S. Mail, postage prepaid addressed to the County Commissioner of Walker County at PO Box 445, LaFayette, GA 30728. Official notices and correspondence to the Board shall be delivered in person or transmitted via U.S. Mail, postage prepaid addressed to the Elections Supervisor at PO Box 1105, LaFayette, GA 30728. Official notices and correspondence to the City of Rossville shall be delivered in person or transmitted via U.S. Mail, postage prepaid, addressed to the City Clerk of Rossville, at 400 McFarland Avenue, Rossville, GA 30741.

8. Effective Date; Term

This Agreement shall be effective September 1, 2019 or upon the date of the last signature by either party, whichever is later. This Agreement shall expire annually on December 31 of each year and be automatically renewed, for a maximum of ten (10) years. Either party may terminate the Agreement at any time, with thirty (30) days written notice.

9. Entire Agreement

This Agreement contains all the terms and conditions and represents the entire Agreement between the parties and supersedes any pre-existing Agreement related to the Facility. Any alteration of the Agreement shall be invalid unless made by an amendment in writing, duly

executed by the parties. There are no understandings, representations, or agreements, written or oral other than those contained in the Agreement.

IN WITNESS WHEREOF the Board, County and City have caused this Agreement to be duly executed by the proper officers and attested with their corporate seals affixed hereto as set forth in duplicate originals.

WALKER COUNTY, GEORGIA

O.C.G.A. §21-2-45(c) provides for an agreement between County and City.

By:

Shannon K. Whitfield
Shannon K. Whitfield, Sole Commissioner

Attest:

Rebecca Wooden
Rebecca Wooden, County Clerk

Date:

09/12/2019

WALKER COUNTY BOARD OF ELECTIONS AND REGISTRATION

Jim Buckner
Jim Buckner, Chairman

Attest:

Danielle L. Montgomery
Danielle L. Montgomery, Director

Date:

08/12/2019

CITY OF ROSSVILLE, GEORGIA

Teddy Harris
Teddy Harris, Mayor

Attest:

Sherry Foster
Sherry Foster, City Clerk

Date:

8-12-19

**EXHIBIT A
CITY OF ROSSVILLE PROPOSED ELECTION BUDGET**

Personnel	Amount
Absentee in Person	\$3450
Election Day	\$600
Training	\$60
Supplies	Amount
Ballots	\$125*
Postage	\$50*
Miscellaneous Supplies	\$50
County Fee	\$550
	TOTAL: \$4885

*estimated cost

This proposal does not include cost for a Runoff Election



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: WALKER COUNTY

Service: **Emergency and Non-Emergency Dispatching**

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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund; Franchise Taxes

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

This service was not identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
None		

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

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.): **Walker 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
Walker County	General Fund; Public Safety Fee; SPLOST

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

This service was not identified in previous service delivery strategy reporting.

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?

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY	Service: Emergency Shelters
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
 - b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
 - c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
 - d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Walker County, Chickamauga, LaFayette, Lookout Mountain and Rossville**
 - 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
Chickamauga	General Fund
LaFayette	General Fund
Lookout Mountain	General Fund
Rossville	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

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.): **Walker 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
Walker County	General Fund

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

None

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
Memorandum of Understanding	Walker County, Board of Regents of UGA	12/12/2019

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**

Phone number: **706-638-1437** Date completed: **9/13/2022**

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:

Shannon Whitfield, Chairman 706-638-1437

MEMORANDUM OF UNDERSTANDING
Between
THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA
by and on behalf of
THE UNIVERSITY OF GEORGIA
COOPERATIVE EXTENSION
and Walker COUNTY

This Memorandum of Understanding (“MOU”) is made between the Board of Regents of the University of System of Georgia by and on behalf of the University of Georgia Cooperative Extension (hereinafter “UGA Extension”) and Walker County, a political subdivision of the State of Georgia, by and through its Board of Sole Commissioner, (hereinafter the “County”), for the provision of Cooperative Extension Services and Personnel in Walker County, Georgia.

WHEREAS, through the Smith-Lever Act of the U.S. Congress of 1914, an Agreement was created between The Board of Regents of the University System of Georgia, the University of Georgia, the University of Georgia Cooperative Extension and the U.S. Department of Agriculture, to allow for Extension work to be conducted in the State of Georgia; and

WHEREAS, for over 100 years UGA Extension has offered services in all 159 counties in the State of Georgia; and

WHEREAS, through county offices throughout the state, UGA Extension continues to offer reliable information and programs in the areas of agriculture, food, families, the environment and 4-H youth development; and

WHEREAS, UGA Extension is able to maintain and operate these programs through the use of UGA Extension personnel; and

WHEREAS, UGA Extension and the County agree that the services provided by UGA Extension Personnel are invaluable to the County’s citizens and community; and

WHEREAS, the County Board of Walker is authorized under Article 9, Section 3, Paragraph 1, and Article 9, Section 4, Paragraph 2, of the Constitution of the State of Georgia as amended in 1983, and by O.C.G.A. § 20-2-62 and O.C.G.A. § 48-5-220 to enter into agreements providing for these types of services; and

WHEREAS, all parties agree that it is necessary and appropriate to define the types of UGA Extension operations and personnel and establish parameters for compensation so that all parties are clear on their respective responsibilities and duties;

NOW, THEREFORE, the Parties agree as follows:

I. OPERATIONS

UGA Extension and the County will support all County Extension personnel operationally as set forth in this MOU regardless of employee compensation status.

A. UGA EXTENSION agrees to the following:

1. UGA Extension shall annually appoint a member of the County Extension personnel to serve as the County Extension Coordinator. The Coordinator shall be responsible for the total County Extension program, staff coordination and supervision, and all communications and transactions between the County and the County Extension staff.
2. UGA Extension shall provide County Extension personnel with the necessary educational materials needed for an effective program. UGA Extension also agrees to plan, implement and conduct training as necessary to keep County Extension personnel adequately prepared to conduct effective, relevant Extension programs.
3. UGA Extension shall reimburse all County Extension personnel directly for expenses incurred for officially designated travel authorized by the District Extension Director.
4. UGA Extension shall support County Extension personnel and the Extension program in the County with necessary assistance of District and State subject matter and supervisory personnel and other resources as available from the University of Georgia, the University System of Georgia, and other agencies and organizations with whom UGA Extension cooperates.
5. UGA Extension shall report to the County Board of Walker at regular intervals on the nature of the County Extension program and progress being made.

