**ICF SERVICES SUMMARY TOOL (BILATERAL ICF)**

**TOOL E**

**PURPOSE: To assist municipalities in developing the content and structure of their ICFs.**

**Definitions**

**Intermunicipal** – is a service that is provided to two or more municipalities.

## SERVICES SUMMARY

Services currently provided by Municipality A to Municipality B:

1

Services currently provided by Municipality B to Municipality A:

2

**Optional:** Are there any services that are provided individually (single municipality) that could be provided intermunicipally?

3

Provide a list of services that may be considered for discussion and negotiation by both municipalities beyond the April 1,2020 deadline.

is there a timeline when these services might be discussed further?

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## INTERMUNICIPALLY SHARED SERVICES

For each service to be provided on a shared or intermunicipal basis:

1

1. Who is the **lead** municipality?
2. **Describe** how the service is being provided.
3. How is the service **funded**?
4. What is the timeline for implementation (if newly joint)?
5. What is the transition plan (if newly joint)? Describe the decommissioning strategy for the current service.

The ICF must also include:

2

1. The term of review (must not exceed five years).

**TOOL F**

Dispute Resolution Process Suggestions

1. The binding dispute resolution process.

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## SERVICES SUMMARY

**Optional:** Services to be provided solely by the respective municipality for their own residents Municipality: (list **each additional** municipality):

1

|  |
| --- |
| **LIST THE SERVICES TO BE PROVIDED BY INDIVIDUAL MUNICIPALITIES** |
| **Service** | **Municipality:** | **Municipality:** | **Municipality:** | ... |
| e.g. Street Sweeping |  |  |  |  |
| e.g. Animal Control |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ... |  |  |  |  |

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Services to be provided intermunicipally (complete for **each combination** of municipalities):

2

|  |
| --- |
| **LIST THE SERVICES TO BE PROVIDED INTERMUNICIPALLY** |
| **Service** | **Municipality:** | **Municipality:** | **Municipality:** | ... |
| e.g. Mutual Aid |  |  |  |  |
| e.g. Recreation |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| ... |  |  |  |  |

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**TOOL E**

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## INTERMUNICIPALLY SHARED SERVICES

For each service to be provided on a shared or intermunicipal basis:

1

1. Who is the **lead** municipality?
2. **Describe** how the service is being provided.
3. How is the service **funded**?

The ICF must also include:

2

1. The term of review (must not exceed five years).
2. The binding dispute resolution process.

**TOOL F**

Dispute Resolution Process Suggestions