AGENDA

All items are for discussion and possible action.
Perquimans County Board of Commissioners
Perquimans County Library Main Concourse
November 3, 2025
7:00 p.m.

I. Call to Order

II. Prayer & Pledge

III. Approval of Agenda

IV. Consent Agenda

(Consent items as follows will be adopted with a single motion, second and vote, unless a request for removal of an item or items is made by a Commissioner or Commissioners.)

A. Approval of Minutes October 6, 2025, Regular Meeting

B. Tax Refund & Tax Release Approvals

C. Personnel Matters

1. Appointment: PT/FI Non-Cert. Telecommunicator
2. Reclassification: Paramedic II (3)
3. Reclassification: Telecommunicator I (2)
4. Reclassification: IMC II
5. Resignation: PT/FI EMT
6. Resignation: Certified Deputy
7. Resignation: Telecommunicator I (2)
8. Resignation: IMC II
9. Resignation: Compliance Officer / Paramedic
10. Merit Increase: Recreation Director
11. Merit Increase: IMC II (2)
12. Merit Increase: Planning Assistant
13. Step Increase: None

D. Board Appointment

1. Tourism Development Authority

E. Chowan Perquimans LEPC 2026 Roster

F. 2025 OPEB Memorandum of Participation for GASB 74/75 Participants

G. Proclamation: Family Caregiver Month

V. Introduction of New Employees / Recognition of Service

1. Sheriff's Office
2. DSS (3)

VI. Scheduled Appointments

1. Jared Harrell – NC Cooperative Extension 7:00 p.m.
2. 7:05 p.m.

VII. Commissioner's Concerns/Committee Reports

A.

VIII. Old Business

A. Updates from County Manager

IIX. New Business

A. Resolution for the Sale of Surplus Equipment

B. Courthouse Green Use

C. New Hope Convenience Site Purchase

D. Recognition of Years of Service and Retirement

X. Unscheduled Appointments/Public Comments

(If you wish to address the Board, please state your name for the record prior to speaking)

A.

B.

C.

XI. Adjournment

ACTION

FOR INFORMATION ONLY:

- Trillium – ABC Funds Report for FY2024-2025

DEPARTMENT HEAD REPORT:

- Plat Log
- Enforced Collections Report
- Building Inspector's Report
- Code Enforcement Report
- Sheriff's Office Report
- 911 Call Volume Report

COMMITTEE WRITTEN REPORTS:

- History Museum

NOTES FROM THE COUNTY MANAGER
October 6, 2025
7:00 p.m.

CONSENT AGENDA NOTES

(Consent items as follows will be adopted with a single motion, second and vote, unless a request for removal from the Consent Agenda is heard from a Commissioner)

IV. Enclosures: Items included on the Consent Agenda are enclosed.
If you wish to discuss any of these matters, please make that request during the meeting.

B. **Enclosures**: Approval of Minutes October 6, 2025, Regular Meeting

C. **Enclosures:** Tax Refund / Release Approvals – see attached listing

C. **Enclosures**: Personnel Matters

Dept	Employee Name	Employee Status	Employee Job Title	Grade/ Step	New Salary	Effective Date
911	Leticia Demps	PT Hire	PT/FI Non-Certified Telecommunicator	60/1	$15.32/hr.	11/01/2025
EMS	Brandon Thorngren	Reclassification	Paramedic II	69/6	$25.72/hr.	11/01/2025
EMS	Miranda Neiswander	Reclassification	Paramedic II	69/6	$25.72/hr.	11/01/2025
EMS	Alyssa Polumbo	Reclassification	PT/FI Paramedic II	69/5	$25.09/hr.	11/01/2025
911	Molly Miller	Reclassification	Telecommunicator I	64/1	$18.26/hr.	11/01/2025
911	Tyanna Green	Reclassification	PT/FI Telecommunicator I	64/2	$18.72/hr.	11/01/2025
DSS	Michelle Cassell	Reclassification	IMC II	63/1	$36,354.00	11/01/2025
EMS	Ashlyn Overman	Resignation	PT/FI EMT			10/09/2025
Sheriff	Dean Polumbo, Jr.	Resignation	Certified Deputy			10/24/2025
911	Reagan Charlton	Resignation	Telecommunicator I			10/31/2025
DSS	Jalena Glasper	Resignation	IMC II			10/31/2025
EMS	Alyssa Polumbo	Resignation	Compliance Officer			10/31/2025
911	Tyanna Green	Resignation	Telecommunicator I			11/1/2025
Recreation	Howard Williams	Merit Increase	Recreation Director	70/13	$66,300.00	07/01/2025
DSS	Brandy Haislip	Merit Increase	IMC II	63/2	$37,264.00	11/01/2025
DSS	Tracee Baxton	Merit Increase	IMC II	63/2	$37,264.00	11/01/2025
Planning	Trevor Miles	Merit Increase	Planning Assistant	68/2	$46,437.00	11/01/2025

D. Board Appointment:
1. Tourism Development Authority –Town of Hertford Appointee:
   a. Jerry Mimlitsch – 2 yr. appointment

E. Enclosures: Chowan Perquimans LEPC 2026 Roster

F. Enclosures: 2025 OPEB Memorandum of Participation for GASB 74/75 Participants

G. Enclosures: Family Caregivers Month Proclamation

V. The following introduction of new employees and recognition of service will be done:

Introduction of New Employees

Department Head	Employee Name	Employee Job Title	Effective Date
Angela Jordan	Heidi Long	Social Worker III	10/01/2025
Angela Jordan	Kyne Downing	Social Worker IA&T	10/01/2025
Angela Jordan	Daphne Drew	Social Worker III	10/01/2025
Shelby White	Rebekah Sarment	Administrative Assistant	10/15/2025

VI. **Scheduled Appointments**:

A. Jared Harrell – NC Cooperative Extension Center will present the Report to the People, providing an annual snapshot that highlights programs, impacts, and success stories, showing how Extension delivers research-based solutions that strengthen agriculture, youth, families, and communities across the state.

VII. Commissioners Concerns:

A.

IX. New Business

A. Resolution for the Sale of Surplus Vehicle – 2005 Chevrolet Trailblazer from Emergency Services
B. The County Manager will discuss proposed rules related to the use of the Courthouse Green
C. The County Manager will discuss the County's purchase of the New Hope Convenience site
D. Recognition of County Manager Heath's Years of Service and Retirement

★ Additions to the Agenda

* *

REGULAR MEETING

October 6, 2025
7:00 p.m.

The Perquimans County Board of Commissioners met in a regular meeting on Monday, October 6, 2025, at 7:00 p.m. in the Perquimans County Library located at 514 S. Church Street, Hertford, NC 27944.

MEMBERS PRESENT:	Wallace E. Nelson, Chairman	Charles Woodard, Vice Chairman
	Timothy J. Corprew	James W. Ward
	Joseph W. Hoffler	Kathryn M. Treiber
MEMBERS ABSENT:		
OTHERS PRESENT:	Brandon Shoaf, Assistant County Manager	Frank Heath, County Manager
	Rebecca T. Corprew, Clerk to the Board	Hackney High, County Attorney

Chairman Nelson called the meeting to order. Kathryn Trieber gave the invocation, and the Chairman led the Pledge of Allegiance.