B. The COUNTY agrees to the following:

1. The County shall provide a suitable County Extension office with the suitability of the office to be agreed on by all parties. As a part of the County's budgeting process, the County further agrees to provide sufficient funds to pay for all necessary office supplies, office equipment, telephone, utilities, data communication/networking (including broadband internet connectivity), postage, demonstration materials, janitorial service and other items necessary for the operation of an effective Extension education program.
 - a. Should the County request removal or modification of office network infrastructure deployed and/or managed by UGA Extension, the County shall coordinate with UGA Extension IT personnel prior to the removal or modification of said equipment. The County shall also coordinate with UGA Extension IT personnel prior to the addition of new network infrastructure where the existing network infrastructure has been deployed or is managed by UGA Extension.

- b. The County shall coordinate with UGA Extension IT personnel in planning for the relocation of an existing or establishment of a new Extension office where the network infrastructure and/or computing resources will be managed by UGA Extension.
 - c. The County shall allow the installation and use of client software and unrestricted access to online resources deemed necessary by UGA Extension to conduct Extension business operations and program delivery; provided, however, that, all such software shall comply with any and all County information technology policies relating to security on, and compatibility with, the County's information technology infrastructure and systems. UGA Extension and the County will jointly determine such compliance prior to installation of any such software.
2. The County shall furnish a county government vehicle or reimburse the travel expenses of County Extension personnel for official travel in the county or on behalf of the Walker County. The reimbursement shall be paid by the County directly to County Extension personnel unless some other method is agreed upon in writing by UGA Extension and the County.
 3. The County shall evaluate financial support to the operations of UGA Extension annually, including compensation of personnel, make adjustments as necessary for continued effective support, and shall notify the UGA Extension of these adjustments. The County Extension Coordinator will prepare and submit for approval an annual operating budget to the County according to standards set by Board of Sole Commissioner for all county departments.

II. COMPENSATION

The UGA Cooperative Extension personnel shall be categorized based on the method of compensation they are associated with, as set forth in the attached addendums. UGA Extension and the County shall identify and agree upon the appropriate compensation method and personnel relationship for each employee. The following three options are available (CHECK ALL THAT APPLY):

- A. COOPERATIVE DIRECT PAY**
In choosing Cooperative Direct Pay, the County desires for the County Extension Personnel to receive compensation from both the County and from UGA Extension. The amount of compensation to County Extension Personnel under this option, as well as the County's and UGA Extension's responsibility for the County Extension Personnel's withholding and payment of federal and state taxes and contributions toward retirement benefits, shall be divided proportionally between the County and UGA Extension as set forth in Addendum "A" and Exhibit "A" thereto.
- B. COOPERATIVE CONTRACT PAY**
In choosing Cooperative Contract Pay, the County desires for County Extension Personnel to receive their compensation from UGA Extension payroll. The amount of compensation to County Extension Personnel under this option, as well as the

County's and UGA Extension's responsibility for the County Extension Personnel's withholding and payment of federal and state taxes and contributions toward retirement benefits, shall be divided proportionally between the County and UGA Extension as set forth in Addendum "B" and Exhibit "A" thereto. However, for administrative purposes the County Extension Personnel's compensation will come directly from UGA Extension, with the County reimbursing UGA Extension for the County's proportionate share.



C. COUNTY FUNDED EXTENSION PERSONNEL

In choosing County Funded Extension Personnel, the County desires for the County Extension Personnel to be an employee of the County receiving compensation from only the County, as set forth in Addendum "C". The County shall be solely responsible for the County Extension Personnel's salary, benefits (including but not limited to health insurance), withholding of federal and state taxes, and retirement benefits (if any).

III. AGREEMENT

1. This MOU shall take effect when it is executed by both Walker County and UGA Extension.
2. In instances of conflict between University of Georgia/University System of Georgia and County policies, the University of Georgia/University System of Georgia policies shall govern.
3. The term of this MOU shall be from the date of execution until terminated by either party by written notice of such intent provided ninety (90) days in advance.
4. This MOU may be modified by written agreement of the parties hereto.
5. Neither party to this agreement will discriminate against any employee or applicant for employment because of race, color, sex, creed, national origin, age, disability, or veteran status.
6. All notices provided for or permitted to be given pursuant to this MOU shall be in writing and shall be deemed to have been properly given or served by personal delivery or by depositing in the United States Mail, postpaid and registered or certified mail, return receipt requested, and addressed to the addresses set forth below. By giving written notice hereunder, either party hereto shall have the right from time to time and at any time during the term of this MOU to change their respective addresses. For the purposes of this Agreement:

The address of UGA Extension is: 102 Napier Street
LaFayette GA 30730

The address of County is:

101S Duke St. POB 445
LaFayette GA 30728

or such other address as shall be furnished by such notice to the other party.


Chairman, Board of Sole Commissioner, Walker County

Date: 12/12/2019

County Extension Coordinator, Walker County

Date: _____

Vice President for Public Service and Outreach, University of Georgia

Date: _____

Addendum A

COOPERATIVE DIRECT PAY

In choosing Cooperative Direct Pay, the County desires for the County Extension Personnel to receive compensation from both the County and from UGA Extension. The amount of compensation to County Extension Personnel under this option, as well as the County's and UGA Extension's responsibility for the County Extension Personnel's withholding and payment of federal and state taxes and contributions toward retirement benefits, shall be divided proportionally between the County and UGA Extension as set forth in an annual Financial Agreement, substantially in the form shown on Exhibit "A", attached hereto and incorporated herein by reference. Such annual Financial Agreement shall be contingent upon funding as a part of the County's annual budget process.

