Mayor
Derek Easterling
City Manager
Jeff Drobney, ICMA-CM
City Clerk
Lea Alvarez, CMC

Council
Mayor Pro Tem Antonio Jones
Madelyn Orochena
Tracey Viars
Pat Ferris
Anthony Gutierrez

City Council
Special Called Meeting Agenda
August 14, 2024 6:30 PM
Council Chambers
(2529 J.O. Stephenson Avenue, Kennesaw, GA 30144)

Livestream: https://www.facebook.com/CityofKennesaw/

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1. **Invocation**
2. **Pledge of Allegiance**
3. **Call to Order**
4. **Announcements**

   A. This public meeting is being conducted via the use of real-time telephonic technology allowing the public simultaneous access to the public meeting. You may also attend in person with limited seating available at both the Council Chambers and the Ben Robertson Community Center, if needed.
   Mayor and Council will be conducting their meeting via real-time telephonic technology using Zoom Meeting and Facebook Live. You can access the meeting via the following link: https//www.facebook.com/CityofKennesaw/

   B. If you are not able to attend a meeting in-person and would like to provide public comment on a specific agenda item, you can email kennesawcouncil@kennesaw-ga.gov no later than 6:00 PM the night of the regular meeting. Your comments on a specific agenda item will be read aloud or grouped into categories for the record. **Facebook Live is not monitored for public comment.**

5. **Presentations**
6. **Public Comment/Business from the Floor**
7. **Old Business**
8. **New Business**

A. **Resolution: Service Delivery Strategy**
Consideration to approve an intergovernmental agreement and to adopt a Resolution for an updated Service Delivery Strategy to commence on November 1, 2024, between Cobb County and the six Cobb cities required to participate in the requirements of O.C.G.A. 36-70-20 et seq.

9. **Committee and Board Reports**
10. **Public Hearing(s)**
11. **Consent Agenda**
12. **General and Administrative**
13. **Public Safety**
14. **Information Technology**
15. **Public Works and Building Maintenance**
16. **Recreation and Culture**
17. **Community Development**
18. **Public Comment/Business from the Floor**
19. **City Manager's Report**

    A. Reports, Discussions, and Updates

20. **Mayor's Report**

    A. Mayor and Council (re)appointments to Boards and Commissions. This item is for (re)appointments made by the Mayor to any Board, Committee, Authority, or Commission requiring an appointment to fill any vacancies, resignations, and to create or dissolve boards and commissions, as deemed necessary.

21. **Council Reports & Discussions**
22. **Executive Session**

    Pursuant to the provisions of O.C.G.A 50-14-3, the City Council could, at any time during the meeting, vote to close the public meeting and move to executive session to discuss matters relating to litigation, legal actions and/or communications from the City Attorney; and/or personnel matters; and/or real estate matters.

23. **Adjourn**

Item Report

TO: The Honorable Mayor and City Council

FROM: Jeff Drobney, City Manager

DATE: August 14, 2024

TITLE: **Resolution: Service Delivery Strategy**
Consideration to approve an intergovernmental agreement and to adopt a Resolution for an updated Service Delivery Strategy to commence on November 1, 2024, between Cobb County and the six Cobb cities required to participate in the requirements of O.C.G.A. 36-70-20 et seq.

Summary:
The Cities and the County have undertaken studies to identify all funding for each local government service presently provided. This intergovernmental agreement by and between the Cities and the County will be for a period of ten years as authorized and pursuant to the provision of the State Constitution at Ga. Const. Art. IX, Sec. III, Par. I for the provision of services, facilities and equipment.

Recommendation:
The City Manager recommends approval.

Fiscal Impact:

Attachments:
1. RES 2024 - SDS
2. Exhibit A

RESOLUTION NO. 2024 - ____, 2024

A RESOLUTION OF THE CITY OF KENNESAW, GEORGIA, APPROVING SERVICE DELIVERY STRATEGY AGREEMENT PERTAINING TO SETTLEMENT WITH COBB COUNTY, GEORGIA OVER THE DELIVERY AND FUNDING OF CERTAIN SERVICES PURSUANT TO THE SERVICE DELIVERY ACT; AND FOR OTHER PURPOSES.

W I T N E S S E T H:

WHEREAS, the City of Kennesaw or the "City") is a municipal corporation duly organized and existing under the laws of the State of Georgia, and is charged with providing certain public services to local residents; and

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

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

WHEREAS, the City and Cobb County are engaged in mediation to review and revise the Parties' Service Delivery Strategy; and

WHEREAS, the City is hereby adopting the attached Service Delivery Strategy Agreement, which reflects the agreement reached as a result of mediation; and

WHEREAS, the Mayor and Council of Kennesaw desire to approve the forms contained herein for the funding and provision of services as set forth thereunder and authorize the Mayor of Kennesaw to sign same and for the Special Counsel to monitor the final submission to the Department of Community Affairs ("DCA").

THEREFORE, IT IS NOW RESOLVED BY THE CITY COUNCIL OF THE CITY OF KENNESAW, GEORGIA, AS FOLLOWS:

1. **Incorporation of Recitals.** The above stated recitals are true and correct and are incorporated as though fully set forth herein.

2. **Acceptance of Service Delivery Strategy Agreements.** The City hereby approves the Service Delivery Strategy Agreements attached hereto as Exhibit "A", subject to non-substantive modifications that deal with the form of the information conveyed, rather than the substances of how services will be provided or funded. The City is aware of other intergovernmental agreements ("IGAs") that exist and, to the extent those IGAs are still effective, the City approves the inclusion of those IGAs in the transmittal to the DCA for verification, but this Resolution does not extend or alter in any way those IGAs.

3. **Authorization of the Mayor, Special Counsel, and Clerk.** The City hereby authorizes the Mayor to sign the Service Delivery Strategy Agreements attached as Exhibit A on its behalf. The City also authorizes the Special Council Andrew Welch and the law firm of Smith, Welch, Webb & White, LLC to review and monitor any changes that may arise until final acceptance by DCA, and authorize the delivery of the Service Delivery Strategy Agreements attached as Exhibit "A" to Cobb County and the DCA, as applicable, for approval and verification. Special Council is further authorized, in consultation with the Mayor or City Manager and City Attorney, to make non-substantive modifications to Exhibit A that deal with the form of information conveyed, rather than the substance of how services will be provided or funded.

4. **Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable, or nonbinding, that shall not affect the remaining portions of this Resolution.

5. **Repeal of Conflicting Provisions.** All resolutions are hereby repealed to the extent they are inconsistent with this Resolution.

6. **Effective Date.** This Resolution shall take effect immediately.

THIS RESOLUTION adopted this _____ day of August, 2024.

CITY OF KENNESAW, GEORGIA

_____
Derek Easterling, Mayor

ATTEST:

_____
Lea Alvarez

Title: City Clerk

[SEAL]

EXHIBIT “A”

STATE OF GEORGIA

COUNTY OF COBB

SERVICE DELIVERY STRATEGY AGREEMENT

THIS SERVICE DELIVERY STRATEGY AGREEMENT ("Agreement"), made and entered into this _____ day of August, 2024, by and between the BOARD OF COMMISSIONERS OF COBB COUNTY, GEORGIA (hereinafter referred to as "County") and the undersigned CITIES OF COBB COUNTY, GEORGIA, including Acworth, Austell, Kennesaw, Marietta, Powder Springs, and Smyrna (hereinafter referred to as "City or "Cities"), collectively referred to as the "Parties." The City of Mableton ("Mableton") shall not be a party to this Agreement because Mableton has been created but is a municipality in transition and therefore is "not subject to Chapter 70 of this title, relating to planning and service delivery strategies…." O.C.G.A. § 36-31-8.

RECITALS

WHEREAS, the Cities and County have reviewed the requirements of O.C.G.A. § 36-70-20 *et seq.* for the Cities and County to develop an efficient and responsive local government service delivery system and provide for funding equity; and

WHEREAS, the Cities and the County have undertaken studies to identify all local government services presently provided or primarily funded by each and identified the source of funding for each identified service; and

WHEREAS, the Cities and County have devised this Agreement in fulfillment of the requirements of O.C.G.A. § 36-70-20 *et seq.*; and

WHEREAS, this Agreement is an intergovernmental agreement by and between the Cities and the County entered into for a period of ten years as authorized and pursuant

to the provision of the State Constitution at Ga. Const. Art. IX, Sec. III, Par. I for the provision of services, facilities and equipment; and

WHEREAS, this Agreement shall constitute the implementation of the service delivery strategy of the Cities and County.

NOW THEREFORE, be it resolved that the preamble is agreed to and incorporated herein and the Cities and County have further agreed to the following terms.

1.

Compliance with the Act

The Parties hereto enter into this Intergovernmental Agreement for the purpose of complying with the Georgia Service Delivery Act, O.C.G.A. § 36-70-20; *et seq*.

2.

Service Agreement Forms

The Service Delivery Strategy for the County and the Cities consists of this Agreement, and all Form 2: Summary of Service Delivery Arrangements (the "Service Agreements"), which are attached hereto as Exhibit A and incorporated herein, and associated Intergovernmental Agreements (the "Associated Agreements"). This Agreement and all Service Agreements shall become effective upon the execution of this Agreement and shall remain in effect for the duration of this Agreement. The Associated Agreements shall be effective per their respective dates of adoption and shall remain in effect per their express terms.

3.

Revenues

Notwithstanding O.C.G.A. § 36-70-24 (3) (B), any future amendments to the Service Delivery Act, or the precise terms used in the Service Agreements, during the term of this Agreement, any Party shall be entitled to take advantage of all revenue sources to fund services provided by the Parties. The Parties further agree that any Party may use future SPLOST, TSPLOST, MSPLOST, or other sales tax funding source expended in accordance with then-existing Georgia Law for capital improvements associated with any service or facility under this Agreement, even if not specified in the Service Agreements, and to offset administrative costs as permitted by State law.

4.

Alternative Funding Mechanism for Supplemental City-Provided Services

As permitted in O.C.G.A. § 36-70-24(3)(B), the Parties agree, in consideration of Service Agreements, covenants, and conditions contained herein and without the need of rolling back the county-wide millage rate in each municipality and to ensure compliance with O.C.G.A. § 36-70-24(3)(A), the County will issue annual cash payments to the Cities on November 1 of each year in accordance with the following schedule which accounts for future inflation:

i. 2024 - $6,500,000
ii. 2025 - $7,000,000
iii. 2026 - $7,500,000
iv. 2027 - $8,000,000
v. 2028 - $8,500,000
vi. 2029 - $9,000,000
vii. 2030 - $9,500,000
viii. 2031 - $10,000,000
ix. 2032 - $10,500,000
x. 2033 - $11,000,000

The amounts identified above shall constitute the total amount of proceeds due to the Cities under this Agreement. The apportionment of each payment among the Cities shall be determined by the Cities' respective tax digests.

5.

Consideration

The payments provided for herein are supported by good and valuable consideration stated above and including, but not limited to:

a. Payment by the County to the Cities entitling unincorporated residents to full access to City-owned parks and recreation programs on equal terms as City residents in the municipal jurisdiction where the park and recreation program is located. This equal term requirement shall not apply to parks operated by the City or County that are leased from the US Army Corps of Engineers. This equal term requirement shall not apply to parking lots operated by a City or the County;

b. Payment by the County to the Cities entitling unincorporated residents to full access to any City-owned library on equal terms as City residents in the municipal jurisdiction where the library is located; and

c. Payment by the County to the Cities entitling unincorporated residents to full access to any City-owned senior service facility (not including senior housing) on equal terms as residents in the municipal jurisdiction where the senior facility (not including senior housing) is located.