AGENDA

Chairman Nelson stated that the Agenda was at their seats and asked if there were any additions or corrections to the amended Agenda. There being none, Chairman Nelson asked for a motion to approve the Agenda as presented. Timothy J. Corprew made a motion to approve the Agenda as presented. The motion was seconded by James W. Ward and unanimously approved by the Board.

CONSENT AGENDA

Chairman Nelson asked if there were any items that the Board wished to remove from the Consent Agenda to discuss. There being none, Kathryn Treiber made a motion to approve the Consent Agenda. The motion was seconded by James W Ward and unanimously approved by the Board.

A. Approval of Minutes: The minutes of September 2, 2025, Regular Meeting and September 15, 2025, Special Called Meeting were approved.

B. Tax Refund / Release Approvals:

Tax Refunds (Perquimans County):

Cody John Wharton ---------- $119.77
Vehicle traded. 8-month refund. Account No. 78296593

Ryan Danial Anderson ---------- $143.77
Owner moved – registered vehicle in another state; 9-month refund. Account No. 82743096

Johnny Robert Moore Sr. ---------- $106.94
Vehicle was taxed county and city. This property is not city. Account No. 87185543

Terry Ray Bufford ---------- $116.82
Sold vehicle-11-month refund. Account No. 86802107

Ladonna Ann Sims ---------- $196.72
Sold vehicle; 11-month refund. Account No. 77910516

Tax Releases (Perquimans County)

Amy Williams Daft ---------- $519.46
Did not receive senior discount for 2025. Account No. 420476

Bethel Community Fire Protection Association Inc. ---------- $223.08
Should have been exempt for 2025, Account No. 258767

Donna Weeks ---------- $172.21
DMV listed personal property in Perquimans in error. Property is in Currituck County. Account No. 260716

George & Julia Nowell. ---------- $585.52
Land code correction. Account No. 108140

Janice Johnson ---------- $273.26
Did not receive senior discount for 2025. Account No. 259784

Chory Worth Fenton Jr. ---------- $259.48
Did not receive senior discount for 2025. Account No. 357855

Barbara Cabral ---------- $1671.54
Did not receive senior discount for 2025. Account No. 491617

Tax Refunds (Hertford):

Chory Worth Fenton Jr. ---------- $259.48
Did not receive senior discount for 2025. Account No. 357855

Request for Solid Waste Release:

Jonathan Banwarter ---------- **$18,810.00**
Error in entering number of solid waste fees needed. Should have been 1; 100 was entered. Account No. 266920

Purser Design Build, LLC ---------- **$18,810.00**
Error in entering number of solid waste fees needed. Should have been 1; 100 was entered. Account No. 358504

C. Budget Amendment Nos. 2-7: The following budget amendments were approved by the Board:

BUDGET AMENDMENT NO. 2
GENERAL FUND

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT INCREASE	AMOUNT DECREASE
10-610-438	DSS-Foster Care		50,000
10-610-441	DSS – Adult Guardianship	50,000	
EXPLANATION: To amend the FY 25-26 Budget to include additional expenditure line in DSS budget for Adult Guardianship as instructed by the State			

BUDGET AMENDMENT NO. 3
SCHOOL CONSTRUCTION FUND

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT INCREASE	AMOUNT DECREASE
65-348-001	State School Funds – Lottery	10,457,131	
65-500-711	NB Lottery Intermediate School	10,457,131	
EXPLANATION: To amend the FY 25-26 Budget to include lottery fund drawdown for Intermediate School Project			

BUDGET AMENDMENT NO. 4
SCHOOL CONSTRUCTION FUND

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT INCREASE	AMOUNT DECREASE
65-348-001	State School Funds – Lottery	113,895	
65-500-740	Capital Outlay	113,895	
EXPLANATION: To amend the FY 25-26 Budget to include lottery fund drawdown for HGS, PCHS,PCS, and PCMS – Fire Alarm Upgrades			

BUDGET AMENDMENT NO. 5
SCHOOL CONSTRUCTION FUND

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT INCREASE	AMOUNT DECREASE
65-348-001	State School Funds – Lottery	150,000	
65-500-740	Capital Outlay	150,000	
EXPLANATION: To amend the FY 25-26 Budget to include lottery fund drawdown for Perquimans Central to replace playground equipment as approved by DPI			

BUDGET AMENDMENT NO. 6
E-911 Fund

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT INCREASE	AMOUNT DECREASE
78-350-001	E-911 – Emergency 911 Fees	969,267	
78-500-161	E-911 – Hardware Maintenance	648,332	
78-500-110	E-911 – Telephone and Furniture	294,935	
78-500-331	E-911 – Computer Software and Maintenance	26,000	
EXPLANATION: To amend the FY 25-26 Budget to include additional funding as approved with the funding reconsideration.			

BUDGET AMENDMENT NO. 7
E-911 Fund

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT INCREASE	AMOUNT DECREASE
78-348-000	State Grants	442,777	
78-500-312	911 Secondary Grant	442,777	
EXPLANATION: To amend FY 24/25 budget to include Gates reimbursement for consolidation expenses that should have been used for Motorola invoice paid in FY24/25 with monies being received in FY23/24.			

D. Personnel Matters: The following personnel matters were approved by the Board:

Dept	Employee Name	Employee Status	Employee Job Title	Grade/ Step	New Salary	Effective Date
EMS	Crystal Copeland	PT/FI Hire	PT/FI AEMT	67/6	$23.55/hr.	10/01/2025
Sheriff	Rebekah Sarment	FT Hire	Administrative Assistant	61/1	$33,292	10/15/2025
DSS	Kyne Downing	FT Hire	Social Worker IA&T	70/2	$50,711	10/01/2025
DSS	Daphne Drew	FT Hire	Social Worker III	69/2	$48,526	10/01/2025
DSS	Heidi Long	FT Hire	Social Worker III	67/4	$46,662	10/01/2025

911	Addison Jernigan	PT/FI Hire	PT/FI NC Telecomm.	60/1	$ 15.32/hr.	10/01/2025
911	Isabella Buzzetta	PT/FI Hire	PT/FI NC Telecomm.	60/1	$15.32/hr.	10/01/2025
EMS	Dustin VanHorne	PT/FI Hire	PT/FI Paramedic I	68/5	$24.01/hr.	10/01/2025
EMS	Ethan Howard	PT/FI Hire	PT/FI EMT	64/1	$18.26/hr.	10/01/2025
EMS	Patricia Mountjoy-Riddick	PT/FI Hire	PT/FI EMT	64/1	$18.26/hr.	10/01/2025
DSS	Candice Mallory	Resignation	Social Work Supervisor			09/30/2025
Water	Samuel Moncla	Resignation	Water Technician I			09/29/2025
DSS	Elena Howell	Reclassification	Processing Assistant V	61/5	$36,704	10/01/2025
Inspections	Eddie Wynne	Reclassification	Code Enforcement / Asst. Building Inspector	64/2	$38,939	10/01/2025
911	Camry Harris	Merit Increase	Telecommunicator I	64/3	$19.18/hr.	10/01/2025
Sheriff	Joshua Russell	Step Increase	Certified Deputy	68/3	$46,437	10/01/2025

