

# PAYROLL COMPARISON – 2020

**Proposer Name: Julie Macuich**

Evaluator Printed Name: Tiffany Crawford

## PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	15-B	15-C				
Highest Rate	\$ 13	\$ 11				
Lowest Rate	\$ 9	\$ 9				
Number of Hours Recommended	147	134				
Number of Hours Proposed	150	134				
Total Monthly Wages	\$ 5,036	\$ 2,576				

Comments:

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# PERSONAL EVALUATION (2020)

Julie Macuich  
15-B / 20136  
Columbiana County, Lisbon  
7556 State Route 45

Evaluation Team Number: 2

Location(s) Proposed: (#1) 15-B 15-C \_\_\_\_\_

Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  \_\_\_\_\_

**Verify** Proposer's Full Name: (#2) Julie Ann Macuich

Proposer's County of Residence (NPC Operation): (#4) \_\_\_\_\_

**Verify** Proposer's Driver's License Number: (#6) \_\_\_\_\_

Proposing as Minority: (#9) Yes \_\_\_\_\_ No

Proposing as: (#10) Individual  Clerk of Courts \_\_\_\_\_ Co. Auditor \_\_\_\_\_ Nonprofit Corp. \_\_\_\_\_

## SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>100</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>
<b>TOTAL POINTS</b>	<b>(Max. 258 Points):</b>	<u>258</u>

Comments: \_\_\_\_\_

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<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1) <u>Tiffany Crawford</u>	<u>Tiffany Crawford</u>	<u>3/9/2020</u>
(2) _____	_____	_____

**PERSONAL EVALUATION**

**OK | NO**

1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	(5)	*
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	(0)	0
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	(5)	*
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	(5)	*
5. Proposer is not a State of Ohio employee or will resign? (#19)	(5)	*
6. Proposer is not an active insurance agent or is nonprofit? (#20)	(5)	*
7. Proposer states no criminal conviction within the last 10 years? (#21)	(5)	*
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	(5)	*
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	(5)	*
10. Proposer can meet bond requirements? (#24 and acceptable proof)	(5)	*
11. Acceptable educational information OR nonprofit corporation? (#25)	(5)	0
12. Proposer has computer training or experience? (#26)	(5)	0

**PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 55**

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

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# BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone ( ) \_\_\_\_\_

Company: Lisbon License Bureau

Relationship: \_\_\_\_\_

Verified experience as: Deputy Registrar Agency Owner (50)  Other Business Owner (34) \_\_\_\_\_

Manager or Supervisor (25) \_\_\_\_\_ Deputy Registrar Employee (23) \_\_\_\_\_ Other Employee (20) \_\_\_\_\_

Hours per week: 38

From (date): 7/2012 To (date): 6/2020 Length: 8 yrs

Verified Hours 38 = Factor 1 x Years 8 x Points 50 = 400

Person called: \_\_\_\_\_ at telephone ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

Verified experience as: Deputy Registrar Agency Owner (50) \_\_\_\_\_ Other Business Owner (34) \_\_\_\_\_

Manager or Supervisor (25) \_\_\_\_\_ Deputy Registrar Employee (23) \_\_\_\_\_ Other Employee (20) \_\_\_\_\_

Hours per week: \_\_\_\_\_

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_ Length: \_\_\_\_\_

Verified Hours \_\_\_\_\_ = Factor \_\_\_\_\_ x Years \_\_\_\_\_ x Points \_\_\_\_\_ = \_\_\_\_\_

Person called: \_\_\_\_\_ at telephone ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

Verified experience as: Deputy Registrar Agency Owner (50) \_\_\_\_\_ Other Business Owner (34) \_\_\_\_\_

Manager or Supervisor (25) \_\_\_\_\_ Deputy Registrar Employee (23) \_\_\_\_\_ Other Employee (20) \_\_\_\_\_

Hours per week: \_\_\_\_\_

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_ Length: \_\_\_\_\_

Verified Hours \_\_\_\_\_ = Factor \_\_\_\_\_ x Years \_\_\_\_\_ x Points \_\_\_\_\_ = \_\_\_\_\_

## BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

### 13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.	Lisbon License Bureau	# NA = 1.0 x 8 x 50 =	400	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
<b>Subtotal of 13-A, 13-B &amp; 13-C =</b>			<b>400</b>	

### 14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 34 =		
B.		# = x x 34 =		
C.		# = x x 34 =		
<b>Subtotal of 14-A, 14-B &amp; 14-C =</b>				

### 15. SUPERVISORY / MANAGEMENT (ANY BUSINESS – INCLUDING DR) Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 25 =		
B.		# = x x 25 =		
C.		# = x x 25 =		
<b>Subtotal of 15-A, 15-B &amp; 15-C =</b>				

**Total DR, Ownership and/or Management #13-15 (Max. 100 Points) = 100**

### 16. DEPUTY REGISTRAR EMPLOYMENT (NON-MANAGEMENT) Experience, Form 3.2

ITEM	AGENCY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 23 =		
B.		# = x x 23 =		
C.		# = x x 23 =		
D.		# = x x 23 =		
<b>Subtotal of 16-A, 16-B, 16-C &amp; 16-D =</b>				

**Total DR Employment Experience #16 (Max. 90 Points) =**

### 17. OTHER EMPLOYMENT Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 20 =		
B.		# = x x 20 =		
C.		# = x x 20 =		
D.		# = x x 20 =		
<b>Subtotal of Lines 17-A, 17-B, 17-C &amp; 17-D =</b>				

**Total Other Employment Experience #17 (Max. 80 Points) =**

**ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = 100**

## PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	(2)	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	(5)	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	(5)	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	(5)	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	(1)	0
B. Equal Employment Opportunity?	(1)	0
C. Employee training by the deputy registrar?	(1)	0
D. Participation in BMV provided training?	(1)	0
E. Evaluation of employee performance?	(1)	0
F. Grounds for discipline or dismissal/termination (list)?	(1)	0
G. Progressive disciplinary steps?	(1)	0
H. Dress code with list of acceptable attire?	(1)	0
I. Dress code with list of unacceptable attire?	(1)	0
J. A policy for maintaining the professional appearance of all staff at all times?	(1)	0
K. Fringe benefits (beyond those required by law or contract)?	(1)	0

**PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points)** 28

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

## PERSONAL EVALUATION

OK | NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:		
A. An electronic alarm system? (Mandatory)	①	*
B. Alarm system monitored 24 hours, off-site? (Mandatory)	①	*
C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)	①	*
D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)	①	*
E. Motion detectors connected to alarm system? (Mandatory)	①	*
F. Alarm monitored contacts on all exterior doors? (Mandatory)	①	*
G. Alarm monitored contacts on all exterior windows? (Mandatory)	①	*
H. Video recording camera surveillance system? (Mandatory)	①	*
I. Safe or secured locking cabinet? (Mandatory)	①	*
J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)	①	*
K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)	①	*
L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)	①	*
M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?	①	*
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO	OK	NO

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
A. Indoor/Outdoor maintenance and cleaning?	①	0
B. Prompt snow and ice removal?	①	0
C. Carpet and/or floor cleaning (if appropriate)?	①	0
D. Repainting?	①	0

**PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points)** 17

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

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**PERSONAL EVALUATION**

**OK | NO**

24. Form 3.9 – Involved and Invested in Your Business		
1. How do you plan to manage, be responsible, and be accountable for this business at all times?	(1)	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	(1)	0
3. What measures will you put in place to detect, deter, and prevent fraud?	(1)	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	(1)	0
5. How will you demonstrate good leadership to your employees?	(1)	0
6. How will you maintain a high level of professionalism each day in this business?	(1)	0
7. How do you intend to recruit and retain high quality employees?	(1)	0
8. How will you provide a safe, clean, and friendly place to do business?	(1)	0
9. How would you deal with an irate customer?	(1)	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	(1)	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	(1)	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	(1)	0
25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation		
A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	(3)	*
B. Is it the affidavit duly signed and notarized?	(2)	*
26. Local Law Enforcement Report / Articles of Incorporation (AOI)		
A. No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	(2)	0
27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation		
No disqualifying convictions for individual / AOI for nonprofit corporation?	(5)	*

**PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)**

27



**PERSONAL EVALUATION**

**OK | NO**

28. Credit Report (issued in 2020) / Certificate of Good Standing for Nonprofit Corporation Credit Reports are not required for County Auditors and County Clerks of Courts		
A. Credit report submitted contains credit score?	②	0
B. No tax liens (state or federal)?	③	0
C. No judgments for the past 36 months?*	③	0
D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	②	0
E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	②	0
F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	①	0
* Exclude minor medical judgments and disputed items with good cause explanation.		
29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)		②   0

**PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points)**

15

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

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### 3.0 PERSONAL CHECKLIST

Julie Ann Macuich

Proposer's Full Legal Name \_\_\_\_\_

Proposer Number (BMV use only) \_\_\_\_\_

**INSTRUCTIONS:** You must submit one original and one copy of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original and one copy of these forms are required. Please place these forms in a separate envelope marked "Personal Documents."

INDIVIDUAL		✓	BMV	COUNTY AUDITOR OR CLERK OF COURTS		✓	BMV	NONPROFIT CORPORATION		✓	BMV
Form 3.0 Personal Checklist (this form)	✓		1	Form 3.0 Personal Checklist (this form)				Form 3.0 Personal Checklist (this form)			
Form 3.1 Personal Questionnaire	✓		1	Form 3.1 Personal Questionnaire				Form 3.1 Personal Questionnaire			
Form 3.2 Business and Employment Experience	✓		1	Forms 3.2 Business and Employment Experience				Forms 3.2 Business and Employment Experience			
Form 3.3 Customer Service Experience	✓		1	Form 3.3 Customer Service Experience				Form 3.3 Customer Service Experience			
Form 3.4 Start-Up Cost Funds on Deposit	✓		1	N/A	X		1	Form 3.4 Start-Up Cost Funds on Deposit			
Form 3.5 Political Contributions Report	✓		1	N/A	X		1	Form 3.5 Political Contributions Report Nonprofit Corporation			
N/A	X		1	N/A	X		1	Form 3.5 Political Contributions Report Chief Executive Officer			
Form 3.6 Comprehensive Personnel Policy Agreement	✓		1	Form 3.6 Comprehensive Personnel Policy Agreement				Form 3.6 Comprehensive Personnel Policy Agreement			
Form 3.7 Security Plan Agreement	✓		1	Form 3.7 Security Plan Agreement				Form 3.7 Security Plan Agreement			
Form 3.8 Facility Maintenance Plan Agreement	✓		1	Form 3.8 Facility Maintenance Plan Agreement				Form 3.8 Facility Maintenance Plan Agreement			
Form 3.9 Involved and Invested in Your Business	✓		1	Form 3.9 Involved and Invested in Your Business				Form 3.9 Involved and Invested in Your Business			
Form 3.10(A) Affidavit of Individual	✓		1	Form 3.10(B) Affidavit of Auditor or Clerk of Courts				Form 3.10(C) Affidavit of Nonprofit Corporation			
2020 Credit Report	✓		1	N/A	X		1	2020 Certificate of Good Standing			
2020 Local Law Enforcement Report	✓		1	2020 Local Law Enforcement Report				Articles of Incorporation			
2020 WebCheck Receipt	✓		1	2020 WebCheck Receipt				N/A	X		1
Pre-approval Statement for \$25,000 Bond	✓		1	Current Bond with BMV added as Additional Insured				Pre-approval Statement for \$25,000 Bond			
<b>INDIVIDUAL</b>			<b>16</b>	<b>COUNTY AUDITOR OR CLERK OF COURTS</b>				<b>NONPROFIT CORPORATION</b>			

### 3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations). Check the box underneath if proposing the location as a second site in addition to a current agency:

15B

15C

_____	_____	_____	_____	_____	_____
_____	<input checked="" type="checkbox"/>	_____	_____	_____	_____

Julie Ann Macuich

2. Full legal name of proposer \_\_\_\_\_
3. Proposer's street address \_\_\_\_\_  
City \_\_\_\_\_ State OH \_\_\_\_\_ Zip code 44423
4. County of residence (nonprofit corporation county of operation) \_\_\_\_\_
5. Daytime telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Home telephone ( \_\_\_\_\_ ) \_\_\_\_\_
6. Proposer's driver's license number (nonprofit corporation N/A) \_\_\_\_\_  
Gary Lee Macuich
7. Spouse's name (nonprofit corporation N/A) \_\_\_\_\_
8. Spouse's home street address (nonprofit corporation N/A) \_\_\_\_\_  
City \_\_\_\_\_ State OH \_\_\_\_\_ Zip code 44423
9. Are you proposing as the owner of a minority business enterprise (MBE)? No  Yes \_\_\_\_\_
10. Proposer is (check one and follow instructions):

**An individual person.** These forms are designed to be self-explanatory for Proposers proposing as individual persons. Answer all questions as they apply to you personally. If a question does not apply to you, enter "N/A" or "Not applicable";

\_\_\_\_\_ **The Clerk of Courts of** \_\_\_\_\_ **County;**

\_\_\_\_\_ **The County Auditor of** \_\_\_\_\_ **County.** Answer all questions as they apply to you and your position as Clerk of Courts or County Auditor. If a question does not apply to you or your position, enter "N/A" or "Not applicable";

\_\_\_\_\_ **A nonprofit corporation (NPC).** An officer or an authorized agent should answer all questions and sign all documents on behalf of the NPC. The answers must refer to the NPC itself and not to the individual officers, agents, or employees of the NPC, unless otherwise specified. Many questions are not applicable to nonprofit corporations. To assist your responses, we have marked those questions "NPC N/A" meaning we believe the marked question is not applicable to most nonprofit corporations. Please answer all other questions unless clearly inapplicable.

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)

Yes \_\_\_\_\_ No

B. If YES, in what elective office are you serving? \_\_\_\_\_

C. If YES, date that you plan to leave this office? \_\_\_\_\_

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)

Yes \_\_\_\_\_ No

B. If YES, what office? \_\_\_\_\_

13. A. Are you currently a deputy registrar?

Yes  No \_\_\_\_\_

B. If YES, on what date does your contract expire? June 27, 2020

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?

No  Yes \_\_\_\_\_

14. A. Is your spouse currently a deputy registrar? (NPC N/A)

Yes \_\_\_\_\_ No

B. If YES, on what date does your spouse's contract expire? \_\_\_\_\_

For the following three questions, **extended family** includes your spouse, parent, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law:

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)

Yes \_\_\_\_\_ No

B. If YES, list their name, relationship to you, whether you share the same household, and date their contract expires here:

Name	Relationship	Same Household		Contract Expires
		Yes	No	
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____

16. A. To the best of your knowledge, will any member of your extended family submit a proposal in response to this RFP? (NPC N/A)

Yes \_\_\_\_\_ No

B. If YES, list their name, relationship to you, and whether you share the same household:

Name	Relationship	Same Household	
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (NPC N/A)

Yes \_\_\_\_\_ No

B. If YES, list their name, relationship to you, and the date they became so employed:

Name	Relationship	Employment Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.)

No \_\_\_\_\_ Yes

B. If "NO," are you applying as a Clerk of Courts or County Auditor? No \_\_\_\_\_ Yes \_\_\_\_\_

19. A. Are you an employee of the State of Ohio? (NPC N/A)

Yes \_\_\_\_\_ No

B. If "YES," will you resign, if appointed? No \_\_\_\_\_ Yes \_\_\_\_\_

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A)

Yes \_\_\_\_\_ No

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

Yes \_\_\_\_\_ No

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

Yes \_\_\_\_\_ No

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

No \_\_\_\_\_ Yes

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

No \_\_\_\_\_ Yes

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma?