6.

Amending Agreement

This Agreement may be amended, supplemented, or otherwise modified solely by a document in writing duly executed and delivered by the County and the applicable City. No waiver, release or similar modification of this Agreement shall be established by conduct, custom, or course of dealing, but solely by a document in writing duly approved, executed and delivered by a duly authorized official of the County and the Cities or City.

The Service Agreements and Associated Agreements may be amended with approval of the County and one or more Cities without the consent of the remaining Cities, so long as the amendment does not affect the rights or obligations of the remaining Cities.

7.

Execution of Documents

None of the Service Agreements will be required to be individually executed in order to be in full force and effect. All such Service Agreements shall remain in effect for the duration of this Agreement. Following adoption by the County and each of the Cities of a resolution as required by O.C.G.A. § 36-70-25, the Parties shall submit the Services Agreements, along with the necessary Forms 1, 3, and 4 to the Department of Community Affairs. Adoption of this Agreement by each respective Party shall authorize the Chair of the County or the Mayor of a City to execute all necessary documents to facilitate transmission of the Cobb County Service Delivery Strategy (the "SDS") to the Department of Community Affairs and to make any corrections or revisions to the Forms 1, 2, 3, or 4 as may be required by the Department of Community Affairs for verification of the SDS, provided that such corrections or revisions are not inconsistent with this Agreement and do not materially alter the Service Agreements after written notice of the proposed changes to the Cities.

8.

Binding Effect

This Agreement shall be binding upon the County and Cities provided that it is ratified at an open meeting by the respective governing authorities of the County and each of the Cities on or before August 14, 2024.

9.

Duration of Agreement

This Agreement shall become effective immediately upon the last Party to the Agreement approving same at a duly noticed Council or Board meeting and shall expire on October 31, 2034, unless earlier terminated as provided for herein.

10.

Termination

The County shall provide eighteen (18) months' advance written notice of its intention to unilaterally terminate this Agreement for reasons other than those identified in paragraph 11 below. If the County provides notice of its intention to terminate for reasons other than those identified in paragraph 11, the County shall pay that amount of "November 1" payments that remain under the paragraph 4 schedule that are or may thereafter become due during the eighteen (18) month notice period, plus a half (1/2) year payment based upon what would otherwise be due during the following year under the paragraph 4 schedule. For example, if the County issued notice of termination in July of 2026, the County shall pay the Cities $7,500,000 by November 1, 2026, and $12,250,000 by November 1, 2027 (which is $8,000,000 plus $4,250,000.00, one half of the scheduled payment of $8,500,000.00 in 2028). By way of additional example, if the County issues a notice of termination in March of 2026, the County shall pay the Cities $11,500,00 by November 1, 2026 (which is $7,500,000 plus $4,000,000, one half of the scheduled payment of $8,000,000 in 2027).

The purpose of the aforementioned payments shall be to offset the cost incurred by the Cities in the operational investments and capital improvements made in reliance on this

Agreement with respect to the services and facilities contemplated in this Agreement on behalf of and in conjunction with the County. The Parties acknowledge that the payments required by this paragraph are in exchange for services, facilities, and other lawful consideration and shall not constitute a penalty or gratuity in violation of the Gratuities Clause of the Georgia State Constitution.

11.

Triggering Events

Notwithstanding any other requirement or provision herein, the County shall make the November 1, 2025 payment to the Cities, but the County shall have no obligation to make further payments under this Agreement if : (i) any entity with a statutory right to require the County to update or revise the SDS refuses to adopt an SDS consistent with the terms of paragraphs 3, 4, and 5 of this Agreement and the pre-sanction mediator declares an impasse, (ii) one or more local governments in the County are created, abolished, or consolidated, (iii) when the SDS expires, or (iv) when the Parties agree to revise this Agreement. If any of the triggers (i)-(iv) herein are satisfied, a termination of this Agreement and the existing SDS shall be deemed to have occurred. If a triggering event occurs and a future payment-based SDS is negotiated by the County and the Cities, any future annual payment by the County to the Cities will become due no earlier than November 1, 2026.

The Parties agree that House Bill 1407 (from 2023/2024) becoming operational and enforceable on January 1, 2026, shall not constitute a triggering event or otherwise require the Parties to review and revise the SDS.

12.

Joint Defense

Each City shall join in the defense of the County and each other City against any challenges to this Agreement. The County shall join in the defense of each City against any challenges to this Agreement.

13.

Notice

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

A. Hand delivery with receipt signed; or

B. Federal Express mail with return receipt requested.

14.

Governing Law

This Agreement and the rights and obligations of the parties hereto shall be governed, construed, and interpreted according to the laws of the State of Georgia. For the purposes of all legal proceedings arising out of or relating to this Agreement, unless otherwise provided by law, the Cities and County submit to the exclusive jurisdiction of the Superior Court of Cobb County, Georgia.

15.

Entire Agreement

This Agreement expresses the entire understanding and all agreements between the parties hereto with respect to the matters set forth herein.

16.

Severability

To the extent any term, provision, or portion of this Agreement is declared to be invalid, unenforceable, or nonbinding, such declaration shall not affect the remaining terms, provisions, and portions of this Agreement.

17.

Counterparts

This Agreement may be executed in several counterparts, each of which shall be an original, and all of which shall constitute but one and the same instrument.

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

Signed, sealed and delivered
In the presence of:

_____
Unofficial Witness

_____
Notary Public

COBB COUNTY, GEORGIA
Date:_____

By: _____(L.S.)
Chairwoman

Attest: _____(L.S.)
Clerk

(SEAL)

Signed, sealed and delivered
In the presence of:

_____
Unofficial Witness

_____
Notary Public

CITY OF ACWORTH, GEORGIA
Date:_____

By: _____(L.S.)
Mayor

Attest: _____(L.S.)
Clerk

(SEAL)

Signed, sealed and delivered
In the presence of:

_____
Unofficial Witness

_____
Notary Public

CITY OF AUSTELL, GEORGIA
Date:_____

By: _____(L.S.)
Mayor

Attest: _____(L.S.)
Clerk

(SEAL)

Signed, sealed and delivered
In the presence of:

_____
Unofficial Witness

_____
Notary Public

CITY OF KENNESAW, GEORGIA
Date: _____

By: _____(L.S.)
Mayor

Attest: _____(L.S.)
Clerk

(SEAL)

Signed, sealed and delivered
In the presence of:

_____
Unofficial Witness

_____
Notary Public

CITY OF MARIETTA, GEORGIA
Date:_____

By: _____(L.S.)
Mayor

Attest: _____(L.S.)
Clerk

(SEAL)

Signed, sealed and delivered
In the presence of:

_____
Unofficial Witness

_____
Notary Public

CITY OF POWDER SPRINGS, GEORGIA
Date:_____

By: _____(L.S.)
Mayor

Attest: _____(L.S.)
Clerk

(SEAL)

Signed, sealed and delivered
In the presence of:

_____
Unofficial Witness

_____
Notary Public

CITY OF SMYRNA, GEORGIA
Date:_____

By: _____(L.S.)
Mayor

Attest: _____(L.S.)
Clerk

(SEAL)

EXHIBIT A

FORM 2 – SERVICE DELIVERY STRATEGY AGREEMENTS

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Animal 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.):**Cobb 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*
Cobb County	General Fund

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

Smyrna is no longer providing this service.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*
Animal Control Agreement	Cobb County, Austell, Acworth, Kennesaw, Marietta	Various/Indefinite
	Powder Springs, and Smyrna	

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/09/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Building Inspections*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs, and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service: *Code Enforcement*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs, and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Coliseum and Exhibit Hall Authority 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.):**Cobb-Marietta Coliseum and Exhibit Hall Authority**

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

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

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

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

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

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

☒ ***No***

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

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

SDS FORM 2, continued

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

Local Government or Authority	*Funding Method*
Cobb County	Tax (hotel/motel & liquor by the drink)
Acworth	Hotel/Motel Taxes
Austell	Hotel/Motel Taxes
Kennesaw	Hotel/Motel Taxes
Mariertta	Hotel/Motel Taxes
Powder Springs and Smyrna	Hotel/Motel Taxes

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

IGAs were added.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*
Galleria Operating Agreement	Austell, Cobb-Marietta Coliseum and Exhibit Hall Auth.	10/01/2023 - 10/01/2053
Galleria Convention Funding	Powder Springs,Cobb-Marietta Coliseum and Exhibit	10/01/2023 - 10/01/2053
Agreement	Hall Authority	

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Courts (Municipal)*

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

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

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

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

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*
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs	General Fund
Smyrna	General Fund

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

Courts (Judicial Services) was separated into two services: Courts (Superior, State, Magistrate) and Courts (Municipal). Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Courts (Superior, State, Magistrate)*

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.):**Cobb 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*
Cobb County	General Fund

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

Courts (Judicial Services) was separated into two services: Courts (Superior, State, Magistrate) and Courts (Municipal). Funding mechanisms were clarified.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*
MOU Victim Service Providers	Cobb County DA, Cobb County Public Health, Cobb	01/01/24 - Indefinite
	County Sheriff, Cobb County, Acworth, Austell,	
	Kennesaw, Marietta, Powder Springs, Smyrna, Etc.	

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?

Several MOUs have been entered into between and among non-party service providers and the Cobb County Veterans Accountability and Treatment Court.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service: *Drainage / Stormwater Management Services*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs, and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	Enterprise Funds/Stormwater Utility Fund Fees
Acworth	Enterprise Funds/Stormwater Utility Fund Fees
Austell	Enterprise Funds/Stormwater Utility Fund Fees
Kennesaw	Enterprise Funds/Stormwater Utility Fund Fees
Marietta	Enterprise Funds/Stormwater Utility Fund Fees
Powder Springs and Smyrna	Enterprise Funds/Stormwater Utility Fund Fees

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service: *E-911 Services*

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

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

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

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

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

e.) ☒ Other (If this box is checked, **attach a legible map delineating the service area of each service provider,** and identify the government, authority, or other organization that will provide service within each service area.): **Cobb County provides this service in the unincorporated areas and in the municipal limits of Austell, Marietta, and Powder Springs. Acworth, Kennesaw, and Smyrna provide this service within their respective municipal limits.**

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*
Cobb County	E-911 Fund, Fees for 800 MHz System, Surcharges, General Fund
Kennesaw	General Fund and E-911 Fund
Smyrna	General Fund and E-911 Fund
Acworth	General Fund and E-911 Fund

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

Service providers and funding mechanisms were clarified.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*
IGA for 911 Services	Cobb County, Powder Springs, Austell, and Marietta	Various - Indefinite

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:COBB 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.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs, and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Elections (Federal, State, County)*

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

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

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

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

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

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

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

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

☒ ***No***

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

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

SDS FORM 2, continued

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

Local Government or Authority	*Funding Method*
Cobb County	General Fund

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

Elections was separated into two separate services: Elections (Federal, State, County) and Elections (Municipal). Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Elections (Municipal)*

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

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

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

c.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Acworth, Austell, Kennesaw, Marietta, Powder Springs, Smyrna through the Cobb County Board of Elections.**

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*
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs	General Fund
Smyrna	General Fund

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

Elections was separated into two separate services: Elections (Federal, State, County) and Elections (Municipal). Funding mechanisms were clarified.