1. UGA Extension shall employ and supervise County Extension personnel. It shall be the responsibility of the UGA Extension to establish minimum qualifications for County Extension personnel, certify the qualifications of all applicants, and to determine the total salary applicants are to be paid.
2. UGA Extension shall serve as the employer of record and therefore:
 - a. Provide legally required health insurance; and
 - b. Provide legally required worker's compensation insurance
3. UGA Extension shall appoint County Extension personnel in compliance with Equal Employment Opportunity regulations and subject to the approval of the County. The County will provide UGA Extension with written reasons for each disapproval of an appointment recommendation.
4. In the event the work of any County Extension staff member becomes unsatisfactory to the County, it shall be the responsibility of the County to communicate this dissatisfaction to the District Extension Director of the UGA Extension in writing within a reasonable time frame. It shall then be the responsibility of the UGA Extension to address the County's dissatisfaction and advise the County of action taken, if any. UGA Extension shall have the right to terminate or transfer personnel from the County. UGA Extension may select a replacement for the County, following the procedure described above.
5. UGA Extension shall keep at all times an accurate record of all funds received and disbursed under this agreement including all support documents. UGA Extension shall retain such records for a period of three (3) years unless an audit has begun but not been completed or if the audit findings have not been resolved at the end of the three (3) year period. In such cases, the records shall be retained until the audit is complete or until the resolution of the audit findings, whichever is later. UGA Extension will provide the County with a copy of any and all such audits relating to the County Extension office, personnel, and/or operations upon request by the County.

6. UGA Extension shall carry out all work under this agreement in accordance with the administrative and other requirements, including those related to personnel matters, established by the University of Georgia, federal and state laws, regulations, and standards.
7. UGA Extension shall pay its portion of the salary and associated benefits of County Extension personnel at a rate in compliance with the Board of Regents and the UGA Extension salary administration policies.
8. The County shall provide the agreed upon portion of the salaries and associated benefits of County Extension personnel as set forth in the annual Financial Agreement. Benefits, including leave, shall be calculated according to policies established by the Board of Regents.

The County portion of salary shall be paid monthly by the County directly to County Extension personnel. The County will collect and remit FICA taxes on the County portion of the salary. UGA Extension shall provide monthly statements to the County reflecting the County portion of the employer contribution to the employee's retirement benefit with Teachers Retirement System of Georgia. The reimbursement to UGA Extension for the County's portion of this benefit will be made to the UGA Extension in the full amount within fifteen (15) days of receipt of the statement.

The County portion of employee salaries should be adjusted annually based on performance and/or cost of living increases typical of other County employees in accordance with the County's generally applicable rules or conditions for such adjustments. This adjustment should be reported to UGA Extension 30 days prior to effective date. UGA will not allocate any percentage salary increase on the County portion of the employee's salary.

9. The County agrees to pay its share of the annual leave payment in accordance with University of Georgia and UGA Extension leave policies when an employee terminates employment through resignation or retirement during the term of this MOU and chooses to take a lump-sum payment for accumulated annual leave. Such County share shall be based solely on the individual's time serving the County in his or her capacity as part of the County Extension office.



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: WALKER COUNTY	Service: Indigent
------------------------------	--------------------------

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.): **Walker County provides this service countywide, excluding Municipal Courts.**

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
Rossville	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Indigent Defense Act of 2002	Rossville, Walker County and LMJC Public Defender	1/27/2021

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**

Phone number: **706-638-1437** Date completed: 9/13/2022

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:

Shannon Whitfield, Chairman 706-638-1437

This is a contract between the Lookout Mountain Judicial Circuit Public Defender's Office (CPD); the City of Rossville, Georgia, (City); and the governing authority of Walker County, Georgia (County) for the CPD to provide representation of indigent criminal defendants in the Municipal Court of the City Rossville, Georgia. The contract is effective as of February 1, 2021.

EXPRESSION OF INTENT & PROVISIONS OF LAW

As they enter this agreement, the parties acknowledge and rely upon provisions of Indigent Defense Act of 2003, as amended, including:

- OCGA § 17-12-23(d), which authorizes the City to “contract with the circuit public defender office for the provision of criminal defense for indigent persons accused of violating city or county ordinances or state laws” and which subjects any other system established by the City “to all applicable policies ... adopted by the Georgia Public Defender Standards Council for representation of indigent persons in this state.” And
- OCGA § 17-12-30(c)(6), which authorizes the County to “supplement the salary or fringe benefits of any state [-] paid position appointed pursuant to [Article II of the Indigent Defense Act of 2003]”; and

The parties also rely on

- The City's and County's status as bodies politic, which exist and operate under the laws and Constitution of the State of Georgia, and which have full power to enter into contract and agreements with other political entities.

ARTICLE ONE: SERVICES

Section 1.01 – Services. The CPD agrees to provide legal representation to indigent persons who are defendants charged with violations of state law or municipal ordinance in the Municipal Court of the City of Rossville, Georgia, conviction for which could result in a sentence of imprisonment; probation; other loss of liberty; or fees or fines enforceable by confinement, probation, or other loss of liberty.

Section 1.02 – Personnel. The CPD will designate one or more lawyers employed by that office to provide the services described in Section 1.01 of this agreement. Discretion as to the number and identity of lawyers designated under this section lies solely with the CPD.

Section 1.03 – Indigent Persons. As used in this agreement, “indigent person” has the same meaning as in OCGA § 17-12-2(6)(a). The CPD has sole authority to determine whether someone is an indigent person as described in this agreement. Only indigent persons so determined may receive the services discussed in Section 1.01 of this agreement.

Section 1.04 – Quality of Representation.