E. Board Appointments
1. Jury Commission – County Appointee:
    a. Diane White Stallings – 2 yr. appointment
2. Belvidere-Chappel Hill Volunteer Fire Department Trustees:
    a. Wade Winslow – 1 yr. appointment
    b. Julian Baker – 1 yr. appointment
3. Bethel Volunteer Fire Department Trustees:
    a. Ben Hobbs – 1 yr. appointment
    b. Chad Mathews – 1 yr. appointment
4. Durants Neck Volunteer Fire Department Trustees:
    a. Laurence Chappell – 1 yr. appointment
    b. Mack Nixon – 1 yr. appointment
5. Inter-County Volunteer Fire Department Trustees:
    a. Jonathan Boyce – 1 yr. appointment
    b. Robert Swayne – 1 yr. appointment
6. Animal Control:
    a. Donald Hobbs – 2 yr. appointment
    b. Bethany Thompson – 1 yr. appointment

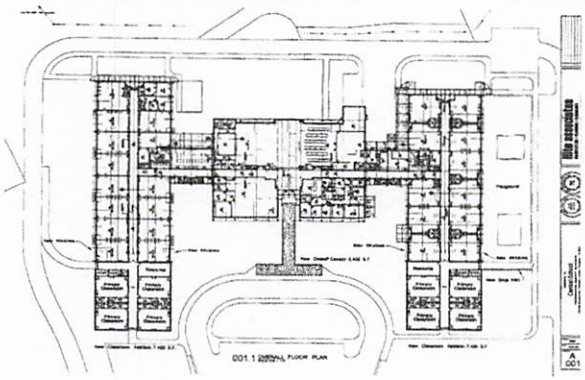
INTRODUCTION OF EMPLOYEES

The following new employee was introduced to the Board:

Department Head	Employee Name	Employee Job Title	Effective Date
Jonathan Nixon	Isabella Jarvis	Telecommunicator	09/01/2025

SCHEDULED APPOINTMENTS:

1. Dr. Tanya Turner - Perquimans County Schools Superintendent: (originally scheduled as James Bunch) Dr. Turner requests the support of the Board of Commissioners in requesting a Needs-Based Public School Capital Fund Grant for Perquimans Central School, which serves our PreK through 2nd grade students. She explains that the school is already at maximum capacity and that without more space, the school risks falling out of compliance. Dr. Turner reminded the board of the plan to expand the school when it was originally constructed in 1998. She provided an image and floor plan to explain where the additional space would be utilized. The total project cost is a $8,206,985, which is the amount of the grant request, stating that it requires no local match. Dr. Turner also stated the enrollment trends in Perquimans County Schools increased by 16% over the past 5 years, despite the NC average decline in enrollment of 3.4% over the same time. Chairman Nelson asked if there were any questions of the Board or comments to discuss. There being none, Kathryn Treiber made a motion to approve the application for a Needs-Based Public School Capital Fund Grant for Perquimans Central School in the amount of $8,206,985.00 (One million, two-hundred and six thousand, nine-hundred and eighty five dollars). The motion was seconded by James W Ward and unanimously approved by the Board.



NEEDS-BASED PUBLIC SCHOOL CAPITAL FUND FY2025-26 GRANT APPLICATION

ASSURANCE PAGE Date: October 1, 2025

By signing below, we assure the North Carolina Department of Public Instruction that we are officials of our respective organizations and we are authorized to submit this application on behalf of these organizations.

We certify the following:

- The information provided in this proposal is correct and complete.
- The project described in the application is within the parameters of the Needs-Based Public School Capital Fund as required in Article 38B of G.S. 115C-546, and that all of the required local funding is available and designated as a match for this project.
- All Needs-Based Public School Capital Fund grant proceeds and the required Local Matching funds will be used for the construction project described in the application.
- We will work cooperatively with the North Carolina Department of Public Instruction in monitoring and evaluating the progress of the project to meet statutory reporting requirements. We will report on project status and State and local funds expended by April 1 of each year, at the time of each distribution request, and within 90 days of project completion.
- Within 60 days of receiving a Needs-Based Public School Capital Fund grant award, we will enter into an agreement with the Department of Public Instruction detailing the use of grant funds, in accordance with G.S. 115C-546.12.(a).
- All applicable federal and state laws will be adhered to, including equal opportunity without regard to race, color, religion, gender, age, disability, political affiliation, or national origin.
- Procurement and contracting for design and construction services will be conducted in accordance with the requirements of G.S. 133 and G.S. 143.
- Generally accepted fiscal control and accounting procedures will be followed to ensure proper disbursement and accounting of funds from the Needs-Based Public School Capital Fund grant proceeds and required Local Matching funds.
- All Needs-Based Public School Capital Fund grant proceeds are subject to forfeiture provisions, requiring full repayment, in accordance with G.S. 115C-546.12.(c)

10/6/2025
(Signature – Chair, County Commissioners) (Date)

Russell R Baritan 09/30/2025
(Signature – Chair, Board of Education) (Date)

10

North Carolina Department of

2. Jamie Johnson - Perquimans County Schools Maintenance Director: Jamie Johnson requests a distribution from the NC Education Lottery Repair and Renovation Fund for the renovation of the Perquimans County High School Auditorium. The request is for $1,370,915.00. The funds will be used to renovate and repair the auditorium and connector including handicap access, lighting, seating, floors, and curtains. These repairs are necessary as there are multiple concerns for accessibility and safety. Mr. Johnson explained that the building has been inspected by a licensed engineer to ensure that the desired repairs could be made, as well as verifying that the project would be a good investment as the structure will be used for years to come with these improvements. Chairman Nelson asked if there were any questions of the Board or comments to discuss. Mr. Frank Heath stated he was glad to hear these improvements were being considered. There being no others, Charles Woodard made a motion to approve the Distribution from the NC Education Lottery Repair and Renovation Fund in the amount of $1,370,915.00 (One million three-hundred seventy thousand, nine-hundred and fifteen dollars). The motion was seconded by Joseph W Hoffler and unanimously approved by the Board.