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

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

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

The Cities will enter into IGAs with the Cobb County Board of Elections for elections-related services as necessary.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Electric, Gas, Fiber, Telecommunications and Related Technology Services*

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

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

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

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

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

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

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*
Acworth	Enterprise Funds
Austell	Enterprise Funds
Marietta	Enterprise Funds, inclusive of Board of Lights and Water Fund

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

Funding mechanisms were clarified.

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*

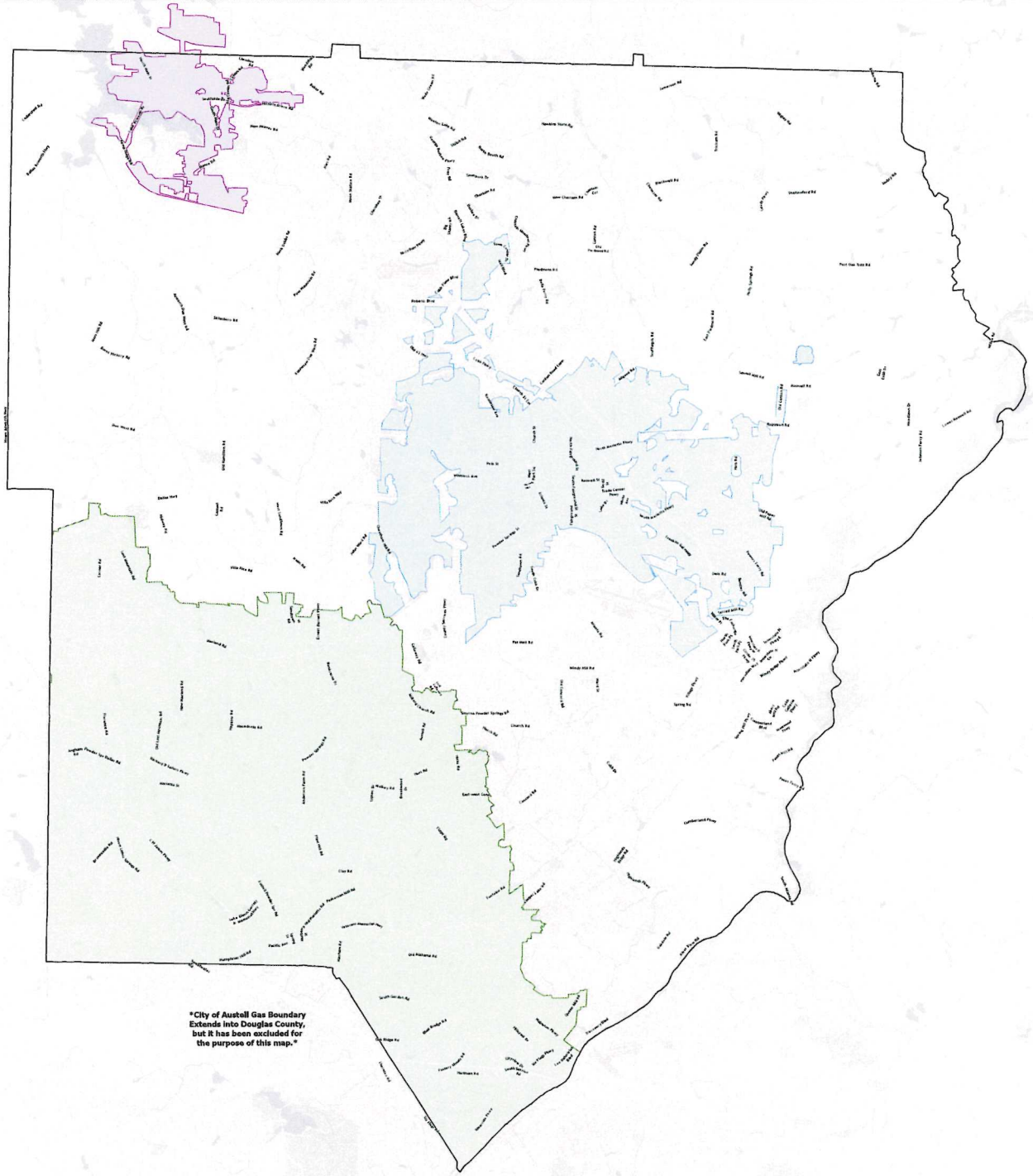
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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:



DISCLAIMER NOTE:
This map is provided by the city of Marietta, Georgia's Geographic Information Systems department and is a visual display of data for your convenience. Every reasonable effort has been made to assure the accuracy of this map.

This map is prepared for the inventory of real property within this jurisdiction and is compiled from orthophotography, recorded deeds, annexations, data, and public records.

The city of Marietta makes no warranty, representation or guarantee as to the content, sequence, accuracy, timeliness or completeness of any of the data provided on this map.

The city of Marietta shall assume no liability for any errors, omissions, or inaccuracies in the information provided regardless of how caused. The city of Marietta shall assume no liability for any decisions made or actions taken or not taken by the user of the applications in reliance upon any information or data furnished here.

For the purposes of this "Technology Services Map", the City of Marietta and City of Acworth only provide Power service, and the City of Austell only provides Gas service.

The City of Austell Gas Boundary was created by digitizing the Cobb County portion of their service boundary as indicated from their official map.

Coordinate System based on Georgia State Plane System
West Zone - NAD83

N
W E
S

0 0.5 1 2 3 4 Miles

Cobb County Line
Acworth Power Boundary
Austell Gas Service Boundary
Marietta Power Boundary

Technology Services Map

CITY OF Marietta GEORGIA

DEPARTMENT of
INFORMATION TECHNOLOGY
City of Marietta - GIS Division
205 Lawrence Street - 3rd Floor
Marietta - Georgia - 30060
770-794-5550 - www.mariettaga.gov

Planning and Zoning - 2nd Floor
770-794-5440

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB 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.):**Cobb 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*
Cobb County	General Fund

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

Funding mechanisms were clarified.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*
MOU for Extension Services	Cobb County, the Board of Regents, and UGA	03/15/22 - Indefinite

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

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

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

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

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

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

e.) ☒ Other (If this box is checked, **attach a legible map delineating the service area of each service provider,** and identify the government, authority, or other organization that will provide service within each service area.): **Cobb County provides this service in the unincorporated areas and within the municipal boundaries of Acworth, Kennesaw, and Powder Springs. Austell, Marietta, and Smyrna provide this service within their municipal boundaries.**

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*
Cobb County	Fire Tax District Fund
Austell	General Fund
Marietta	General Fund
Smyrna	General Fund

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

Funding mechanisms were clarified.

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*
Fire Inspection Agreement	Cobb County, Kennesaw, and Acworth	Various - Indefinite

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

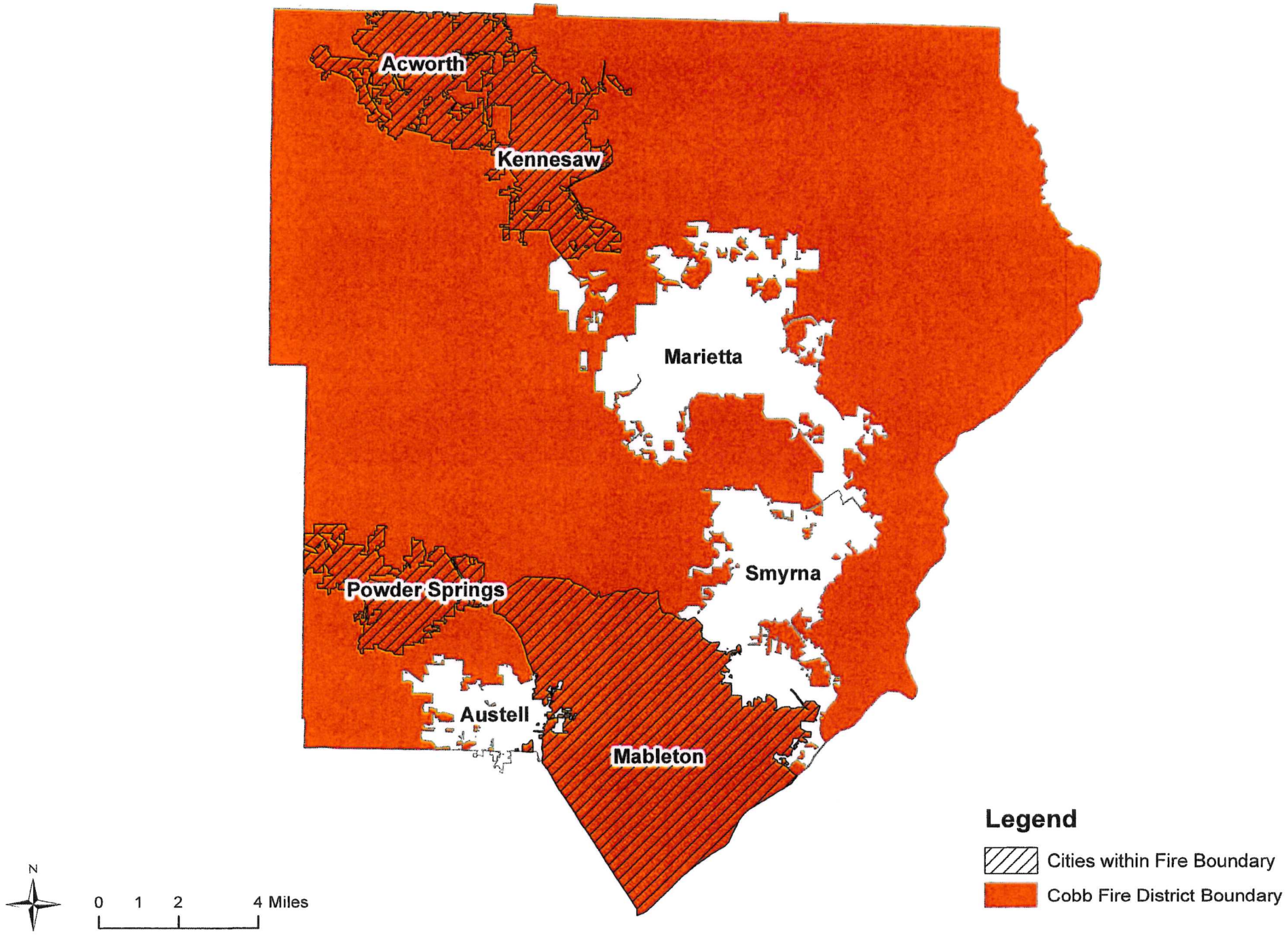
The Cities of Acworth, Kennesaw, and Powder Springs will adopt a common fire prevention and protection code in coordination with Cobb County.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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:

Fire Service Area Map



Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:COBB COUNTY	Service:*Jail Services*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County, Acworth, Austell, Kennesaw, Marietta, Powder Springs, Smyrna**

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Added IGAs; Funding mechanisms were clarified.

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*
Prison Inmates Housing IGA	Acworth, Smyrna	07/01/2023 - 06/30/2028
Prison Inmates Housing IGA	Marietta, Smyrna	07/17/2023 - 07/16/2026
Prison Inmates Housing IGA	Powder Springs, Smyrna	07/01/2023 - 06/30/2028
Prison Inmates Housing IGA	Roswell, Smyrna	05/01/2024 - 04/31/2029
Prison Inmates Housing IGA	Sandy Springs, Smyrna	07/01/2023 - 06/30/2028

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:COBB COUNTY	Service:*Library Services*

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

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

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.): **Cobb County will provide this service for the benefit of unincorporated and incorporated area residents. Smyrna will provide this service within its incorporated area for the benefit of incorporated and unincorporated area residents.**

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*
Cobb County	General Fund
Smyrna	General Fund

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

Funding mechanisms were clarified.