- (A) Subject to the availability of resources, the CPD agrees to provide the services provided for in this contract in a professional manner consistent with the CPD and the Council's policies, the laws and Constitution of Georgia, the Constitution of the United States, and the Georgia Rules of Professional Conduct governing lawyers.
- (B) If the number of indigent persons increases to a level that precludes the CPD from providing the quality of representation required by this agreement, the CPD may give the City 30 day's written notice of its intent to suspend accepting new additional cases pursuant to this agreement.
- (C) The provisions of Section 3.07 shall apply during the period of the suspension. The CPD shall give the City ten day's written notice of its intent to lift the suspension of the additional services. At any time during a period of suspension of services up to and including the fifth calendar day after the City receives notice from the CPD of its intent to lift the suspension, the City may elect to terminate its obligations under this agreement by giving the CPD written notice thereof; in which event, the parties' obligations under this agreement terminate subject to the provisions of Section 3.07.

Section 1.05 – Conflicts of Interest. The CPD is not responsible for the appointment of attorneys and the costs associated with representation for indigent persons whose cases are declared to present a conflict of interest such that the CPD cannot continue representation. Provision of services to those individuals is the responsibility of the City.

ARTICLE TWO: COSTS

Section 2.01 – Retainer. For the services described in Section 1.01 of this agreement, the City agrees to pay to the governing authority of the County \$300.00 per month, totaling \$3600.00 per year with payments to be made quarterly in advance. The first payment by the City to the County shall be received by the County no later than February 1, 2021 (for services to be rendered during February, 2021). Thereafter, quarterly payments are to be received in advance no later than March 1, July 1, October 1, and January 1 of each year. The County agrees to receive the retainer and distribute it at the CPD's direction as a salary supplement to CPD employees. The County will have no fiscal or legal responsibility under this agreement other than the receipt and distribution of the retainer in accordance with this agreement.

Section 2.02 – Additional expenses. The City acknowledges that the provision of services described in Section 1.01 may from time to time require expenses not covered by the Retainer described in Section 2.01 (e.g. expert witnesses). The City agrees that such costs are not the responsibility of the CPD, or the County.

ARTICLE THREE: OTHER PROVISIONS

Section 3.01 – Term. The term of this agreement is one year, beginning on February 1, 2021. Absent 30 days' notice by either the CPD or the City, this agreement will renew automatically each year.

Section 3.02 – Severability. Any section, subsection, paragraph, term, condition, provision, or other part of this contract that is judged, held, found, or declared to be voidable, void, invalid, illegal, or otherwise not fully enforceable shall not affect any other part of this contract, and the remainder of this contract shall continue to be of full force and effect. Any agreement of the parties to amend, modify, eliminate, or otherwise change any part of this agreement shall not affect any other part of this agreement, and the remainder of this agreement shall continue to be of full force and effect.

Section 3.03 – Cooperation, dispute resolution, and jurisdiction.

- (A) The parties acknowledge that this agreement may need to be revised periodically to address new or unforeseen matters.
- (B) Each party to this agreement agrees to cooperate with the others to carry out the intent of this agreement.
- (C) This agreement, and the rights and obligations of the parties, are governed by, subject to, and interpreted in accordance with the laws of the State of Georgia. The parties acknowledge and agree that by law, the exclusive jurisdiction for contract actions against the state, departments and agencies of the state and state authorities is the Superior Court of Walker County, Georgia.

Section 3.04 – Notice. Notice to a party to this agreement shall be made in writing and delivered by first-class mail or personal service to the person and address indicated below:

- (A) For the CPD
Jad Johnson
Circuit Public Defender
Lookout Mountain Judicial Circuit
Post Office Box 1810
LaFayette, Georgia 30728
- (B) For the City
Teddy Harris
Mayor
City of Rossville, Georgia
500 McFarland Avenue 30741
Rossville, Georgia 30741

- (C) For Walker County, Georgia
Chairman, Walker County Board of Commissioners
101 S. Duke St.
P.O. Box 445
LaFayette, GA 30728

Section 3.05 – Modification. This agreement constitutes the entire agreement between the parties with respect to its subject matter and may be altered or amended only by a subsequent written agreement of equal dignity. This contract supersedes all prior agreements, negotiations and communications of whatever type, written or oral, between parties with respect to this contract's subject matter.

Section 3.06 – Termination.

- (A) Due to non-availability of funds. If the source of reimbursement for services under this agreement (appropriations from City) is reduced during the term of this agreement, the CPD may make financial and other adjustments to this agreement and notify the County accordingly. An adjustment may be an amendment to the agreement or its termination. The certification of the occurrence of the reduction in City funds by the person named in Section 3.04 by the City to receive notice is conclusive. The City will promptly notify the CPD in writing of the non-existence or insufficiency of funds and the date of termination. The CPD will then immediately cease providing the services required hereunder except for any necessary winding down and transition services required under Section 3.07. In lieu of termination this agreement, the County may make financial and other adjustments to this agreement by amending it pursuant to Section 3.05.
- (B) For cause. This agreement may be terminated for cause, in whole or in part, at any time by the City or the CPD for failure by any other party to substantially perform any of its duties under this agreement. "Cause" means a breach or default of any material obligation under this contract which is incapable of cure, or which, being capable of cure, has not been cured within 30 days after receipt of notice of such default (or such additional cure period as the non-defaulting party may authorize). Should a party exercise its right to terminate this agreement under this subsection, the termination shall be accomplished in writing and specify the reason and the termination date. In the event of termination under this subsection, the CPD shall submit a final agreement expenditure report containing all charges incurred through and including the termination date to the City no later than 30 days after the effective date of written notice of termination and the City shall pay the amount due within 15 days of the receipt of the final agreement expenditure report. Upon termination of this agreement, the CPD shall not incur any new obligations after the effective date of the termination, except as required under Section 3.07. The above remedies contained in this subsection are in addition to any other remedies provided by law or the terms of this agreement.
- (C) For Convenience. This agreement may be cancelled or terminated by the CPD or the City without cause; however, the party seeking to terminate or cancel this agreement shall give written notice of its intention to do so to the other party at least 60 days before the effective date of cancellation or termination.

(D) Post-termination obligations. After termination of this agreement under this Section, the CPD and the City agree to comply with the provisions of Section 3.07(B).