DISTRIBUTION REQUEST
PUBLIC SCHOOL BUILDING
REPAIR & RENOVATION FUND
NORTH CAROLINA EDUCATION LOTTERY

DPI USE ONLY
Approved By: _____
Date: _____

Date of Request: September 29, 2025

County: Perquimans County — Contact Person: Frank Heath
Address: PO Box 45 Hertford, NC 27944 — Title: County Manager
LEA: Perquimans County Schools — Phone: 252-426-8484
Address: 411 D Edenton Road St Hertford NC 27944 — Email: frankheath@perquimanscountync.gov

Project Title: Perquimans County High School (PCHS) Auditorium Renovation
Project Address: 305 S. Edenton Road St
Hertford NC 27944
Type of Facility: School Auditorium

The Public School Building Repair & Renovation Fund was established by S.L. 2021-180, Section 4.4.(a1). The purpose of the Fund is to provide revenue to counties for repair and renovation projects. Per G.S. 115C-548.18, counties are to utilize funds for enlargement, improvement, expansion, repair, or renovation of classroom facilities at public school buildings within local school administrative units (LEAs) located in the county. As used in this context, "Public School Buildings" shall include only facilities for individual schools that are used for instructional and related purposes, and does not include administration, maintenance, or other facilities.

Brief Project Description (include est. start/end dates): Renovation of the PCHS Auditorium
Start date: 11-01-2025 End date: 08-01-2026

Estimated Costs:

Planning and Design Services	$ 86,415.00
New Construction – Facility Enlargement	$
New Construction – Addition(s)	$
Existing Construction – Facility Improvements	$
Existing Construction – Facility Repairs	$
Existing Construction – Facility Renovations	$ 1,284,500.00
TOTAL	$ 1,370,915.00

We, the undersigned, agree to submit a statement of state monies expended for this project within 60 days following completion of the project

The County Commissioners and the Board of Education do hereby jointly request approval of the above project, and request the release of $ 1,370,915.00 from the Public School Building Repair & Renovation Fund. We certify that the project herein described is within the parameters of G.S. 115C-546.

(Signature – Chair, County Commissioners) — 10/6/2025 (Date)
(Signature – Chair, Board of Education) — 9/22/25 (Date)

PRINT FORM | CLEAR FORM

OLD BUSINESS:

County Manager Heath shared comments regarding the visit of Chief Justice Newby to the Perquimans County Courthouse as a celebration of its 200th anniversary, stating it is the oldest court facility in NC still in use. Mr. Heath shared that the Our State Magazine would have an article about the Perquimans County Courthouse in the November 2025 electronic edition.

Mr. Heath commented on a recent Regional Economic Development Meeting he attended. He mentioned the grant process for NC counties. He explained that many of the grants we apply for are based on NC Department of Commerce Tier status. Many of the counties in northeast NC are Tier II counties, such as Perquimans, Dare, Pitt, and Onslow. Tier I counties include Washington, Tyrell, and Bertie. Mr. Heath believes this is not an accurate tier system. He feels this is important for Legislators and the NC Department of Commerce to consider. He adds that Perquimans and similar small counties face inherent challenges compared to others.

Mr. Heath extended gratitude to Assistant County Manager Brandon Shoaf for his work with ElectriCities on the completion of a marketing commercial filmed last month to promote the Commerce Park. Mr. Shoaf worked to coordinate filming sites, business participation, and interviews. The video should be available by early next year.

Mr. Heath informed the Board that November 2025 would be his last meeting as the County Manager, as he will be out of town for the December 2025 meeting.

NEW BUSINESS

A. County Manager Heath explained changes to the State Health Plan Premium and Policy. Effective January 1, 2026 and retro-active to July 1, 2025 – the State Health Plan premiums are now determined by employee salary range. Mr. Heath explained that he does not agree with this, however, we have no control over the new policy. The county cost is increasing significantly and will have to be paid retroactively to July 1, 2025. The County intends to continue to pay the first $35 of all plans, but the out-of-pocket costs for our employees for the 80/20 coverage and any dependent coverage will also likely increase for a large portion of our employees.

B. Mr. Shoaf explained changes to the Local Government Employee Retirement System (LGERS) related to the changes in the State Health Plan. The county contribution to the LGERS is also increasing as another means to closing the financial shortfall the State Health plan is facing. He mentioned that both changes (SHP and LGERS) will have a large impact on the budget for FY2025/2026 and FY 2026/2027.

C. Resolution of Surplus Equipment: Jonathan Nixon, Emergency Services Director, is requesting the Boards approval of a resolution authorizing the sale of surplus equipment. There is a storage building on the Winfall Tower Site on Lake Rd that needs to be sold. Mr. Nixon is also requesting that the Board approve the demolition of the building if it does not sell on GovDeals. Chairman Nelson asked if there were any questions or comments. There being none, Timothy J. Corprew made a motion to approve the Resolution. The motion was seconded by James W Ward and unanimously approved by the Board.

PERQUIMANS COUNTY
BOARD OF COMMISSIONERS

P.O. BOX 45
HERTFORD, NORTH CAROLINA 27944
TELEPHONE 1-252-426-7550

RESOLUTION AUTHORIZING SALE OF CERTAIN SURPLUS COUNTY PROPERTY

WHEREAS, the Perquimans County Board of Commissioners desires to dispose of certain surplus property of the County;

NOW, THEREFORE, BE IT RESOLVED by the Perquimans County Board of Commissioners that

1. The following described equipment is hereby declared to be surplus to the needs of the County

Model Year	Make	Model	Details	Department
Nov 2003	Cellvision	Building	11'5" x 16'0" w/ lights, electrical panels, and AC units	Emergency Management

2. The County Manager is hereby authorized and directed to proceed on behalf of the Perquimans County Board of Commissioners to sell these vehicles on GovDeals

3. The County reserves the right to reject any or all bids and decide not to sell the vehicles at any time during this process

4. The County Manager, in accordance with State law, shall cause a summary of this resolution to be posted on bulletin board at Courthouse and place it on the County's website and Facebook page. After not less than ten (10) days from the date of publication, the County Manager is authorized to sell the above-described property to the highest bidder

Adopted this the 6th day of October, 2025

Wallace E. Nelson, Chairman
Perquimans County Board of Commissioners

ATTEST
Rebecca T. Corprew, Clerk to the Board

SEAL

D. The Senior Tarheel Legislation Committee received a resignation from Mr. Terry Tatman effective immediately. Interested applicants may contact the County Managers office for an application.

E. The Trillium Northern Region Advisory Board received a resignation from Mr. Terry Tatman effective immediately. Interested applicants may contact the County Managers office for an application.

F. PERSONNEL MATTERS:

The following personnel matters were approved by the Board on motion made by Joseph W. Hoffler. The motion was seconded by Timothy J. Corprew and unanimously approved by the Board.

Dept	Employee Name	Employee Status	Employee Job Title	Grade/ Step	New Salary	Effective Date
DSS	Qushanta White	FT Hire	Social Worker III	67/4	$46,662	10/13/2025
DSS	Heidi Long	Leave w/o Pay	Social Worker III	67/4	30 hours	10/1/25-10/9/25

PUBLIC COMMENTS

There were no public comments made.

ADJOURNMENT

Chairman Nelson asked if there were any further comments or business to discuss. There being none, the Regular Meeting was adjourned at 7:42 p.m. on motion made by Timothy J. Corprew, seconded by James W. Ward and unanimously approved by the Board.

