

A G E N D A
Perquimans County Board of Commissioners
SPECIAL CALLED MEETING / REGULAR WORK SESSION
Meeting Room – Perquimans County Library
January 20, 2026
7:00 p.m.

- | | | |
|-----------------------------------|-------|---|
| | I. | Call to Order |
| | II. | Prayer & Pledge |
| Action
Required | III. | Approval of Agenda |
| Possible
Action Taken
Later | IV. | Special Called Meeting |
| Action
Required | | { The purpose of the Special Called Meeting is to discuss personnel matters, surplus equipment, contracts, bank signature cards, receive updates from County Manager Shoaf and to hold a Closed Session pursuant to §143-318.11. (6) to discuss personnel matters. |
| | V. | New Business |
| | | A. Personnel Matters |
| | | B. Surplus Equipment |
| | | C. Contract for Custodial Services |
| | | D. Social Services – Bank Signature Card Changes |
| | | E. Updates from County Manager |
| | VI. | Closed Session: Per NCGS #143-318-11(6) - The purpose of the Closed Session is to discuss a personnel matter.
<i>(After the Closed Session, the Board is subject to return to Open Session and may take action as needed on any items discussed during the closed session.)</i> |
| Action
Required | VII. | Adjournment of Special Called Meeting |
| | VIII. | Work Session (Cancelled) |
| | IX. | Adjournment |

**NOTES FROM THE COUNTY MANAGER
SPECIAL CALLED MEETING
January 20, 2026
7:00 p.m.**

IV. New Business

A. Personnel Matters

Dept	Employee Name	Employee Status	Employee Job Title	Grade/Step	New Salary	Effective Date
EMS	Dustin VanHorne	Reclassification from PT to FT	Full Time Paramedic I	68/5	\$24.49/hr.	02/01/2026
911	Camry Harris	*Correction to Previous Mo. Agenda	Telecommunicator I	64/3	\$19.56/hr.	01/01/2026

- B. Surplus Equipment: Emergency Services is requesting approval to list a surplus vehicle (VIN 3613) on GovDeals.
- C. Custodial Service Contract: County Manager Shoaf is requesting approval of a custodial service contract for Department of Social Services. The contract is with Rebecca Corprew. Mrs. Corprew has been cleaning DSS since the previous contract was terminated in February 2025.
- D. Department of Social Services – Bank Signature Card: DSS is requesting permission from the Board to add Jennie Blowe, Administrative Officer to the PNC Signature Card for the DSS Checking Accounts.

VI. § 143-318.11. Closed sessions.

(a) Permitted Purposes. - It is the policy of this State that closed sessions shall be held only when required to permit a public body to act in the public interest as permitted in this section. A public body may hold a closed session and exclude the public only when a closed session is required:

- (6) To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee; or to hear or investigate a complaint, charge, or grievance by or against an individual public officer or employee. General personnel policy issues may not be considered in a closed session. A public body may not consider the qualifications, competence, performance, character, fitness, appointment, or removal of a member of the public body or another body and may not consider or fill a vacancy among its own membership except in an open meeting. Final action making an appointment or discharge or removal by a public body having final authority for the appointment or discharge or removal shall be taken in an open meeting.

- (b) Repealed by Session Laws 1991, c. 694, s. 4.

(c) Calling a Closed Session. - A public body may hold a closed session only upon a motion duly made and adopted at an open meeting. Every motion to close a meeting shall cite one or more of the permissible purposes listed in subsection (a) of this section. A motion based on subdivision (a)(1) of this section shall also state the name or citation of the law that renders the information to be discussed privileged or confidential. A motion based on subdivision (a)(3) of this section shall identify the parties in each existing lawsuit concerning which the public body expects to receive advice during the closed session.

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Dustin VanHorne

SOC. SEC. NO.: _____

POSITION: Full-Time Paramedic IDEPT.: EMS☒ NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026GRADE: 68 STEP: 5 SALARY: \$24.49 HourlyENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

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☐ _____ 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.

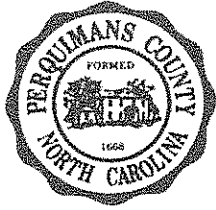
DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

DATE: 01/06/2026DATE: 1-6-26

FINANCE OFFICER

DATE: _____



REBECCA T. CORPREW
CLERK TO BOARD

BRANDON S. SHOAF
COUNTY MANAGER

PERQUIMANS COUNTY BOARD OF COMMISSIONERS

P.O. BOX 45
HERTFORD, NORTH CAROLINA 27944
TELEPHONE: 1-252-426-8484

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

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 vehicles described are hereby declared to be surplus to the needs of the County:

<u>Model Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN</u>	<u>Department</u>
2021	Ford	E-450	1FDXE45F11HB33613	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 20th day of January 20, 2026.