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*
Service Delivery Strategy	Cobb County, Acworth, Austell, Kennesaw, Marietta,	01/01/2024-10/31/2034
	Powder Springs, Smyrna	
Library PASS IGA	Cobb County and Marietta City Schools	12/01/22 - Indefinite

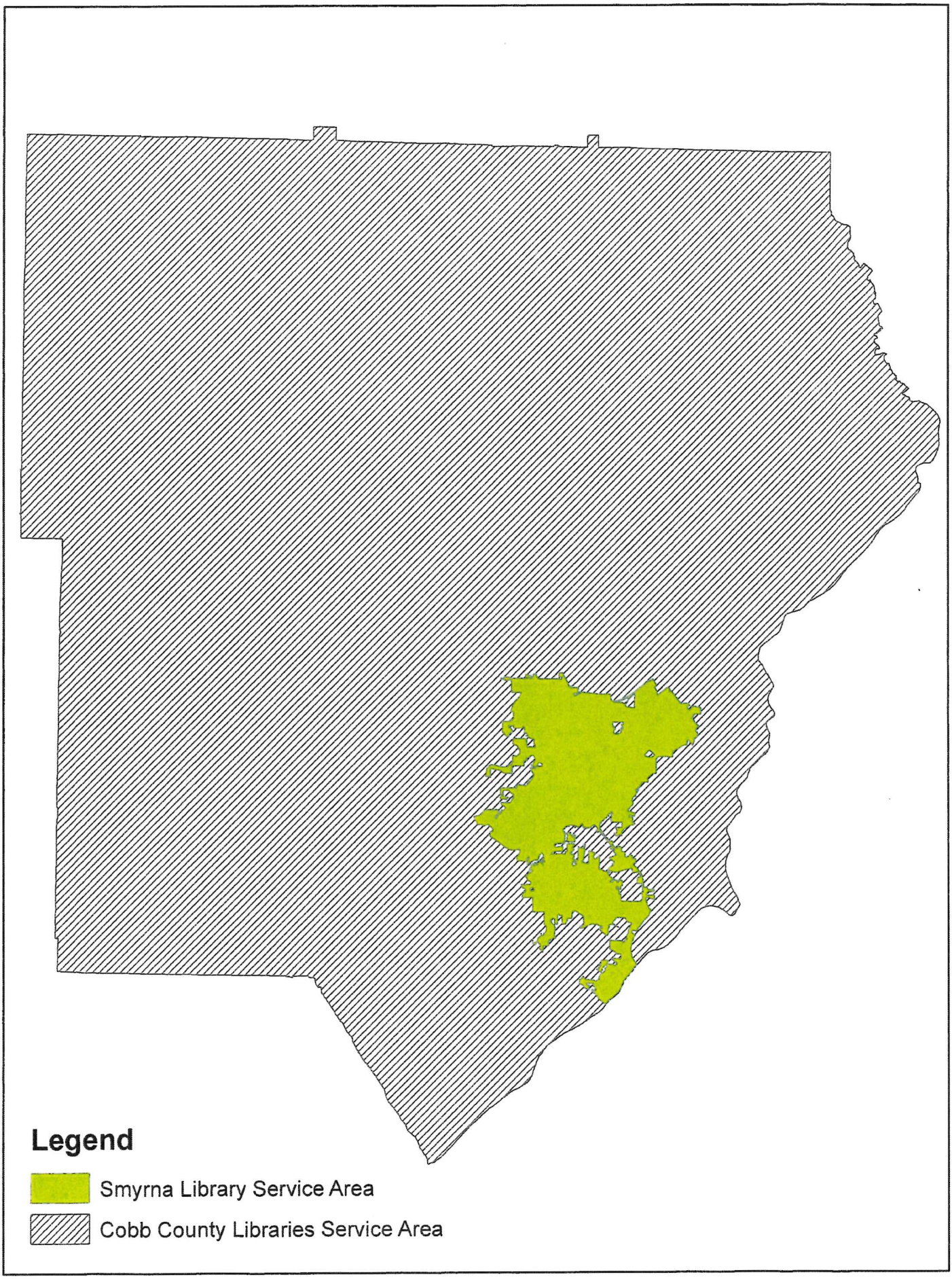
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

The County shall make payments to the Cities on November 1 of each year, in accordance with the schedule provided in paragraph 4 of the cover Service Delivery Strategy Agreement for consideration including, but not limited to, the Cities providing unincorporated residents full access to any City-owned liubrary on equal terms as City residents in the municipal jurisdiction where the library is located.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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:


Legend
Smyrna Library Service Area
Cobb County Libraries Service Area

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:COBB COUNTY	Service:*Parks and Recreation*

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.): **Cobb County will provide this service within the unincorporated areas of Cobb County and within County parks located in the Cities for the benefit of unincorporated and incorporated area residents. Acworth, Austell, Kennesaw, Marietta, Powder Springs and Smyrna will provide this service within their respective incorporated areas for the benefit of incorporated and unincorporated area residents.**

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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*
Service Delivery Strategy	Cobb County, Acworth, Austell, Kennesaw, Marietta,	01/01/2024-10/31/2034
	Powder Springs, Smyrna	

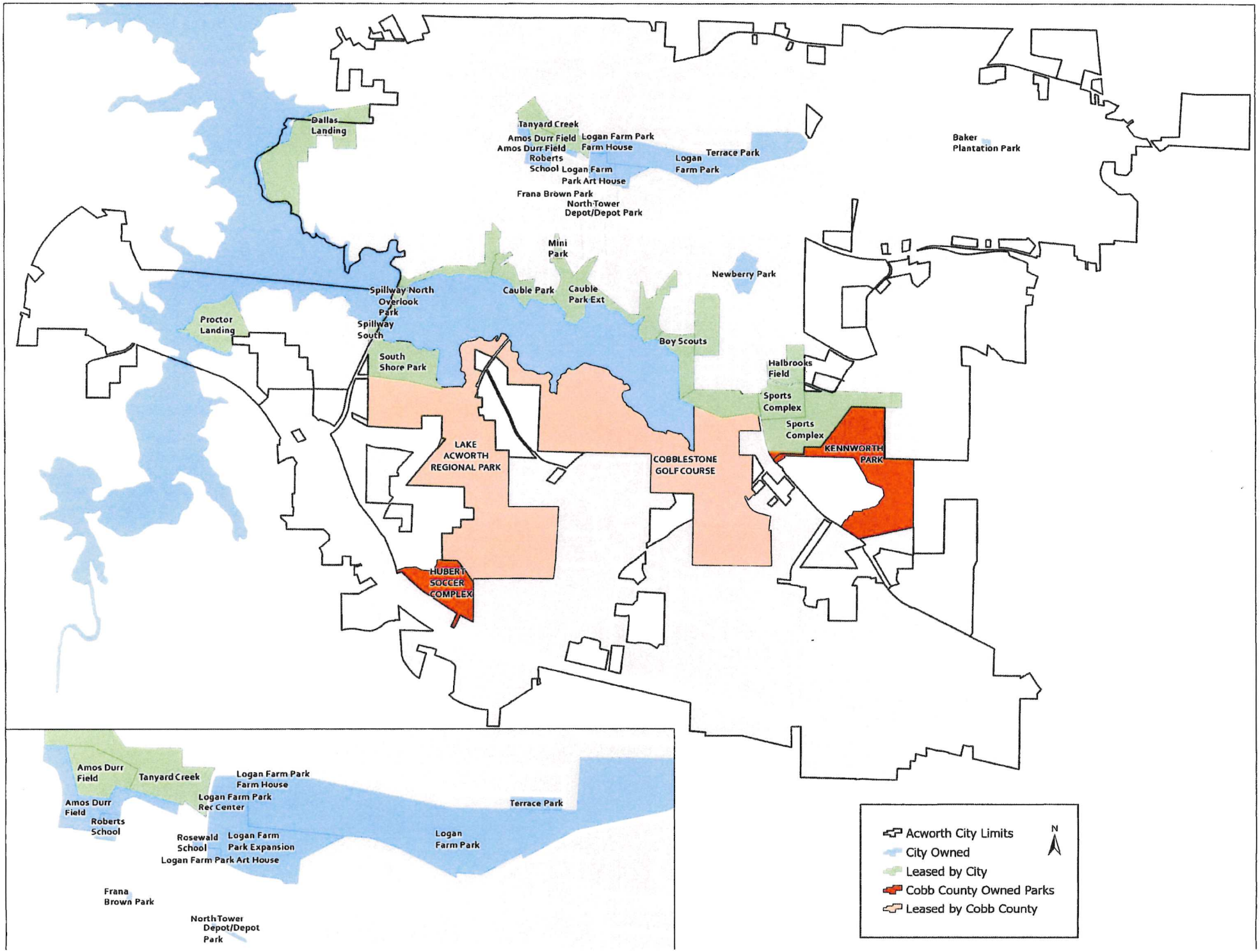
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

The County shall make payments to the Cities on November 1 of each year, in accordance with the schedule provided in paragraph 4 of the cover Service Delivery Strategy Agreement for consideration including, but not limited to, the Cities providing unincorporated residents full access to City-owned parks and recreation programs on equal terms as City residents in the municipal jurisdiction where the park and recreation program is located. This equal term requirement shall not apply to parks operated by the City or County that are leased from the US Army Corps of Engineers or parking lots operated by a City or the County.
The County also has various agreements and leases with non-parties such as the Department of Natural Resources and the Secretary of the Army related to Parks Services.

