



Scott County Board of Supervisors
February 8, 2023 – 8:30 a.m.
AGENDA

190 Beech Street Suite 201 Gate City, VA 24251



<i>No.</i>	<i>Item of Business/Action Requested</i>	<i>Action Taken by Board</i>																								
1.	Call To Order – County Administrator Danny P. Mann																									
2.	Invocation and Pledge of Allegiance by Darrel W. Jeter																									
3.	Roll Call of Members	<input type="checkbox"/> Mr. Jeter, District 1 <input type="checkbox"/> Mr. Tipton, District 2 <input type="checkbox"/> Mr. Herron, District 3 <input type="checkbox"/> Mr. Brickey, District 4 <input type="checkbox"/> Mr. Mann, District 5 <input type="checkbox"/> Ms. Hood, District 6 <input type="checkbox"/> Ms. Addington, At Large																								
4.	Approve Agenda	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">A Y E</td> <td></td> <td align="center">N A Y</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	A Y E		N A Y	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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6.	Citizen Expression Period:																												
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<p>13.</p>	<p>Tina Seay - Appointments</p> <p>Crooked Road</p> <p>Southwest Regional Recreation Authority</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table> <p>Motion: _____ Second _____</p> <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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<p>14.</p>	<p>County Attorney Items</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>																								
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<p>15.</p>	<p>County Administrator Items</p> <p>Claims</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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<p>Miscellaneous</p> <p>1. SMART Scale Projects</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>	
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<p>16.</p>	<p>Reports:</p> <p>John Kilgore – Economic Development Authority</p> <p>Derrick France – Recreation</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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<p>17.</p>	<p>Comments, Requests, Recommendations from Board of Supervisors:</p> <p>Mr. Jeter – Mr. Tipton – Mr. Herron – Mr. Brickey – Mr. Mann – Ms. Hood – Ms. Addington –</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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<p>18a.</p>	<p>Enter Closed Session Pursuant to Virginia Code Section 2.2-3711A</p> <p>1-Personnel 3-Real Estate 5-Prospective Industry 6-Competitive Investments 7-Legal Counsel</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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<p>18b.</p>	<p>Return to Open Session</p>	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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18c.	Certify Closed Session	Motion: _____ Second _____ <table border="0"> <tr> <td>AYE</td> <td></td> <td>NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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19.	Take Any Necessary Action from Closed Session	Motion: _____ Second _____ <table border="0"> <tr> <td>AYE</td> <td></td> <td>NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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20.	Adjourn meeting until March 1, 2023 at 8:30 a.m.	Motion: _____ Second _____ <table border="0"> <tr> <td>AYE</td> <td></td> <td>NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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