Wallace E. Nelson, Chairman

Clerk to the Board

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September 30, 2025

Tax Refunds: (Perquimans County)

Leah Perry Byrum **$190.58**
Vehicle totaled; 10-month refund.
Account#: 83357009

Michael Jay Corprew Jr **$138.00**
Vehicle sold; 4-month refund.
Account#: 82569599

Michael & Mari Venrick **$212.28**
Over payment of prepayments.
Account#: 265255

Tina Matthews **$610.87**
Over payment of prepayments.
Account#: 256887

Jean Harris Mansfield **$521.68**
Over payment of prepayments.
Account#: 539370

Terry Long Heirs **$222.28**
Over payment of prepayments.
Account#: 223700

Lee Westly Jones **$479.56**
Over payment of prepayments.
Account#: 220505

Randal & Sandra Dawkins **$300.05**
Over payment of prepayments.
Account#: 266044

James Miller Jr (Rev) **$174.03**
Over payment of prepayments.
Account#: 510820

Tax Releases: (Perquimans County)

Mary Curry **$310.61**
Clerical error during reval. Wrong house was assessed.
Account#: 358639

Kenneth & Angelique Dewert **$869.62**
Moved to Florida on September 11. Boat & trailer are registered as of their move date.

Tax Releases: (Perquimans County) continued

Clarence Alan Jennings $267.02
Did not receive senior discount for 2025.
Account#: 428229

Tax Releases: (Hertford)

Mary Curry $301.09
Clerical error during reval. Wrong house was assessed.
Account#: 358639

Solid Waste Release (Perquimans County) $37,430.00
Error while entering Solid Waste amount.
Parcel #: 3-0040-ON115-H

EMPLOYMENT ACTION FORM DATE SUBMITTED: October 27, 2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Leticia Demps SOC. SEC. NO.: _____

POSITION: Non-Certified Part-Time Fill-In Telecommunicator DEPT.: 911

X NEW EMPLOYEE EFFECTIVE DATE: November 1, 2025

GRADE: 60 STEP: 1 SALARY: $15.32 Hourly

ENDING DATE OF PROBATIONARY PERIOD: November 1, 2026

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ (Date) DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF EMPLOYEE TERMINATION

☐ _____ (Date) DATE OF EMPLOYEE RESIGNATION

☐ _____ (Date) DATE OF REMOVAL FROM ROSTER

☐ _____ (Date) RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: 10/27/2025

COUNTY MANAGER APPROVAL

_____

DATE: 10-27-2025

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/10/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Brandon Thorngren SOC. SEC. NO.: _____

POSITION: Full-Time Paramedic II DEPT.: EMS

X NEW EMPLOYEE EFFECTIVE DATE: November 1, 2025

GRADE: 69 STEP: 6 SALARY: $25.72 Hourly

ENDING DATE OF PROBATIONARY PERIOD: November 1, 2026

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF EMPLOYEE TERMINATION

☐ _____ Date DATE OF EMPLOYEE RESIGNATION

☐ _____ Date DATE OF REMOVAL FROM ROSTER

☐ _____ Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: 10/13/25

COUNTY MANAGER APPROVAL

_____

DATE: 10-17-2025

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/10/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Miranda Neiswander SOC. SEC. NO.: _____

POSITION: Full-Time Paramedic II DEPT.: EMS

X NEW EMPLOYEE EFFECTIVE DATE: November 1, 2025

GRADE: 69 STEP: 6 SALARY: $25.72 Hourly

ENDING DATE OF PROBATIONARY PERIOD: November 1, 2026

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF EMPLOYEE TERMINATION

☐ _____ Date DATE OF EMPLOYEE RESIGNATION

☐ _____ Date DATE OF REMOVAL FROM ROSTER

☐ _____ Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: 10/13/25

COUNTY MANAGER APPROVAL

DATE: 10-17-2025

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/9/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Alyssa Polumbo SOC. SEC. NO.:

POSITION: Part-Time Fill-In Paramedic II DEPT.: EMS

X NEW EMPLOYEE EFFECTIVE DATE: November 1, 2025

GRADE: 69 STEP: 5 SALARY: $25.09 Hourly

ENDING DATE OF PROBATIONARY PERIOD: November 1, 2026

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF EMPLOYEE TERMINATION

☐ _____ Date DATE OF EMPLOYEE RESIGNATION

☐ _____ Date DATE OF REMOVAL FROM ROSTER

☐ _____ Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: 10/13/2025

COUNTY MANAGER APPROVAL

DATE: 10-17-2025

FINANCE OFFICER

DATE:

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/09/2025 - Page 5

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Molly Miller SOC. SEC. NO.: _____

POSITION: Full-Time Telecommunicator I DEPT.: 911

X NEW EMPLOYEE EFFECTIVE DATE: November 1, 2025

GRADE: 64 STEP: 1 SALARY: $18.26 Hourly

ENDING DATE OF PROBATIONARY PERIOD: November 1, 2026

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ (Date) DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF EMPLOYEE TERMINATION

☐ _____ (Date) DATE OF EMPLOYEE RESIGNATION

☐ _____ (Date) DATE OF REMOVAL FROM ROSTER

☐ _____ (Date) RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: 10/13/25

COUNTY MANAGER APPROVAL

_____

DATE: 10-17-2025

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: October 28, 2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Tyanna Green SOC. SEC. NO.: _____

POSITION: Part-Time Fill-In Telecommunicator I DEPT.: 911

X NEW EMPLOYEE EFFECTIVE DATE: November 1, 2025

GRADE: 64 STEP: 2 SALARY: $18.72 Hourly

ENDING DATE OF PROBATIONARY PERIOD: November 1, 2026

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ (Date) DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF EMPLOYEE TERMINATION

☐ _____ (Date) DATE OF EMPLOYEE RESIGNATION

☐ _____ (Date) DATE OF REMOVAL FROM ROSTER

☐ _____ (Date) RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: 10/28/25

COUNTY MANAGER APPROVAL

_____

DATE: 10-31-2025

FINANCE OFFICER

_____

DATE: _____

EMPLOYMENT ACTION FORM DATE SUBMITTED: October 2, 2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Michelle Cassell SOC. SEC. NO.: _____

POSITION: Income Maintenance Caseworker II DEPT.: Social Services

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 61 STEP: 3 SALARY: $34,955.00

☒ JOB PERFORMANCE EVALUATION

YEAR (1) 2 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

X 11/1/2025 Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: 63 STEP: 1 SALARY: $36,354.00

☐ _____ Date DATE OF EMPLOYEE TERMINATION

☐ _____ Date DATE OF EMPLOYEE RESIGNATION

☐ _____ Date DATE OF REMOVAL FROM ROSTER

☐ _____ Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: October 2, 2025

COUNTY MANAGER APPROVAL

DATE: 10-24-2025

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/9/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Ashlyn Overman SOC. SEC. NO.: _____

POSITION: Part-Time Fill-In EMT DEPT.: EMS

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ (Date) DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF EMPLOYEE TERMINATION