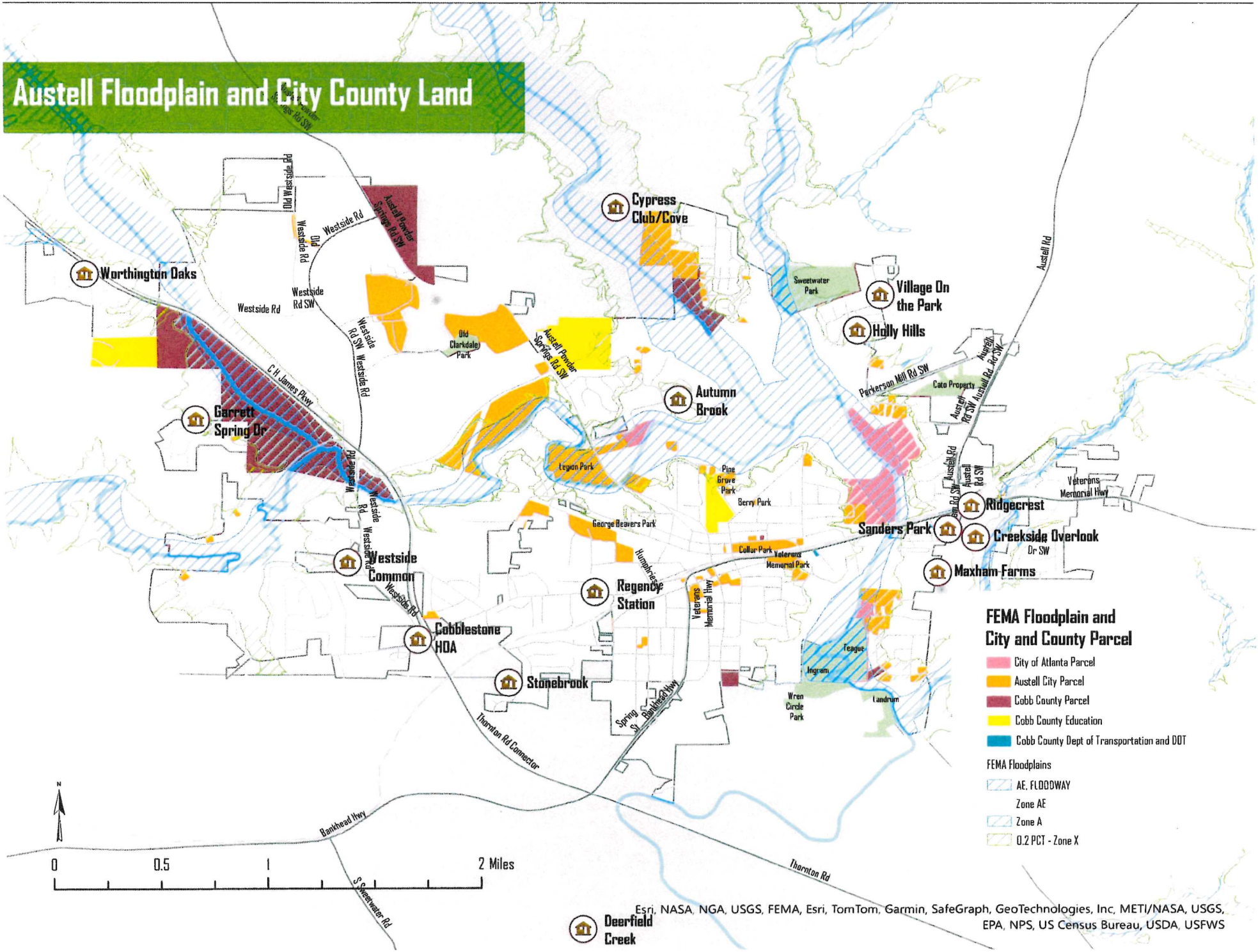
7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

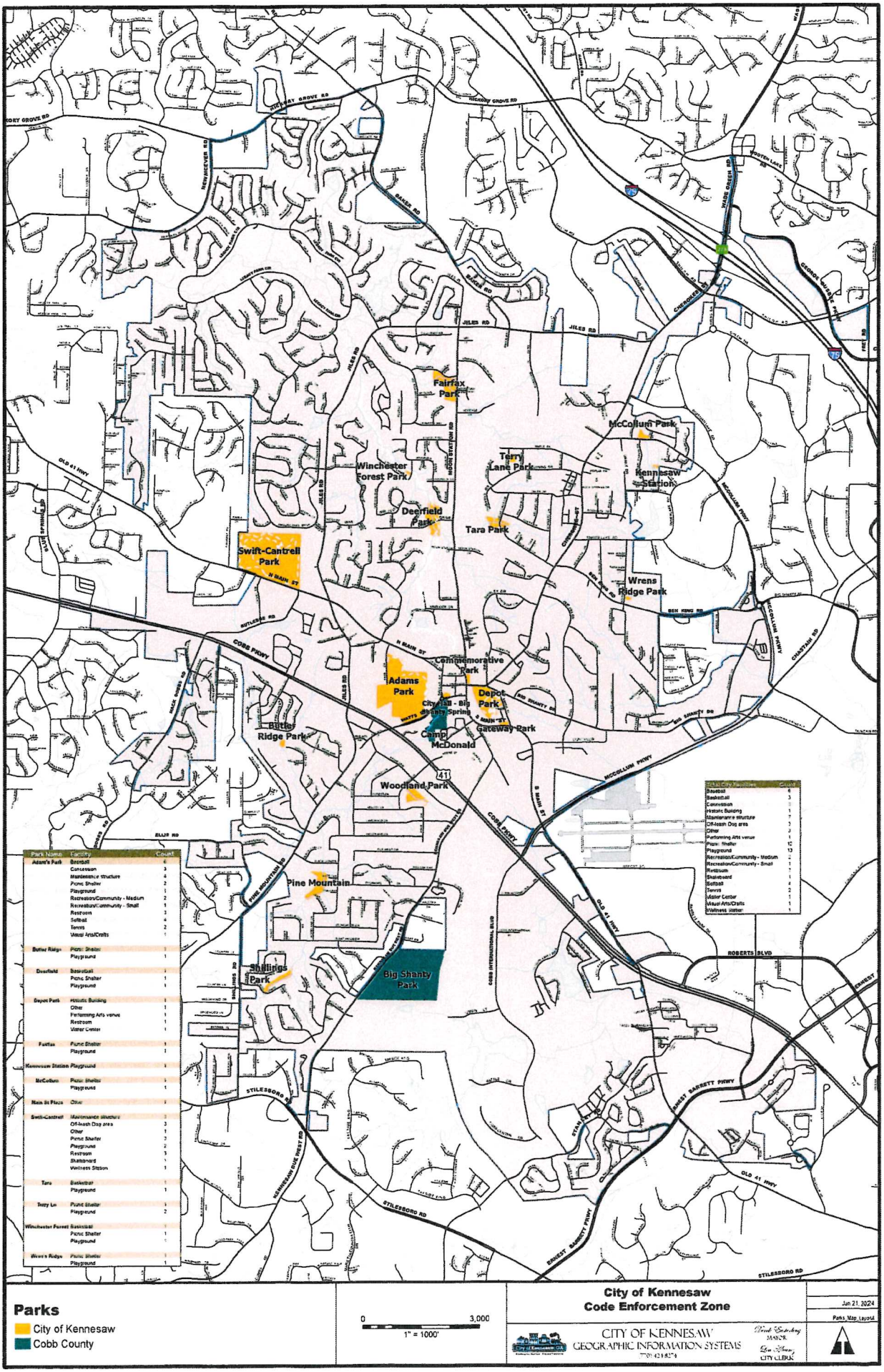
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☒Yes ☐No

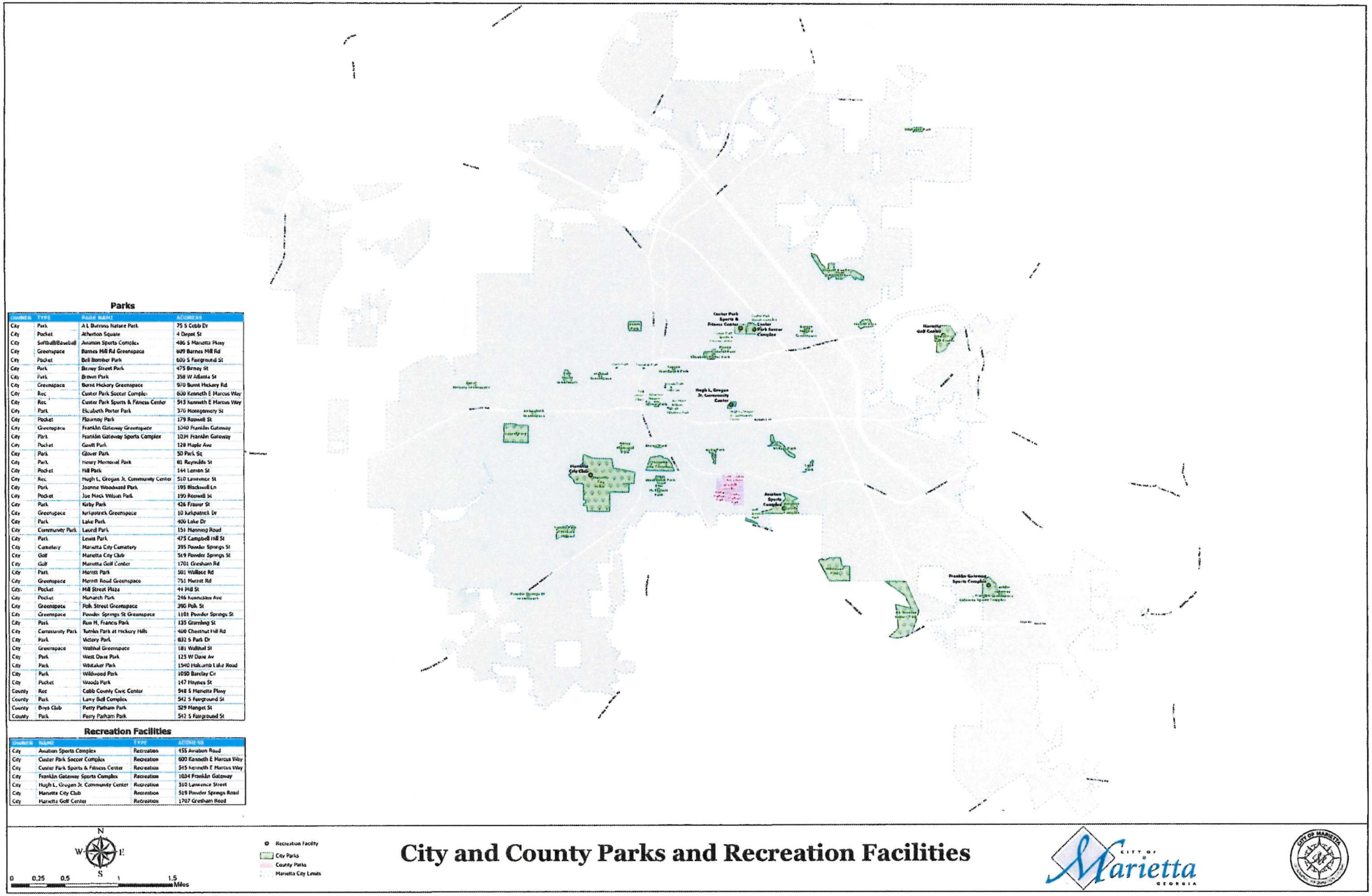
If not, provide designated contact person(s) and phone number(s) below:


Dallas Landing
Tanyard Creek
Amos Durr Field
Amos Durr Field
Logan Farm Park Farm House
Roberts School
Logan Farm Park Art House
Logan Farm Park
Terrace Park
Frana Brown Park
North Tower Depot/Depot Park
Baker Plantation Park
Mini Park
Newberry Park
Spillway North Overlook Park
Spillway South
Cauble Park
Cauble Park Ext
Proctor Landing
South Shore Park
Boy Scouts
Halbrooks Field
Sports Complex
Sports Complex
KENNWORTH PARK
LAKE ACWORTH REGIONAL PARK
COBBLESTONE GOLF COURSE
HUBERT SOCCER COMPLEX
Amos Durr Field
Tanyard Creek
Logan Farm Park Farm House
Amos Durr Field
Logan Farm Park Rec Center
Terrace Park
Roberts School
Rosewald School
Logan Farm Park Expansion
Logan Farm Park Art House
Logan Farm Park
Frana Brown Park
North Tower Depot/Depot Park
Acworth City Limits
City Owned
Leased by City
Cobb County Owned Parks
Leased by Cobb County
N

Austell Floodplain and City County Land




Fairfax Park
McCollum Park
Terry Lane Park
Winchester Forest Park
Kennesaw Station
Deerfield Park
Tara Park
Swift-Cantrell Park
Wrens Ridge Park
Commemorative Park
Adams Park
Depot Park
Butler Ridge Park
Gateway Park
Camp McDonald
Woodland Park
Pine Mountain
Shillings Park
Big Shanty Park
Parks
City of Kennesaw
Cobb County
0
3,000
1" = 1000'
City of Kennesaw
Code Enforcement Zone
Jun 21, 2024
Parks_Map_Layout
CITY OF KENNESAW
GEOGRAPHIC INFORMATION SYSTEMS
MAYOR
CITY CLERK