Wallace E. Nelson, Chairman
Perquimans County Board of Commissioners

ATTEST:

Rebecca T. Corprew, Clerk to the Board

SEAL

GovDeals Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>2021</u> Make <u>Ford</u> Model <u>E-450</u>		
VIN: 1 F D X E 4 5 F 1 1 H B 3 3 6 1 3 Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Odometer: 1 7 7 6 2 7 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N:		
Long Description: This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>7.3L, V</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Brake issue</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____		
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes		
Interior: Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Driver side armrest</u> Damage to Dash/Floor: _____ Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats		
Additional Equipment: <u>* Buyer must remove decals prior to leaving press</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____		
Location of Asset: <u>159 Creek Dr - Polz Emergency Services</u> For more information contact: <u>Jonathan Nixon</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.		

(1/9/26)

To submit for approval @
next mtg.

JANITORIAL SERVICES AGREEMENT
PERQUIMANS COUNTY DEPARTMENT OF SOCIAL SERVICES

THIS AGREEMENT executed this 8th Day of January, 2026, between PERQUIMANS COUNTY, NC, Post Office Box 45, Hertford, NC 27944, hereinafter referred to as OWNER and Rebecca T. Corprew, 111 Yeopim Drive, Hertford, NC 27944, hereinafter referred to as CONTRACTOR, in consideration of the mutual covenants and conditions contained herein, OWNER and CONTRACTOR contract and agree as follows:

1. SCOPE OF WORK: CONTRACTOR shall provide services as outlined in the attached Exhibit "A". These services encompass all janitorial needs for the Perquimans County Department of Social Services, located at 103 Charles Street, Hertford, NC.
2. COMPENSATION: The OWNER agrees to pay the CONTRACTOR a total of \$1250.00 per month. The OWNER agrees to pay the CONTRACTOR monthly. This monthly charge is based on the CONTRACTOR providing all supervision, labor, cleaning equipment and cleaning chemicals and no consumables (the following is supplied by the OWNER: toilet tissue, paper towels for restroom use and general use, trash can liners, urinal screens, gloves, and hand soap) as required to satisfactorily perform the janitorial services described in the stated cleaning specifications. The contractor will provide cleaning services each day, Monday through Friday excluding State holidays.
3. RISK: All work performed by CONTRACTOR under this agreement shall be performed entirely at the CONTRACTOR's risk. CONTRACTOR shall indemnify OWNER for any and all liability, loss, claim, or demand arising out of or resulting from the CONTRACTOR's performance under this agreement.
4. INDEPENDENT CONTRACTOR: The OWNER and CONTRACTOR intend that an Independent Contractor relationship is created by this agreement. CONTRACTOR shall not be considered an agent or employee of the OWNER, for any purpose, and the OWNER shall not be liable to carry unemployment compensation insurance of worker's compensation insurance on the CONTRACTOR or his employees. The CONTRACTOR will obtain a workers compensation and personal liability policy for themselves in coordination with requirements determined by the Perquimans County Manager. The OWNER shall not withhold any taxes or Social Security from compensation paid to the CONTRACTOR. The OWNER shall not use the CONTRACTOR exclusively and the CONTRACTOR shall be free to contract with other persons for similar or other services while under contract with the OWNER.
5. TERM: This agreement shall continue for a period of one year and may be automatically renewed in successive one-year periods. However, this agreement may be terminated by either party by giving 30 days written notice to the other party. In the event the OWNER becomes dissatisfied with the work of the CONTRACTOR, ten (10) days written notice of the deficiencies shall be given to the CONTRACTOR. If not correct after the ten (10) day notice, the OWNER may terminate this agreement at any time thereafter.

Being duly executed this 8th day of January, 2026.

Perquimans County Manager, Brandon S. Shoaf
OWNER

Rebecca T. Corprew
CONTRACTOR

Brandon S. Shoaf

Rebecca T. Corprew



Signature card

From Angela Jordan <ajordan@perqdss.net>
Date Thu 1/8/2026 11:47 AM
To Rebecca Corprew <rebeccacorprew@perquimanscountync.gov>

Good Morning Rebecca,

Please submit a request to the Board of Commissioners to have Jennie Minton Blowe approved to be added to the signature card, giving her the ability to sign checks for the DSS accounts. If this could be presented at the next meeting, that would be great.

With kindest regards,

Angela Jordan, BSW
Director
Perquimans County Department of Social Services
103 Charles Street/PO Box 107 Hertford, NC 27944
(252) 426-7373 Ext. 128 (Office)
(252) 426-1240 (Fax)
ajordan@perqdss.net

You must never be fearful about what you are doing when it is right.
- Rosa Parks

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