X 10/9/2025 (Date) DATE OF EMPLOYEE RESIGNATION

☐ _____ (Date) DATE OF REMOVAL FROM ROSTER

☐ _____ (Date) RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: 10/13/25

COUNTY MANAGER APPROVAL

_____

DATE: 10-17-2025

FINANCE OFFICER

_____

DATE: _____

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/24/25

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Dean Polumbo, Jr._____ SOC. SEC. NO.: _____

POSITION: Certified Deputy_____ DEPT.: Sheriff's Office_____

☐ NEW EMPLOYEE EFFECTIVE DATE:_____

GRADE:_____ STEP:_____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION
Date

X 10/24/25 DATE OF EMPLOYEE RESIGNATION
Date

☐ _____ DATE OF REMOVAL FROM ROSTER
Date

☐ _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: 10-24-25

COUNTY MANAGER APPROVAL

DATE: 10.24.2025

FINANCE OFFICER

_____

DATE: _____

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/9/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Reagan Charlton SOC. SEC. NO.:

POSITION: Full-Time Telecommunicator I DEPT.: 911

☐ NEW EMPLOYEE EFFECTIVE DATE:

GRADE: STEP: SALARY:

ENDING DATE OF PROBATIONARY PERIOD:

CURRENT: GRADE: STEP: SALARY:

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: STEP: SALARY:

☐ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: STEP: SALARY:

☐ _____ DATE OF EMPLOYEE TERMINATION
Date

X 10/31/2025 DATE OF EMPLOYEE RESIGNATION
Date

☐ _____ DATE OF REMOVAL FROM ROSTER
Date

☐ _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: STEP: SALARY:

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: 10/17/25

COUNTY MANAGER APPROVAL

DATE: 10-17-2025

FINANCE OFFICER

DATE:

EMPLOYMENT ACTION FORM DATE SUBMITTED: October 16, 2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Jalena Glasper SOC. SEC. NO.: _____

POSITION: Income Maintenance Caseworker II DEPT.: Social Services

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ (Date) DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ (Date) DATE OF EMPLOYEE TERMINATION

X 10/31/2025 (Date) DATE OF EMPLOYEE RESIGNATION

☐ _____ (Date) DATE OF REMOVAL FROM ROSTER

☐ _____ (Date) RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: October 16, 2025

COUNTY MANAGER APPROVAL

DATE: 10-17-2025

FINANCE OFFICER

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/9/2025 - Page 12

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Alyssa Polumbo SOC. SEC. NO.: _____

POSITION: Compliance Officer/ Paramedic DEPT.: EMS

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF EMPLOYEE TERMINATION

X 10/31/2025 Date DATE OF EMPLOYEE RESIGNATION

☐ _____ Date DATE OF REMOVAL FROM ROSTER

☐ _____ Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: 10/13/2025

COUNTY MANAGER APPROVAL

_____

DATE: 10-17-2025

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: October 28, 2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Tyanna Green SOC. SEC. NO.: _____

POSITION: Full-Time Telecommunicator I DEPT.: 911

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF EMPLOYEE TERMINATION

X 11/1/2025 Date DATE OF EMPLOYEE RESIGNATION

☐ _____ Date DATE OF REMOVAL FROM ROSTER

☐ _____ Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: 10/28/25

COUNTY MANAGER APPROVAL

_____

DATE: 10-31-2025

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 10/23/2025
Retro-active to 07/01/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Howard Williams_____ SOC. SEC. NO.:_____

POSITION: Recreation Director_____ DEPT.: Recreation_____

☐ NEW EMPLOYEE EFFECTIVE DATE:_____

GRADE:_____ STEP:_____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ DATE OF EMPLOYEE TERMINATION
Date

☐ _____ DATE OF EMPLOYEE RESIGNATION
Date

☐ _____ DATE OF REMOVAL FROM ROSTER
Date

X 07/01/2025____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 70 STEP: 13 SALARY: $66,300

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: _____

COUNTY MANAGER APPROVAL

Frank Heath

DATE: 10/23/25

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: October 17, 2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Brandy Haislip SOC. SEC. NO.: _____

POSITION: Income Maintenance Caseworker II DEPT.: Social Services

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 63 STEP: 1 SALARY: $36,354.00

☒ JOB PERFORMANCE EVALUATION

YEAR 1 (2) 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

X 11/1/2025 Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR (2) 3 4)
GRADE: 63 STEP: 2 SALARY: $37,264.00

☐ _____ Date DATE OF EMPLOYEE TERMINATION

☐ _____ Date DATE OF EMPLOYEE RESIGNATION

☐ _____ Date DATE OF REMOVAL FROM ROSTER

☐ _____ Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: October 2, 2025

COUNTY MANAGER APPROVAL

DATE: 10-24-2025

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM DATE SUBMITTED: October 2, 2025 - Page 16

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Tracee Baxton SOC. SEC. NO. _____

POSITION: Income Maintenance Caseworker II DEPT.: Social Services

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 63 STEP: 1 SALARY: $36,354.00

☒ JOB PERFORMANCE EVALUATION

YEAR 1 (2) 3 4 (CIRCLE)

☐ _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date
GRADE: _____ STEP: _____ SALARY: _____

X 11/1/2025 DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR (2) 3 4)
Date
GRADE: 63 STEP: 2 SALARY: $37,264.00

☐ _____ DATE OF EMPLOYEE TERMINATION
Date

☐ _____ DATE OF EMPLOYEE RESIGNATION
Date

☐ _____ DATE OF REMOVAL FROM ROSTER
Date

☐ _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date
GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

DATE: October 2, 2025

COUNTY MANAGER APPROVAL

DATE: 10-24-2025

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM DATE SUBMITTED: 10/31/25

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE/ RECLASSIFICATION

NAME: Trevor Miles SOC. SEC. NO.: _____

POSITION: Planning Assistant DEPT.: Planning Department

☐ NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 68 STEP: 1 SALARY: $45,303

☐ JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

☐ _____ Date DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

☐ _____ Date DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

☐ _____ Date DATE OF EMPLOYEE RESIGNATION/TERMINATION.

☐ 11/1/25 Date RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
GRADE: 68 STEP: 2 SALARY: $46,437

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: __ PER THE COUNTY PERSONNEL POLICY.

****

DEPARTMENT RECOMMENDATION

_____

DATE: _____

COUNTY MANAGER APPROVAL

_____

DATE: 10-31-2025

FINANCE OFFICER

_____

DATE: _____

Revised 7/05

PERQUIMANS COUNTY EMERGENCY SERVICES

P.O. Box 563 - 159 Creek Drive - Hertford, NC 27944

(252) 426-5646 Phone - (252) 426-3306 Fax

Jonathan A. Nixon, Emergency Services Director

To: Rebecca Corprewy
Clerk to the Board

From: Jonathan A. Nixon
Emergency Services Director

Date: October 30, 2025

Re: Chowan/Perquimans LEPC 2026 Roster

Please add this roster to the November 2025 Perquimans County Commissioner's Meeting Agenda for Board reappointment of the Chowan/Perquimans Local Emergency Planning Committee for 2026.