Section 3.07 – Cooperation in Transition of Services.

(A) During or at the end of the agreement. The CPD agrees that upon suspension, termination or expiration of this contract, in whole or in part, for any reason to cooperate as requested by the City to effectuate the smooth and reasonable transition of services for existing clients. This includes but is not limited to the continuation of representation by the employees described in this agreement where appropriate or required by law, court rule, or the State Bar of Georgia ethical standards or the facilitation of the timely transfer to new counsel chosen by the City of client records. The City shall compensate the Council for all post-suspension, post-termination, or post-expiration services under this subsection. The Council shall submit a monthly expenditure report containing all charges incurred during the preceding month on or before the fifth day of each month. The City shall pay the amount due within 15 days of the receipt of the monthly expenditure report. This subsection survives the suspension, termination, or expiration of the contract.

(B) Responsibility for continuation of services. The City acknowledges that it has responsibility for indigent defense in the courts where services are to be provided under this contract and that the suspension, termination, or expiration of this agreement does not relieve it of that responsibility under the law.

Section 3.08 – Waiver. A party's failure to exercise or delay in exercising any right, power or privilege under this contract shall not operate as a waiver; nor shall any single or partial exercise of any right, power or privilege preclude any other or further exercise thereof.

Section 3.09 – Remedies Cumulative. All rights and remedies provided in this Agreement are cumulative and not exclusive of any other rights or remedies that may be available to the parties, whether provided by law, equity, statute, in any other agreement between the parties or otherwise.

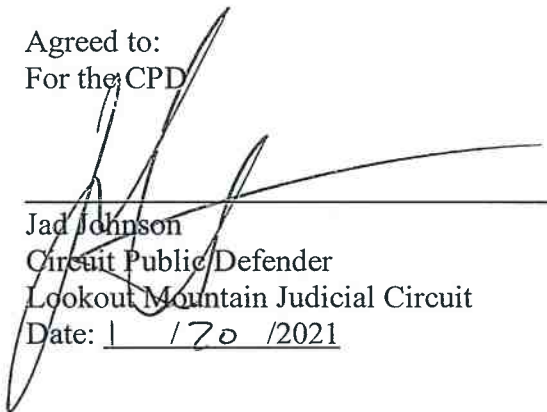
Section 3.10 – Third Party Beneficiaries. This agreement does not and is not intended to confer any rights or remedies upon any entity or person other than the parties.

Section 3.11 – Advance of Funds. The parties agree that advances of funds cannot remain outstanding following agreement of termination or expiration and will be reclaimed. The parties agree that, upon termination of this agreement for any reason, all unexpended and unobligated funds held by the parties will revert to the party entitled to the funds. The parties agree to reconcile expenditures against advances of funds within 30 days of termination of this agreement.

Section 3.12 – Time. Time is of the essence.


Signatures on following page:

Agreed to:
For the CPD



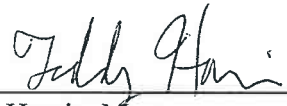
Jad Johnson
Circuit Public Defender
Lookout Mountain Judicial Circuit
Date: 1 / 20 / 2021

For the County



Shannon Whitfield, Chairman
Walker County Board of Commissioners
Date: 01 / 27 / 2021

For the City:



Teddy Harris, Mayor
City of Rossville, Georgia
Date: 1 / 20 / 2021



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: WALKER COUNTY

Service: Meals on Wheels

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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund; Grants

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

This service was not identified in previous service delivery strategy reporting.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: Mosquito Control

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: **Chickamauga and Fort Oglethorpe**)
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Chickamauga	General Fund
Fort Oglethorpe	General Fund

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

This service is no longer provided in unincorporated Walker County.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY	Service: 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: **Chickamauga, Fort Oglethorpe, LaFayette, Lookout Mountain and Rossville**)
 - 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
Chickamauga	General Fund; Fines & Forfeitures; User Fees
Fort Oglethorpe	General Fund; Fines & Forfeitures; User Fees
LaFayette	General Fund; Fines & Forfeitures; User Fees
Lookout Mountain	General Fund; Fines & Forfeitures; User Fees
Rossville	General Fund; Fines & Forfeitures; User Fees

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

This service was not individually identified in previous service delivery strategy reporting.

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?

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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

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

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

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

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

- 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
Walker County	General Fund; SPLOST (The Marsh House & other "historic" structures)
Chickamauga	General Fund (Gordon Lee Mansion)
LaFayette	General Fund (Chattooga Academy)
Rossville	General Fund (Chief John Ross House)
Fort Oglethorpe	General Fund (6th Cavalry Museum)

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

This service is being updated to remove Lookout Mountain

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?

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY	Service: Public Defense
------------------------------	--------------------------------

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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY	Service: Public Meeting Facilities
------------------------------	---

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.): **Walker County, Chickamauga, LaFayette, Lookout Mountain and Rossville**
 - 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund; SPLOST; User Fees
Chickamauga	General Fund
LaFayette	General Fund
Lookout Mountain	General Fund
Rossville	General Fund

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

This service was previously reported as "Civic Center" but has since evolved, as each local government provides space for public meetings and functions.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: Public Relations

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.): **Walker County and all of its cities**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
City of Chickamauga	General Fund
City of Fort Oglethorpe	General Fund
City of LaFayette	General Fund
City of Lookout Mountain	General Fund
City of Rossville	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **Public Water**

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.): **Water service is provided by the cities of Chickamauga, Fort Oglethorpe, and LaFayette within the incorporated limits. Water service is provided by Walker County Water & Sewerage Authority, Walker County Rural Water Authority, Dade County, Catoosa County, Chattooga County, Dalton Utilities, and Tennessee American in all other areas of the county, including Lookout Mountain and Rossville.**

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
Walker County Water & Sewerage	User Fees
Chickamauga	User Fees
Fort Oglethorpe	User Fees
LaFayette	User Fees; General Fund

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

None

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
Water Purchase Agreement	Walker County & LaFayette	8/11/1996