Parks

OWNER	TYPE	PARK NAME	ADDRESS
City	Park	A L Burruss Nature Park	75 S Cobb Dr
City	Pocket	Atherton Square	4 Depot St
City	Softball/Baseball	Aviation Sports Complex	486 S Marietta Pkwy
City	Greenspace	Barnes Mill Rd Greenspace	809 Barnes Mill Rd
City	Pocket	Bell Bomber Park	600 S Fairground St
City	Park	Birney Street Park	475 Birney St
City	Park	Brown Park	350 W Atlanta St
City	Greenspace	Burnt Hickory Greenspace	970 Burnt Hickory Rd
City	Rec	Custer Park Soccer Complex	600 Kenneth E Marcus Way
City	Rec	Custer Park Sports & Fitness Center	515 Kenneth E Marcus Way
City	Park	Elizabeth Porter Park	370 Montgomery St
City	Pocket	Flournoy Park	179 Roswell St
City	Greenspace	Franklin Gateway Greenspace	1040 Franklin Gateway
City	Park	Franklin Gateway Sports Complex	1034 Franklin Gateway
City	Pocket	Gantt Park	128 Maple Ave
City	Park	Glover Park	50 Park Sq
City	Park	Henry Memorial Park	81 Reynolds St
City	Pocket	Hill Park	144 Lemon St
City	Rec	Hugh L. Grogan Jr. Community Center	510 Lawrence St
City	Park	Joanne Woodward Park	195 Blackwell Ln
City	Pocket	Joe Mack Wilson Park	199 Roswell St
City	Park	Kirby Park	426 Fraser St
City	Greenspace	Kirkpatrick Greenspace	10 Kirkpatrick Dr
City	Park	Lake Park	400 Lake Dr
City	Community Park	Laurel Park	151 Manning Road
City	Park	Lewis Park	475 Campbell Hill St
City	Cemetery	Marietta City Cemetery	395 Powder Springs St
City	Golf	Marietta City Club	519 Powder Springs St
City	Golf	Marietta Golf Center	1701 Gresham Rd
City	Park	Merritt Park	501 Wallace Rd
City	Greenspace	Merritt Road Greenspace	751 Merritt Rd
City	Pocket	Mill Street Plaza	44 Mill St
City	Pocket	Monarch Park	246 Summerbrook Ave
City	Greenspace	Polk Street Greenspace	390 Polk St
City	Greenspace	Powder Springs St Greenspace	1101 Powder Springs St
City	Park	Ron H. Francis Park	135 Glenridge St
City	Community Park	Tumlin Park at Hickory Hills	400 Chestnut Hill Rd
City	Park	Victory Park	832 S Park Dr
City	Greenspace	Walthal Greenspace	181 Walthal St
City	Park	West Dixie Park	125 W Dixie Av
City	Park	Whitaker Park	1540 Hokanta Lake Road
City	Park	Wildwood Park	1050 Barclay Cr
City	Pocket	Woods Park	147 Haynes St
County	Rec	Cobb County Civic Center	548 S Marietta Pkwy
County	Park	Larry Bell Complex	542 S Fairground St
County	Boys Club	Perry Parham Park	529 Hanget St
County	Park	Perry Parham Park	542 S Fairground St

Recreation Facilities

OWNER	NAME	TYPE	ADDRESS
City	Aviation Sports Complex	Recreation	455 Aviation Road
City	Custer Park Soccer Complex	Recreation	600 Kenneth E Marcus Way
City	Custer Park Sports & Fitness Center	Recreation	515 Kenneth E Marcus Way
City	Franklin Gateway Sports Complex	Recreation	1034 Franklin Gateway
City	Hugh L. Grogan Jr. Community Center	Recreation	510 Lawrence Street
City	Marietta City Club	Recreation	519 Powder Springs Road
City	Marietta Golf Center	Recreation	1707 Gresham Road

N
W E
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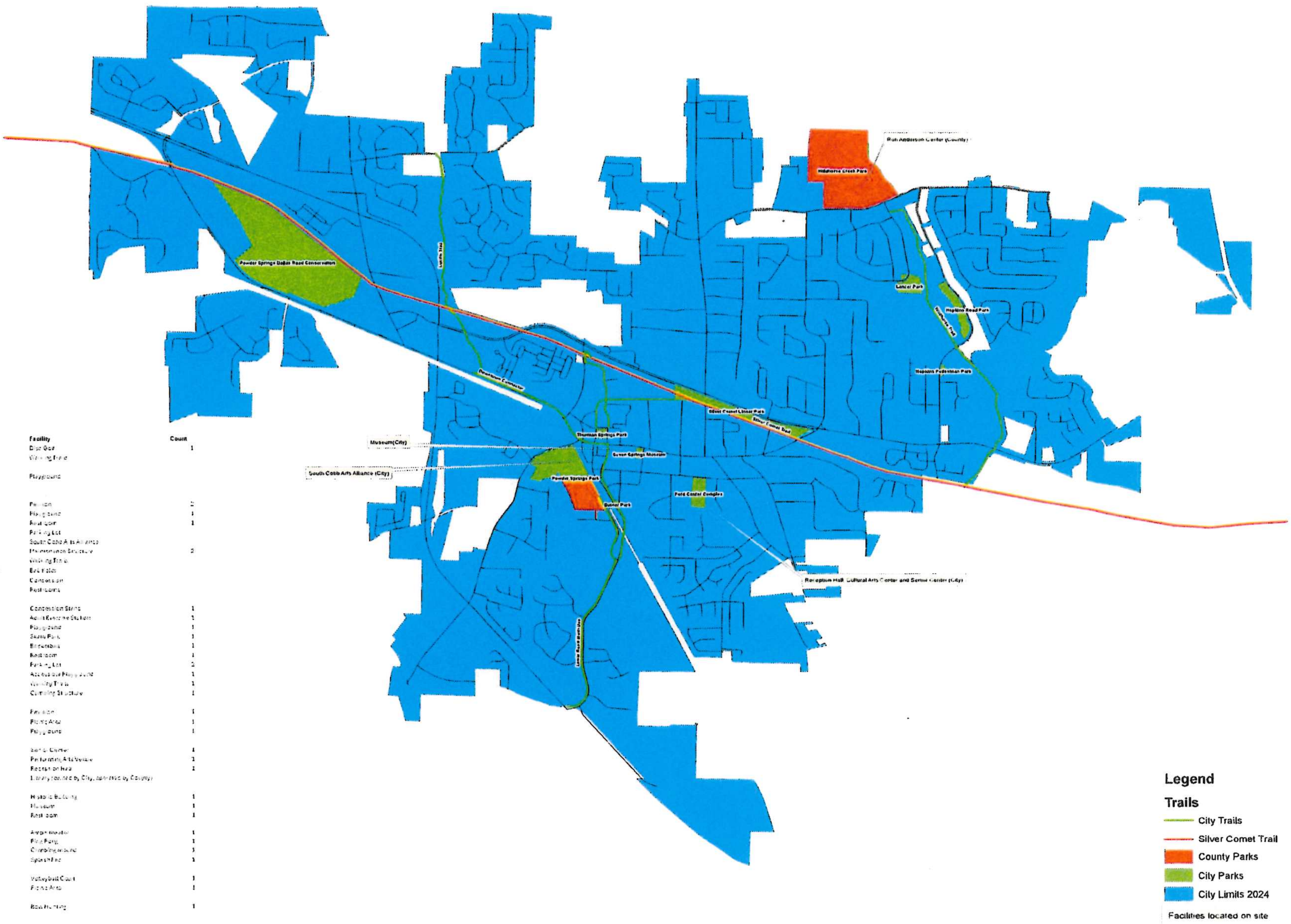
0 0.25 0.5 1 1.5 Miles