Chowan-Perquimans LEPC

NAME	SPECIALTY
Basnight, Edward	Law
Bass, Billy	Fire
Brewster, Sue	CERT (Shores at LE)
Brittingham, Richard	EM/Fire/RRT-1
Cartwright, Michael	Fire
Day, Chris	Press
Hoffer, David	Fire (NC Forestry)
Hollowell, Ralph	Environmental
LaFon, Anita	Health Dept
LaFon, David	Law
McKeever, Jim	CERT (Deep Creek)
First Sgt Beau Daniel	Law
Nelson, Wallace	Elected Official (Perq)
Nixon, Jonathan	EM/EMS/911
Palmer, Cordell	EM/LE
Perq SO Rep	Law
Ponte, Tom	EM
Sawyer, Terry	Transportation
Schaffer, Tony	Elected Official (Chowan)
Smith, Chris	NCEM
Smith, Lewis	Owner/Operator(Parkway Ag)
Solesbee, Julie	EM/Press
Spruill, Mary	Volunteer
Williams, Tonya	Hospital
Winslow, Jarvis	EM

2025 MEMORANDUM OF PARTICIPATION (MOP) FOR A FULL VALUATION OF THE OTHER POSTEMPLOYMENT BENEFITS (OPEB)

EMPLOYER NAME: _____

UNIT'S LGERS I.D. NUMBER(S) (for pension purposes – not LEO SSA): _____

MAILING ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

NAME OF REPORT RECEPIENT: □ Mr. □ Ms. (choose one) _____
_____

PHONE #: (____)_____ **TITLE:** _____

E-MAIL ADDRESS: _____

On behalf of the employer noted above, we have agreed to engage CavMac to perform a GASB 74 actuarial valuation of the employer's OPEB Plan. I understand that ***we will be billed directly by CavMac*** and a copy of the actuarial report will be e-mailed to the person listed above by CavMac. I understand the fee structure is as follows:

GASB No. 74/75 Valuations	
Base Fee	Base Fee
▪ Less than 20 total active and retired participants	$5,250
▪ 20-49 total active and retired participants	$6,825
▪ 50-99 total active and retired participants	$8,190
▪ 100 or more total active and retired participants	$8,925
	+ Plus +
Per Participant Fee	
▪ Less than 50 total active and retired participants	$5.00
▪ 50-99 total active and retired participants	$4.50
▪ 100-249 total active and retired participants	$3.25
▪ 250-499 total active and retired participants	$2.75
▪ 500 or more total active and retired participants	$2.50

Interested employers must return this 2025 Memorandum of Participation indicating their desire to participate along with all requested data as outlined on the following page. In order to complete the report in advance of your June 30, 2026 financial report, we need to receive **all requested information no later than December 1, 2025**.

If (1) your plan is not a single employer, defined benefit plan or (2) if your plan has discretely presented component units or (3) if your plan has a special funding situation, additional fees will apply. Please contact us for a fee quote.

Additional fees may also apply if information is not provided in the requested format and/or time is accrued answering auditor questions.

_____ Signed this _____ day of _____, 20___.
Authorized Signature

Should you have questions regarding the information requested in this letter, please contact the **OPEB Team** via email at (NCOPEB@CavMacConsulting.com) or via phone at (678) 388-1700.

INFORMATION COLLECTION CHECKLIST FOR OPEB REQUEST

EMPLOYER NAME: _____

UNIT'S RETIREMENT SYSTEM (LGERS) I.D. NUMBER(S): _____

The June 30, 2025 OPEB valuation will be the basis for June 30, 2026 financial disclosure.

Please provide a completed copy of this checklist to indicate the items being sent and the work being requested. This will help us verify receipt of all information and to be sure nothing was lost in transit. Check the boxes below to indicate which items are included in this submission. If multiple submissions are needed because some of the information is not immediately available, please provide an updated checklist with each submission.

Will you need additional information related to a split of the liabilities, OPEB expense? Additional fees will apply based on our hourly rates.

- ☐ Yes – Be sure to provide the fund for each member (active and retired) on the census data.
- ☐ No – No additional information is needed.

☐ Executed 2025 Memorandum of Participation (MOP)

Details regarding the required items listed below can be found in the "Memorandum and Explanation of Items Requested" document.

☐ (1a) Active Data as of June 30, 2025 (including SSN for each record or NCLGERS Person ID for each record) in an encrypted/protected Excel file. Note that the NCLGERS data file will be used to supplement the information you provide.

☐ (1b) Retiree Data as of June 30, 2025 (including SSN for each record or NCLGERS Person ID for each record) in an encrypted/protected Excel file

☐ (2a) A copy of the OPEB plan provisions related to the plan is included with the submission.

☐ (2b) I have reviewed the OPEB plan provisions in our prior GASB report. If an amendment to the OPEB plan has been adopted or the provisions detailed in the prior report are not accurate, there is a plan change for valuation purposes. Have the OPEB plan provisions changed since the prior valuation?

- □ **Yes –** Please provide the new plan provision information detailing the new OPEB plan benefit eligibility conditions and/or cost-sharing information.
- □ **No –** We will use the same OPEB plan provisions summarized in your last report.

☐ (3) Medical coverage summaries (co-pays, deductibles, etc.) for the most recent 2 years

☐ (4) Premium rates and the effective dates for the most recent 2 years for each benefit, coverage tier and group

☐ (5) Please refer to Item 5 in the "Memorandum and Explanation of Items Requested" document for an explanation of fully-insured and self-insured benefits. Check the appropriate boxes below for your plan.

For Pre-Medicare: □ Fully Insured □ Self-Insured

□ Other, please explain: _____

For Medicare: □ Fully Insured □ Self-Insured

□ Other, please explain: _____

INFORMATION COLLECTION CHECKLIST FOR OPEB REQUEST (CONTINUED)

☐ (6) Plans with self-insured benefits must provide claims experience, enrollment counts by coverage tier, administrative fees and other fixed fee information. We provided a template for your use in collecting the claims experience information as an attachment in the data request email. Email us at NCOPEB@CavMacConsulting.com if you need another copy. If the template is not fully completed, additional information may be requested and delays may occur. Also provide a copy of the most recent Administrative Service Only (ASO) funding rates for each plan option. An example of the ASO rates is included on the template. The ASO rates are usually provided by your administrator.

(7a) Were OPEB Claims and/or premiums paid for the measurement period July 1, 2024 - June 30, 2025?

□ **Yes** – Complete the template provided for this information. The template was provided as an attachment in the data request email. Email us at NCOPEB@CavMacConsulting.com if you need another copy. If the template is not fully completed, delays may occur.

□ **No** – Do not complete the Item 7 spreadsheet.

☐ (7b) The calculation of OPEB Expense includes the "Administrative Cost" for the year. The Administrative Cost reported for this item, if you choose to report any, should be those costs not associated with the direct payment of benefits and not paid from an OPEB trust. Administrative Costs may include professional fees (trust fees, audit fees, actuarial fees, etc.), associated with the administration of the OPEB plan. Note that expenses booked elsewhere or paid from an OPEB trust should not be included below (to avoid double counting of such expenses). What amount should be included in the OPEB expense?