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

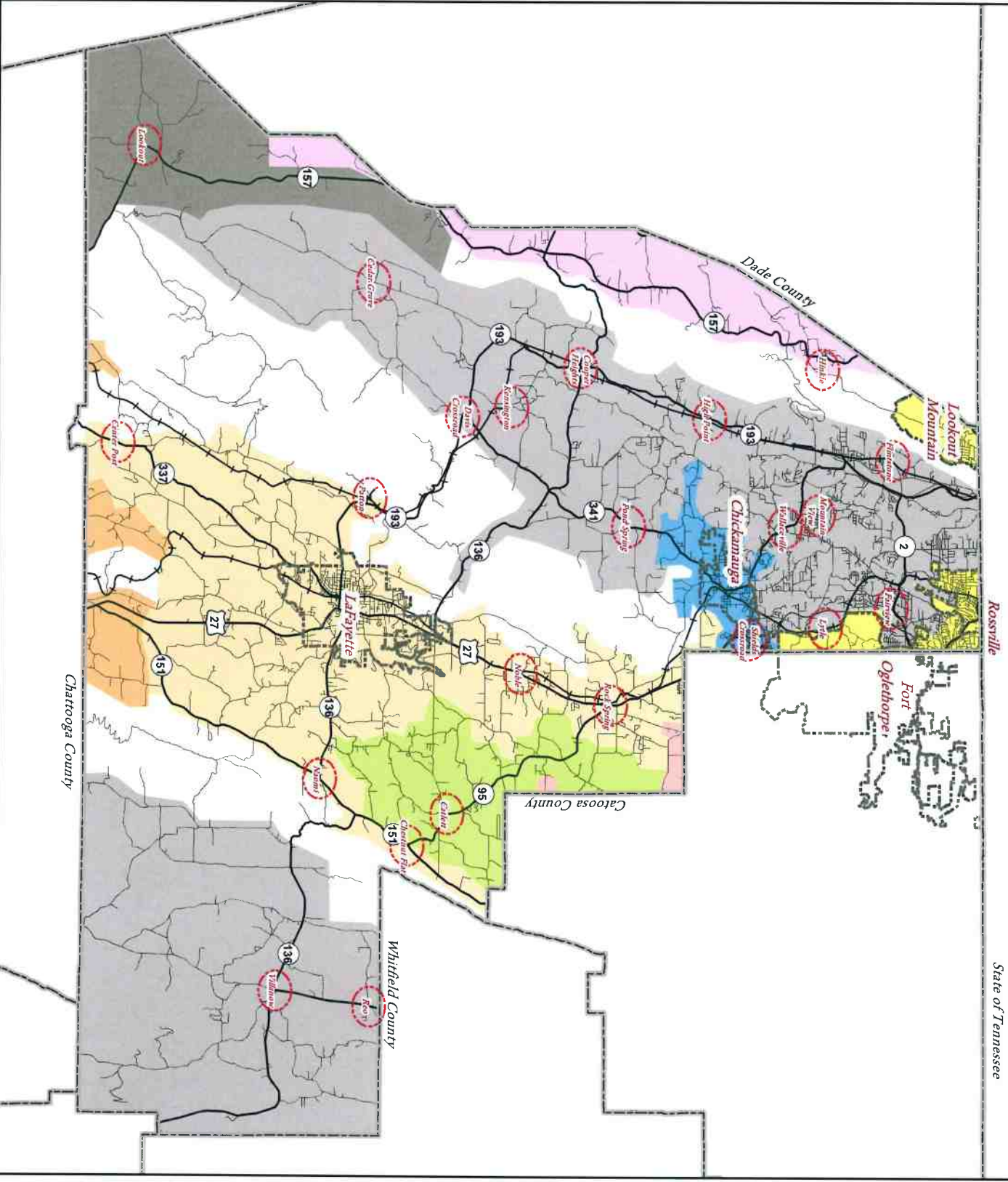
None

7. Person completing form: **Dakiya Porter - Communication Specialist**

Phone number: **706-638-1437** Date completed: **9/13/22**

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:
Shannon Whitfield, Chairman 706-638-1437



Rossville

State of Tennessee



Water Service Area Map Walker County, GA

- Roads
- Highways
- Railroads
- City Limits
- Crossroad Community

- Caratoosa Utilities -
- Chickamauga Water District -
- City of
- Dade County
- Water Authority - Trenton
- Dalton
- Tennessee American Water Company - Chattanooga
- Walker County Rural Water & Sewer Authority - Cadlett
- Walker County Water & Sewerage
- Walker County Water & Sewerage Authority - Potential Water
- Sewerage

1 in = 4 miles



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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: WALKER COUNTY

Service: Senior Citizen - Facilities

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.): **Walker County, Chickamauga and Rossville**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
Chickamauga	General Fund
Rossville	General Fund

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

While Senior Citizen programs had been identified in previous service delivery strategy reporting, facilities specifically for seniors had not been identified.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: Senior Citizen Programs

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.): **Walker County, Chickamauga, LaFayette, Rossville, Fort Oglethorpe**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
Chickamauga	General Fund
Fort Oglethorpe	General Fund
LaFayette	General Fund
Rossville	General Fund

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

This service is being updated to remove Lookout Mountain

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **Solid Waste 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.): **Walker County, LaFayette**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	User Fees
LaFayette	General Fund

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

This service is being updated to add LaFayette, which has a landfill for chipping brush

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **SPLOST 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.):
- 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.): **Walker County and all of its cities**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
Chickamauga	General Fund
Fort Oglethorpe	General Fund
LaFayette	General Fund
Lookout Mountain	General Fund
Rossville	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: State Patrol Facility

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.): **Walker 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund

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

This service was not identified in previous service delivery strategy reporting.