Recreation Facility
City Parks
County Parks
Marietta City Limits

City and County Parks and Recreation Facilities

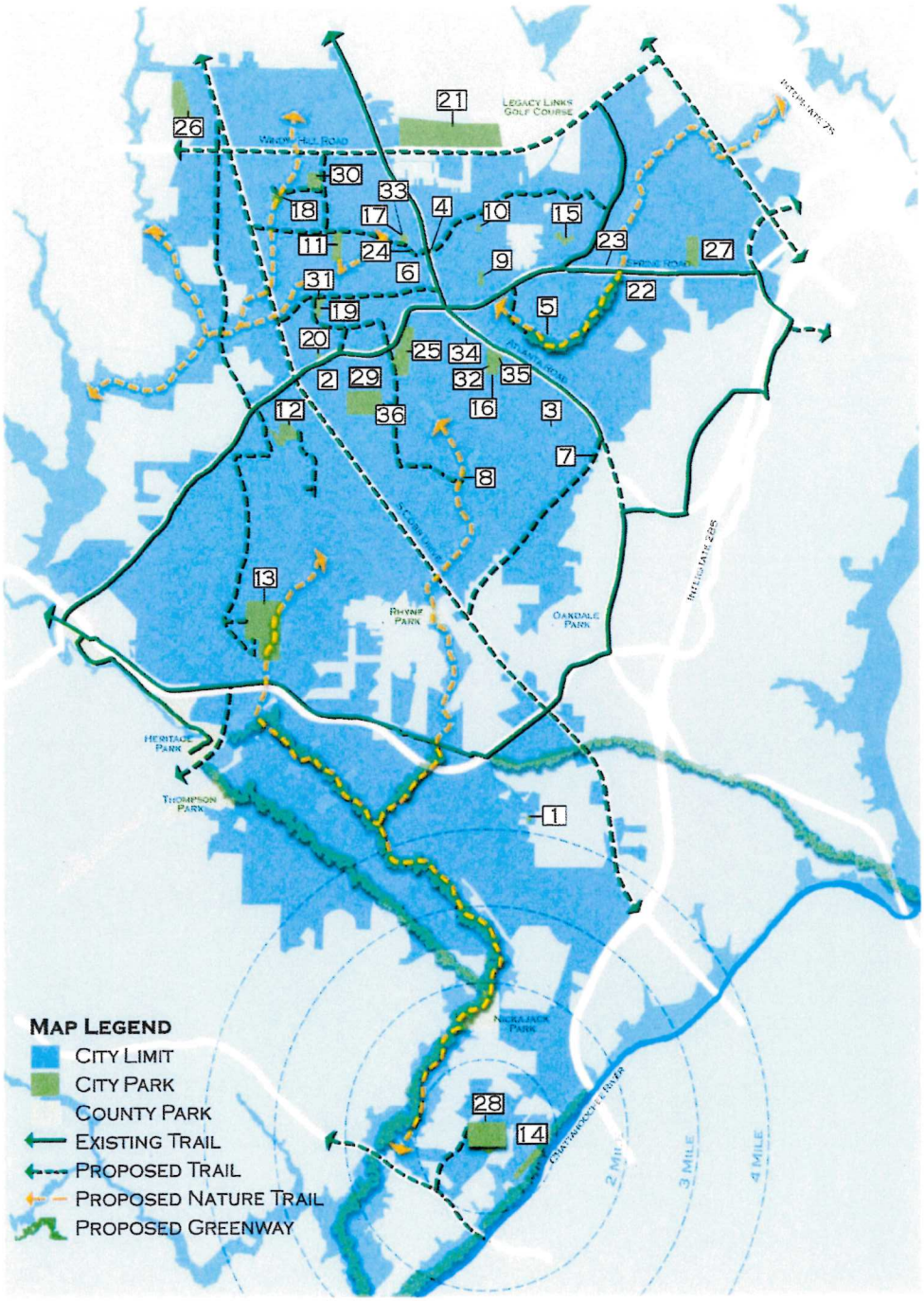
CITY OF Marietta GEORGIA

City of Powder Springs Parks



Park Name	Acreage	Facility	Count
Hopkins Road Park	6.8	Disc Golf	1
		Walking Trails	
Hopkins Pedestrian Area	0.75	Playground	
Powder Springs Park	32.9		
	19.9 (City)	Pavilion	2
		Playground	1
		Restroom	1
		Parking Lot	
		South Cobb Arts Alliance	
		Maintenance Structure	2
		Walking Trails	
	13 (County)	Ball Fields	
		Concession	
		Restrooms	
Silver Comet Linear Park	18.5	Concession Stand	1
		Adult Exercise Station	1
		Playground	1
		Skate Park	1
		Basketball	1
		Restroom	1
		Parking Lot	2
		Accessible Playground	1
		Walking Trails	1
		Climbing Structure	1
Butner Street Park	0.30	Pavilion	1
		Picnic Area	1
		Playground	1
Ford Center Complex	5.7	Senior Center	1
		Performing Arts Venue	1
		Reception Hall	1
		Library (owned by City, operated by County)	
Seven Springs Museum	1	Historic Building	1
		Museum	1
		Restroom	1
Thurman Springs Park	1.4	Amphitheater	1
		Play Pong	1
		Climbing mound	1
		Splash Pad	1
Lucile	5.2	Volleyball Court	1
		Picnic Area	1
Powder Springs Dabbs Rd	104.6	Bow Hunting	1

Smyrna Park System Map



Mini Parks
1. Argo Road Park
2. Askew Park
3. Creatwood Park
4. G. B. Williams Park
5. Highland Drive Park
6. Liberty Park
7. Ridge Forest Park
8. Twin Oaks Park

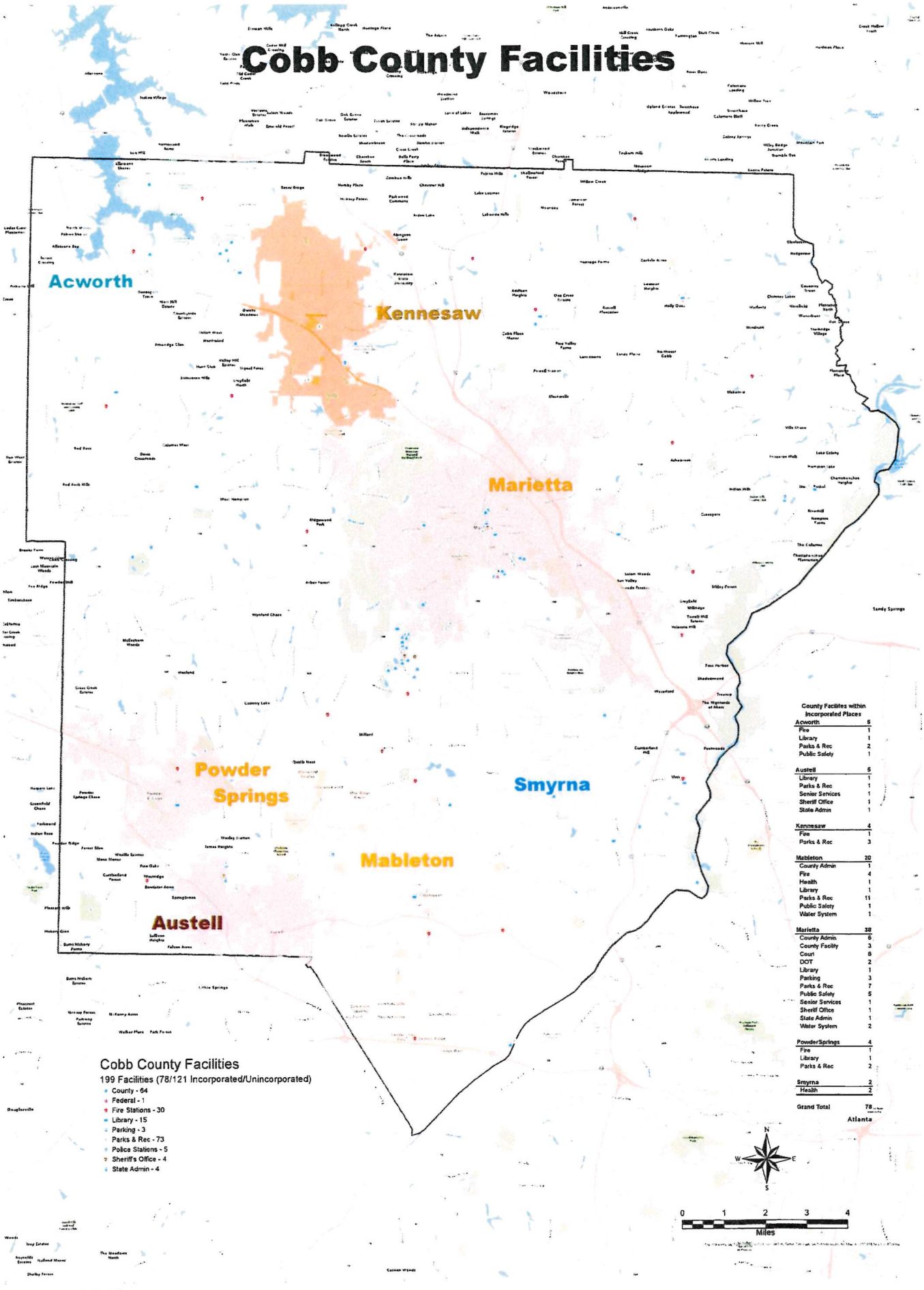
Neighborhood Parks
9. Durham Park
10. Whitfield Park

Community Parks
11. Cobb Park & Kidscape Village
12. Lake Court Park
13. North Cooper Lake Park
14. Riverview Park
15. Rose Garden Park
16. Taylor-Brawner Park

Special Use Parks
17. Arboretum & Pond
18. Burger Dog Park
19. Church Street Park
20. Concord Road Linear Park
21. Fox Creek Golf Course
22. Poplar Creek Trail
23. Spring Road Linear Park
24. 20th Century Veterans Memorial Park

Sports Venues
25. Brinkley Park
26. Chuck Camp Park
27. Jonquil Park
28. River Line Park
29. Tolleson Park and Pool
30. Ward Park (Lattanzi Field)

Indoor Recreation Facilities
31. Aline Wolfe Adult Recreation Center
32. Brawner Hall
33. Community Center
34. Reed House
35. Taylor-Brawner House
36. Tolleson Day Room


Cobb County Facilities
Acworth
Kennesaw
Marietta
Powder Springs
Smyrna
Mableton
Austell
Cobb County Facilities
199 Facilities (78/121 Incorporated/Unincorporated)
County - 64
Federal - 1
Fire Stations - 30
Library - 15
Parking - 3
Parks & Rec - 73
Police Stations - 5
Sheriff's Office - 4
State Admin - 4
County Facilities within Incorporated Places
Acworth 6
Fire 1
Library 1
Parks & Rec 2
Public Safety 1
Austell 6
Library 1
Parks & Rec 1
Senior Services 1
Sheriff Office 1
State Admin 1
Kennesaw 4
Fire 1
Parks & Rec 3
Mableton 20
County Admin 1
Fire 4
Health 1
Library 1
Parks & Rec 11
Public Safety 1
Water System 1
Marietta 38
County Admin 6
County Facility 3
Court 8
DOT 2
Library 1
Parking 3
Parks & Rec 7
Public Safety 5
Senior Services 1
Sheriff Office 1
State Admin 1
Water System 2
PowderSprings 4
Fire 1
Library 1
Parks & Rec 2
Smyrna 2
Health 2
Grand Total 78
Atlanta
N
W
E
S
0 1 2 3 4
Miles
Sources: City of Kennesaw, Cobb County, Esri

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Planning and Zoning*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:COBB COUNTY	Service:*Police Services*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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*
Service Delivery Strategy	Cobb County, Acworth, Austell, Kennesaw, Marietta	01/01/2024-10/31/2034
	Powder Springs, Smyrna	

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

The County shall make payments to the Cities on November 1 of each year, in accordance with the schedule provided in paragraph 4 of the cover Service Delivery Strategy Agreement for consideration including, but not limited to, the Cities providing supplemental police protection for the Cobb County Police Department in the municipal boundaries of the Cities. Cobb County has also entered into various agreements with non-parties related to this service.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:COBB COUNTY	Service:*Public Health 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.):**Cobb 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*
Cobb County	General Fund

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:COBB COUNTY	Service:*Right of Way Maintenance*

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.): **Cobb County will provide this service within the unincoprorated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

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COUNTY:COBB COUNTY	Service:*Road/Street Maintenance Services (includes signals, signs, and bridges)*

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.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs, and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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SDS FORM 2, continued

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

Local Government or Authority	*Funding Method*
Cobb County	General Fund, LMIG, and Sales Taxes
Acworth	General Fund, LMIG, and Sales Taxes
Austell	General Fund, LMIG, and Sales Taxes
Kennesaw	General Fund, LMIG, and Sales Taxes
Marietta	General Fund, LMIG, and Sales Taxes
Powder Springs and Smyrna	General Fund, LMIG, and Sales Taxes

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

Name of the service was changed from "Street Maintenance" to "Road/Street Maintenance". Funding mechanisms were clarified.

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?

From time to time the County and Cities may coordinate their road/street services. The County provides signal operation and maintenance services in certain cities such as Powder Springs.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

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COUNTY:COBB COUNTY	Service:*Sanitation/Solid Waste Services*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs and Smyrna will provide this service within their respective incorporated areas.**

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

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

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

☒ ***No***

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

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

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*
Cobb County	Enterprise Funds
Acworth	Enterprise Funds
Austell	Enterprise Funds
Kennesaw	Enterprise Funds
Marietta	Enterprise Funds
Powder Springs and Smyrna	Enterprise Funds

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

Funding mechanisms were clarified.

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?

Cobb Couonty owns a vetative waste facility, a transfer station, and a recycling facility, which are operated by private non-party service providers.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Senior Services*

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

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

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

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

d.) ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Cobb County will provide this service within the unincorporated areas of Cobb County. Acworth, Austell, Kennesaw, Marietta, Powder Springs and Smyrna will provide this service within their respective incorporated areas for the benefit of unincorporated and incorporated area residents.**

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*
Cobb County	General Fund
Acworth	General Fund
Austell	General Fund
Kennesaw	General Fund
Marietta	General Fund
Powder Springs and Smyrna	General Fund

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

Funding mechanisms were clarified.

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*
Service Delivery Strategy	Cobb County, Acworth, Austell, Kennesaw, Marietta,	01/01/2024-10/31/2034
	Powder Springs, Smyrna	

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

The County shall make payments to the Cities on November 1 of each year, in accordance with the schedule provided in paragraph 4 of the cover Service Delivery Strategy Agreement for consideration including, but not limited to, the Cities providing unincorporated residents full access to any City-owned senior service facility (not including senior housing) on equal terms as residents in the municipal jurisdiction where the senior facility (not including senior housing) is located.