$_____ (enter $0 or the amount we should use – – **if left blank, we will assume $0**)

☐ (7c) Do you have or plan to have OPEB assets?

- Does the Employer have assets in a qualified GASB OPEB funding vehicle (i.e., a Trust or Trust like arrangement for the sole purpose of providing OPEB benefits for retirees that cannot be used to pay active health care costs or any other benefits) as of June 30, 2025? □ **Yes** □ **No (choose one)**
- If there were no OPEB assets as of June 30, 2025, does the Employer plan to establish OPEB assets in a qualified GASB OPEB funding vehicle by June 30, 2026? □ **Yes** □ **No** □ **N/A (choose one)**

☐ (8a) Provide a copy of the most recent actuarial report for the OPEB plan if it was not prepared by CavMac.

☐ (8b) Provide most recent Audited Financial Report (or ACFR) providing OPEB disclosure information

Our fiscal year end is _____ (i.e., 6/30)

☐ (8c) Provide the name, phone number and email address of the person to contact should any questions arise regarding the data submitted.

Name: _____ Phone: _____(_____)_____

E-mail: _____

PERQUIMANS COUNTY
BOARD OF COMMISSIONERS

P.O. BOX 45
HERTFORD, NORTH CAROLINA 27944
TELEPHONE: 1-252-426-7550

REBECCA T. CORPREW
CLERK TO BOARD

W. FRANK HEATH, III
COUNTY MANAGER

WALLACE E. NELSON
CHAIRMAN

CHARLES WOODARD
VICE CHAIRMAN

TIMOTHY J. CORPREW

JOSEPH W. HOFFLER

KATHRYN M. TREIBER

JAMES W. WARD

W. HACKNEY HIGH, JR.
COUNTY ATTORNEY

Family Caregiver Month 2025
A PROCLAMATION

WHEREAS, November is Family Caregivers Month, a time for us to recognize and honor Perquimans County Family Caregivers for their unpaid care to family members and friends and their immense influence on the safety and wellbeing of our residents; and

WHEREAS, Perquimans County caregivers remain diverse in their circumstances and characteristics but share a common goal of keeping their family members or friends in their community of choice; and

WHEREAS, the North Carolina Division of Aging, The North Carolina Area Agencies on Aging, local providers, and many other organizations are committed to increasing awareness and meeting caregivers' needs; and

WHEREAS, helping North Carolina's family caregivers' access and use support and acknowledge that respite services can protect a family caregiver's health, strengthen family relationships, and enable a care recipient to remain at home, and

WHEREAS, Perquimans County encourages people to recognize and support family, friends, and neighbors who help those who are aging or have disabilities because doing so is the right thing to do and an essential investment in a better future for North Carolina's residents;

NOW, THEREFORE, The Board of Commissioners of Perquimans County do hereby proclaim November 2025 as Family Caregivers Month.

Dated on this 3rd day of November 2025.

Perquimans County Board of Commissioners

(SEAL)

Attest:

Wallace E. Nelson, Chairman

Rebecca T. Corprew, Clerk to the Board

PERQUIMANS COUNTY
BOARD OF COMMISSIONERS

P.O. BOX 45
HERTFORD, NORTH CAROLINA 27944
TELEPHONE: 1-252-426-7550

RESOLUTION AUTHORIZING SALE OF CERTAIN SURPLUS COUNTY PROPERTY

WHEREAS, the Perquimans County Board of Commissioners desires to dispose of certain surplus property of the County:

NOW, THEREFORE, BE IT RESOLVED by the Perquimans County Board of Commissioners that:

1. The following described vehicles are hereby declared to be surplus to the needs of the County:

Model Year	Make	Model	VIN	Department
2005	Chevrolet	TrailBlazer	1GNDT13S652284524	Emergency Services

2. The County Manager is hereby authorized and directed to proceed on behalf of the Perquimans County Board of Commissioners to sell these vehicles on GovDeals.

3. The County reserves the right to reject any or all bids and decide not to sell the vehicles at any time during this process.

4. The County Manager, in accordance with State law, shall cause a summary of this resolution to be posted on bulletin board at Courthouse and place it on the County's website and Facebook page. After not less than ten (10) days from the date of publication, the County Manager is authorized to sell the above-described property to the highest bidder.

Adopted this the 3rd day of November, 2025.

Wallace E. Nelson, Chairman
Perquimans County Board of Commissioners

ATTEST:

SEAL

Rebecca T. Corprew, Clerk to the Board

Vehicle Inspection Form

Inventory ID: | Asset Number: | Fair Market Value:

Short Description:

Year 2005 Make Chevrolet Model Trail Blazer

VIN: 1GNDT13S652284524

Title Restriction: ☐ Y ☒ N

Odometer: 169331 ☒ Miles ☐ Kilometers Odometer Accurate ☒ Y ☐ N:

Long Description:

This Vehicle: ☒ Starts ☐ Starts with a Boost & ☒ Runs/Driveable ☒ Engine Runs ☐ Does Not Run ☐ For Parts Only

Engine- Type: 8 V ☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed:

This vehicle was maintained every 5000 ☐ Days ☐ Hours ☒ Miles

Date Removed From Service: 04/07/25 Maintenance Records: ☐ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic ☐ Manual ___ Speed Condition: ☐ Operable ☐ Needs repair ☒ Is Unknown Condition

Repairs Needed:

Drivetrain: ☐ 2 Wheel Drive ☐ 4 Wheel Drive Condition:

Exterior: Color: White Windows: ☒ No Cracked Glass ☐ Cracked

Minor: ☐ Dents ☐ Scratches ☐ Dings Tire Condition: Tread: #Flat: Hubcaps #:

Major Damage to:

Additional Damage:

Decals: ☐ None ☐ Have Been Sprayed or ☐ Have been Removed & ☐ Impressions Remain ☐ No Impressions

Emergency equip: ☐ None ☒ Has been removed & ☐ There are holes in the exterior ☒ There are no holes

Interior: Color: Gray ☒ Cloth ☐ Vinyl ☐ Leather

Damage to Seats:

Damage to Dash/Floor:

Radio: ☐ Stock or ☐ Brand & Model: ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☒ AM/FM CD

☒ AC (Condition: ☒ Cold ☐ Unknown) ☐ No AC Air Bags: ☐ Driver's Side ☒ Dual

☒ Cruise Control ☒ Tilt Steering ☒ Remote Mirrors ☒ Climate Control

Power: ☒ Steering ☒ Windows ☒ Door Locks ☐ Seats

Additional Equipment: Must remove agency Marking

Manufacturer: Model: Serial #:

☐ Tool Box ☐ Light Bar ☐ Ladder Rack ☐ Utility Body Brand: ☐ Hitch Type:

Location of Asset: 154 Creek Drive Hertford NC 27944

For more information contact: Jerrell Nixon Director of Emergency Services

Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.