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

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

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437



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: WALKER COUNTY

Service: **Stormwater 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.):
- 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.): **Walker County and all of its cities**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	General Fund
Chickamauga	General Fund; Stormwater Utility Fee
Fort Oglethorpe	General Fund
LaFayette	General Fund
Lookout Mountain	General Fund
Rossville	General Fund

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

None

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement	Walker County & Lookout Mountain	Jun 23, 2022

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**
 Phone number: **706-638-1437** Date completed: **9/13/2022**

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:
Shannon Whitfield, Chairman 706-638-1437

**INTERGOVERNMENTAL AGREEMENT
BETWEEN WALKER COUNTY, GEORGIA AND
THE CITY OF LOOKOUT MOUNTAIN, GEORGIA**

This Intergovernmental Agreement ("Agreement") entered into between Walker County, Georgia ("County"), a political subdivision of the State of Georgia, and the City of Lookout Mountain, Georgia ("City"), a municipal corporation of the State of Georgia.

WHEREAS, the City desires to contract with the County for the County to serve as the City's Local Issuing Authority ("LIA") and to perform the services of an LIA set forth hereinafter; and

WHEREAS, Walker County is a certified LIA within the meaning of Official Code of Georgia Annotated Sections 12-7-3(10) and 12-7-8 and is willing to perform the services for the City set forth hereinafter.

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein, the County and the City agree as follow:

1. **Term of Agreement:** This Agreement shall begin at 12:01 a.m. on June 24, 2022, and shall expire at 11:59 p.m. on June 23, 2032, unless terminated earlier as provided hereinafter.
2. **Termination of Agreement:** Either party may terminate this Agreement, with or without cause, by providing the other party with a minimum of 120 days advance written notice of termination. Either party may also terminate this Agreement for cause due to the default of the other party by the non-defaulting party providing the defaulting party with written notice of the default and the failure of the defaulting party to cure the default within 10 business days of receipt of the notice of the default.
3. **Services to be provided by County:** At all times during the term of this Agreement, the County shall remain a certified LIA, and shall provide the services as the agent for the City within the City's territorial limits. The City shall notify the County with advance written notice of the specific services that the County is to provide. The services that the County shall provide include: stormwater and erosion and sedimentation control, and associated services, studies, inspections, and the issuance of permits.
4. **Services to be provided by the City:** The City is to pay the County for the services provided by the County based upon the County's fee schedule as it exists at the time the service is provided. The County may make reasonable adjustments to its fee schedule from time to time during the term of the Agreement by providing the City with a minimum of 30 days advance written notice of said price increase. The City is to provide all required annual notices.
5. **Notices:** Notices shall be given in writing to the other party at the addresses set forth below: Delivery may be by email, hand delivery, or first class mail.

Notice to the County:
Walker County, Georgia
Attn: Commission Chairman
101 S. Duke Street (P.O. Box 445)
LaFayette, GA 30728
commissioner@walkerqa.us

Notice to the City:
City of Lookout Mountain, Georgia
Attn: Mayor
1214 Lula Lake Road
Lookout Mountain, GA 30750
mayor@lookoutmntga.com

6. **Entire Agreement:** This Agreement contains the entire agreement between the parties. No oral representations are part of this Agreement. This Agreement may only be modified in writing that has been signed by both parties.

(Signatures on next page)

Walker County, Georgia

By: *Shannon K. Whitfield*
Shannon K. Whitfield
Commission Chairman

Attest:
Rebecca Wooden
Rebecca Wooden, County Clerk



City of Lookout Mountain, Georgia

By: *David Bennett*
David Bennett
Mayor

Attest:
Cindy Roberts
Cindy Roberts, City Clerk





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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.): **Walker County, Chickamauga, LaFayette, and Rossville**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Walker County	Hotel/Motel Tax Funding
LaFayette	Hotel/Motel Tax Funding
Chickamauga	Hotel/Motel Tax Funding
Rossville	Hotel/Motel Tax Funding

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

This is a new service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Chamber of Commerce Local Marketing Organization Tourism Agreement	Walker County, Walker County Chamber of Commerce	12/29/2020

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

None

7. Person completing form: **Dakiya Porter - Communication Specialist**

Phone number: 706-638-1437 Date completed: 9/13/2022

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:

Shannon Whitfield, Chairman 706-638-1437

LOCAL MARKETING ORGANIZATION AGREEMENT

This agreement is entered into by WALKER COUNTY, GEORGIA (hereinafter referred to as "County"), and WALKER COUNTY CHAMBER OF COMMERCE, INC., a non-profit 501(c) organization in Walker County, Georgia (hereinafter referred to as "Organization").

WHEREAS, the County may expend Hotel-Motel Excise funds pursuant to O.C.G.A. Section 48-13-51(b) for promoting tourism subject to the following limitations:

- A) At least 50% of the total collected, over what was collected at five percent (5%), shall be expended for Tourism, Conventions and Trade Shows, pursuant to O.C.G.A. Section 48-13-50.2(4).
- B) Any remaining amount collected can be used for Tourism Product Development, pursuant to O.C.G.A. Section 48-13-50.2(6).

WHEREAS, the Organization is a private sector non-profit organization exempt from income tax under IRS Section 501(c) which is willing and authorized to expend such funds for the purpose of promoting tourism in the County as provided by law.