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:COBB COUNTY	Service:*Tax Assessor 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.):**Cobb 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*
Cobb County	General Fund

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

No changes.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service: *Transit Services (CCT)*

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.):**Cobb 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*
Cobb County	General Fund

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

Funding mechanisms were clarified.

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	**Service:*Wastewater Collection Services***

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

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

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

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

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

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

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*
Cobb County	Enterprise Funds
Marietta	Enterprise Funds, inclusive of Board of Lights and Water Fund
Smyrna	Enterprise Funds
Austell	Enterprise Funds

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:

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

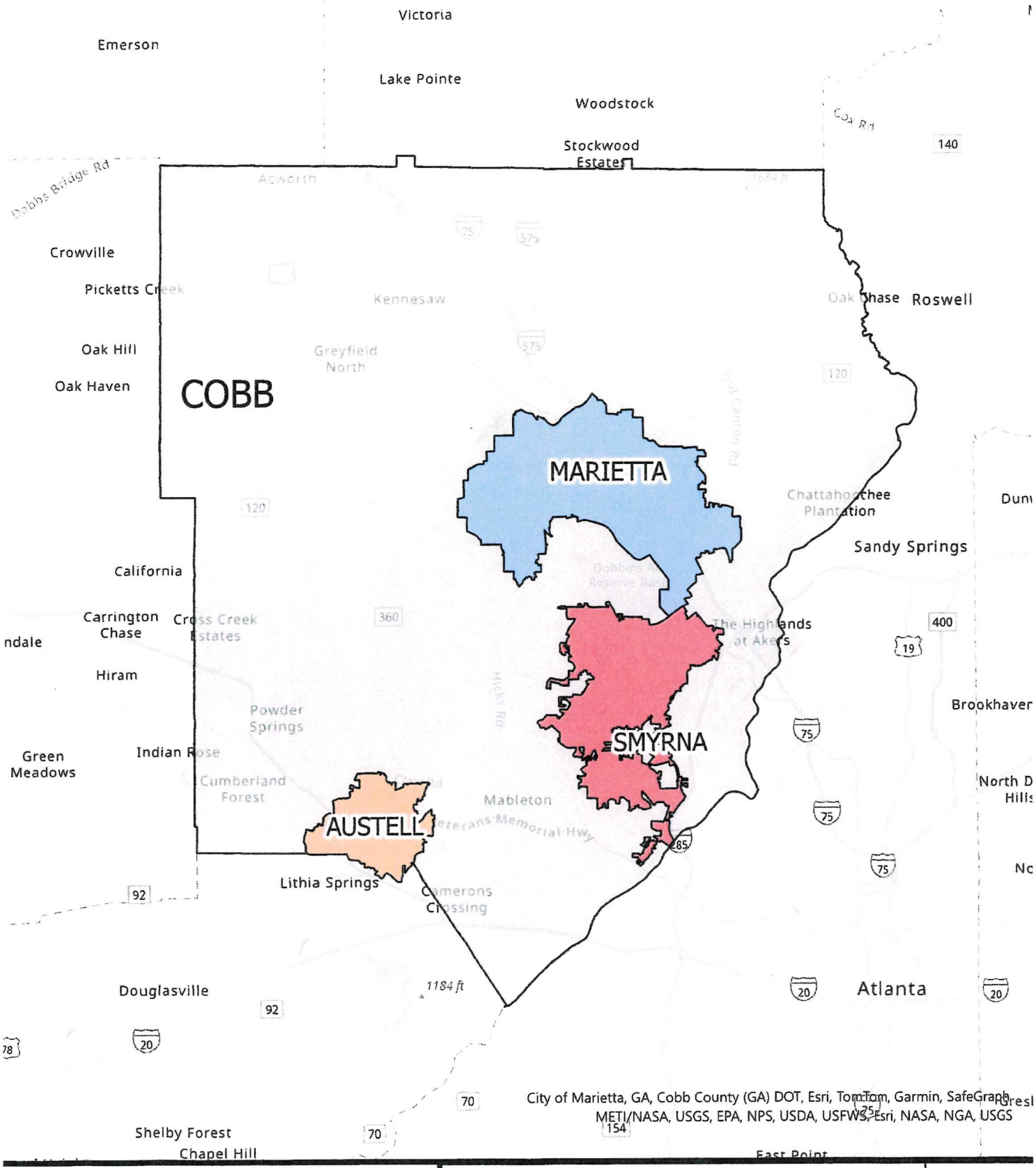
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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:



- Marietta Water System
- Smyrna Water System
- Austell Water System
- Cobb Water System

Water and Sewer Service Boundaries

0 10,000 20,000 40,000 Feet

N W E S

July 2024

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Wastewater Treatment 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.):**Cobb 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*
Cobb County	Enterprise Funds

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

Service provider and funding mechanisms clarified.

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

Agreement Name	*Contracting Parties*	*Effective and Ending Dates*
IGA for Wastewater Treatment	Cobb County, Smyrna	04/18/2005 - 04/17/2035
IGA for Wastewater Treatment	Cobb County, Marietta Board of Lights and Water	12/27/2001 - 12/26/2051
Amendment to Serv. Boundary	Cobb County, Austell	1987 - 2037
Service Area Agreement	Cobb County, Marietta, Smyrna	2005 - 2035

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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

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

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	**Service:*Water Distribution Services***

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

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

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

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

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

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

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*
Cobb County	Enterprise Funds
Marietta	Enterprise Funds, inclusive of Board of Lights and Water Fund
Smyrna	Enterprise Funds
Austell	Enterprise Funds

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

Service providers and funding mechanisms were clarified.

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*

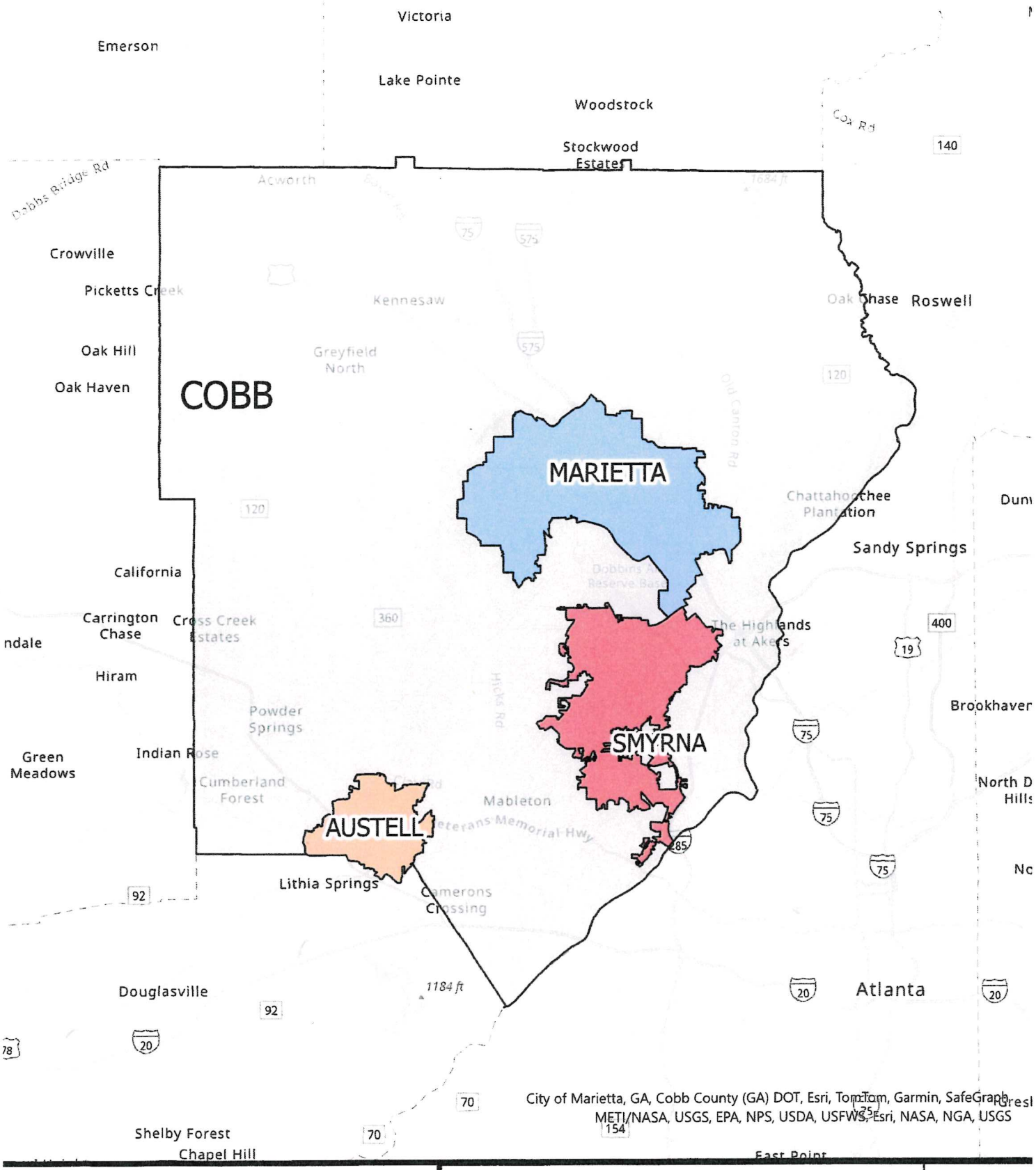
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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:



- Marietta Water System
- Smyrna Water System
- Austell Water System
- Cobb Water System

Water and Sewer Service Boundaries

0 10,000 20,000 40,000 Feet

N W E S

July 2024

Georgia Department of Community Affairs

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:COBB COUNTY	Service:*Water Supply 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.):**Cobb County-Marietta Water Authority**

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

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

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

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

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

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

☒ ***No***

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

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

SDS FORM 2, continued

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

Local Government or Authority	*Funding Method*
Cobb County	Enterprise Funds
Marietta	Enterprise Funds, inclusive of Board of Lights and Water Fund
Smyrna	Enterprise Funds

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

Service providers and funding mechanisms were clarified.

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*
Agreement for Wholesale	Cobb County, Smyrna	04/18/2005 - 04/17/2035
Water Service		
Amendment to Service Area	Cobb County, Austell	1987 - 2037
Service Area Agreement	Cobb County, Marietta	2003 - 2033
Service Area Agreement	Cobb County, Smyrna	2005 - 2035
Water Supply Agreement	Cobb County, Cobb County-Marietta Water Authority	2002 - 2032

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?

N/A

7. Person completing form: **Dr. Jackie McMorris, County Manager**
Phone number: **(770) 528-2600** Date completed: 08/12/2024

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:

Item Report

TO: The Honorable Mayor and City Council

FROM:

DATE: August 14, 2024

TITLE: Reports, Discussions, and Updates

Summary:

Recommendation:

Fiscal Impact:

Attachments:
None

Item Report

TO: The Honorable Mayor and City Council

FROM:

DATE: August 14, 2024

TITLE: Mayor and Council (re)appointments to Boards and Commissions. This item is for (re)appointments made by the Mayor to any Board, Committee, Authority, or Commission requiring an appointment to fill any vacancies, resignations, and to create or dissolve boards and commissions, as deemed necessary.

Summary:

Recommendation:

Fiscal Impact:

Attachments:
None