NOW, THEREFORE, in consideration of the premises herein, the parties hereto agree as follows:

1. 43.75% of the funds collected by the County shall be delivered to the Organization to be used for tourism promotion in the manner set forth herein. The remaining 18.75% is to be used for Tourism Product Development.
2. All sums received by the Organization from the County hereunder shall be expended by the Organization according to the hotel/motel tax budget prepared by the County. These funds shall be expended within one year from receipt of the above amount, and solely for the promotion of tourism in the County. Tourism involves traveling to experience and learn about the places, artifacts, and activities that authentically represent the stories and people of Georgia's past and present. It includes the preservation of recreational, cultural, historic, and natural resources of Georgia for the benefit of both visitors and local residents. Tourism involves, but is not limited to the following elements:
 - 1) Visiting historic places and other places of interest.
 - 2) Participating in historic and recreational activities.
 - 3) Educating both visitors and local residents about the past and the culture of the past.
 - 4) Experiencing recreational, cultural and/or historic opportunities.
 - 5) Enjoying the natural environment.See attachment Exhibit "A" for a sample list of appropriate expenditures.
3. The Organization shall continue to supervise a Tourism Committee, made of representatives from across the County, to advise where revenue expended to promote tourism will have the greatest impact. The Committee shall meet a minimum of once per quarter and shall include the following persons:
 - (A) A representative of the Organization
 - (B) A member of the Organization's Board of Directors
 - (C) Chairman or designee of the Walker County Board of Commissioners
 - (D) A designee/representative of the City of Chickamauga
 - (E) A designee/representative of the City of LaFayette
 - (F) A designee/representative of the City of Lookout Mountain
 - (G) A designee/representative of the City of Rossville
 - (H) A representative of a short term vacation rental
 - (I) A representative of a Walker County based tourist attraction
 - (J) The Walker County Director of Economic Development
 - (K) The Walker County Director of Public Relations
4. The Organization shall provide audit verification to the County demonstrating that the Organization used the funds solely and exclusively for the purpose of promoting tourism in

conformance with this Agreement. Such verification shall be provided to the County within two weeks of the County's written request for the audit verification, and in no instance later than 30 days after expenditure of all of the funds granted hereunder.

5. By executing this Agreement, the Organization hereby affirms that it will use the funds received solely and exclusively in compliance with this Agreement, and will further expend such funds in compliance with County ordinances and state laws. The County shall provide from time to time written requests to the Organization for payment of certain permitted expenditures for the promotion of tourism. The Organization shall not make any payments over \$2,000.00 without the pre-approval of the County. The Organization agrees to defend, indemnify and hold harmless the County from and against all claims that arise from its failure to spend funds in compliance with this paragraph, including reasonable attorney's fees and court costs of the County. Furthermore, if the Organization fails to spend the funds in the manner contemplated in this Agreement, or fails to meet the timeliness requirements hereof, the Organization agrees this shall constitute a breach of the Agreement, and all such funds shall be returned to the County immediately. In consideration of the Organization's administration of the funds referenced herein, the County agrees that \$2,750.00 or 20 percent of the total yearly excise tax remitted by the County to the Organization, whichever amount is less, of the tourism promotion funds will be used to help fund the operation of the Walker County Visitor Center.

6. All notices, requests, demands or other communications (hereinafter collectively referred to as "Communication") required or permitted to be given hereunder shall be in writing and shall be addressed and delivered to each party at the addresses set forth below. Any such or other Communication shall be considered delivered on the date of receipt. Rejection or other refusal to accept or inability to deliver because of a changed address of which proper notice was not given shall be deemed to be receipt of the Communication. By giving prior written notice thereof, any party may from time to time and at any time may change its address for notices hereunder. Legal counsel for the respective parties may send to the other party any Communication required or permitted to be given hereunder by such party.

Notice to County: Rebecca Wooden, County Clerk, 101 South Duke Street, P.O. Box 445, LaFayette, GA 30728 r.wooden@walkerga.us

Notice to Organization: Walker County Chamber of Commerce, Inc., 50A Fieldstone Village Drive, Rock Spring, GA 30739; lacey@wawlkerchamber.org.

7. Either party may terminate this Agreement, with or without cause, by providing the other party with a minimum 30 day advance notice of the termination, unless the other party waives in writing the 30 day advance notice requirement. Notwithstanding the above, if the Agreement is terminated due to a breach of the Agreement by the other party, the non-breaching party is not required to abide by the 30 day notice requirement.

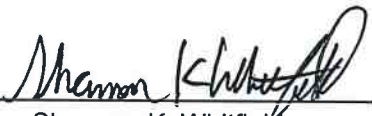
8. The parties hereto may not assign, sublet, or transfer their interest in responsibilities under this Agreement without the prior written consent of all parties hereto.

9. The laws of the State of Georgia shall govern the validity of this Agreement, the construction of its terms, and the interpretation of the rights and duties of the parties.


Walker County, Georgia

Walker County Chamber of Commerce, Inc.

By:


Shannon K. Whitfield
Commission Chairman/CEO

By:


Lacey Wilson, President

Attest:



Rebecca Wooden, County Clerk

EXHIBIT "A"

Here are some examples of projects, activities, and other expenses. Those marked "Yes" are eligible to be funded with the Hotel-Motel Tax funds restricted to promoting tourism.

Radio/television & digital advertising promoting Festivals, Events, or Shows	Yes
Radio/television sponsored segments promoting Tourist Attractions	Yes
Print advertising promoting Tourist Attractions, Festivals, Events, or Shows	Yes
Fees for website marketing of attractions, accommodations, and restaurants	Yes
Search engine optimization and search engine marketing	Yes
Brochures highlighting local attractions	Yes
Map of local accommodations and restaurants	Yes
Visitors maps and packets	Yes
Postage for mailing visitor maps and packets	Yes
Welcome signs at city/county borders	Yes
Building rent for Visitors Center	Yes
Visitors Center staff salaries	Yes
Decorative banners for street lights that advertise a specific recurring event	Yes
Familiarization tours for travel writers and meeting planners	Yes
Film production hosting and recruitment	Yes
Special promotions	Yes
Promotion of Sports Tourism	Yes
Generic decorative banners for street lights	No
Festivals, Events, or Shows	No
Overtime for First Responders working Festivals, Events, or Shows	No
General Operating Expenses for a Chamber of Commerce	No



Georgia Department of
Community Affairs



SERVICE DELIVERY STRATEGY

FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: WALKER COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>Chickamauga</u>	Mayor	Ray Crowder		
<u>Fort Oglethorpe</u>	Mayor	Earl Gray		
<u>LaFayette</u>	Mayor	Andy Arnold		
<u>Lookout Mountain</u>	Mayor	David Bennett		
<u>Rossville</u>	Mayor	Teddy Harris		
<u>Walker County</u>	Chairman	Shannon Whitfield		