No \_\_\_\_\_ Yes

Leetonia High School

High school name \_\_\_\_\_

Leetonia

OH

44431

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

College name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Major \_\_\_\_\_

Degree awarded \_\_\_\_\_

College name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Major \_\_\_\_\_

Degree awarded \_\_\_\_\_

26. Computer experience. Does Proposer have any training or experience working with or using computers? (Incumbent deputy registrars may take credit for operating BMV computers. For nonprofit corporations, this question should be answered for computer systems operated or used in the nonprofit corporation's activities.)

No \_\_\_\_\_ Yes

If "YES" please explain all computer experience in detail.

Accounting with quickbooks, including payroll and tax preparation.

Word processing for both home and office use.

Email for both home and office.

Trained in BASS for current agency.

Trained by ODNR for Watercraft.

27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.

A. Name Wayne Strong Daytime telephone number [REDACTED]  
City [REDACTED] State OH Zip 44432

List any special instructions for contacting this person during business hours:

B. Name Jennifer Butler Daytime telephone number [REDACTED]  
City [REDACTED] State OH Zip 44481

List any special instructions for contacting this person during business hours:

will be at work. leave message & will call at break.

C. Name Sara Washington Daytime telephone number [REDACTED]  
City [REDACTED] State OH Zip 44432

List any special instructions for contacting this person during business hours:

will be at work. leave message & will call back at break.

**FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE  
FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE  
FORM 3.2(C) EMPLOYEE EXPERIENCE**

**Instructions**

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience. Be sure to include as much detailed experience possible within the submitted professional resume.

**Nonprofit corporations** must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fundraising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

**Form 3.2(A) Business Ownership Experience.** Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

**Form 3.2(B) Management and/or Supervisory Experience.** Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

**Form 3.2(C) Employee Experience.** Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.



## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business owned. *Please make additional copies of this form as necessary.*

Proposer's name Julie Ann Macuich Company name Lisbon License Bureau  
 Company address 7556 St Rt 45 City Lisbon  
 State OH Zip 44432 Telephone ( 330 ) 424-5155  
 Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Company's products and/or services Issuing OH drivers license, vehicle plates and registrations, notary service, voter registrations, process reinstatement, watercraft with ODNR

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): sole proprietor

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 38
3. Dates you operated this business: From: month 7 year 12 To: month 6 year 20
4. Is/was this business profitable? No        Yes ✓
5. Is/was this business your primary source of income and support? No ✓ Yes
6. Do/did you directly hire, evaluate, train, and discipline employees? No        Yes ✓
7. Do/did you directly manage employees on a daily basis? No        Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 7
8. Have you ever developed a comprehensive business plan? No        Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
Robin Campbell	[REDACTED]	OH	44505	[REDACTED]
Denise Fusco	[REDACTED]	OH	44505	[REDACTED]
Sara Washington	[REDACTED]	OH	44432	[REDACTED]

### 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

Proposer's name Julie Ann Macuich Company name Boardman License Bureau  
 Company address 229 Boardman Canfield Rd City Boardman  
 State OH Zip 44512 Telephone ( 330 ) 758-1988  
 Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Management/supervisory duties checking emails, entering deposits, running reports, accepting and counting inventory, reviewing and signing 5745

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 36
2. Dates this position was held: From: month 7 year 2001 To: month 12 year 2012
3. Do/did you directly hire, evaluate, train, and discipline employees? No  Yes
4. Do/did you directly manage/supervise employees on a daily basis? No  Yes   
 If you answered yes to question number 4, how many employees do/did you manage? 8
5. Have you ever developed a comprehensive business plan? No  Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
Robin Campbell		OH	44505	
Denise Fusco		OH	44511	
Jennifer Butler		OH	44481	

### 3.2(C) EMPLOYEE EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Julie Ann Macuich Company name State Farm  
 Company address E Pidgeon Rd City Salem  
 State OH Zip 44460 Telephone ( ) Closed  
 Type of business (deputy registrar, retail grocery, etc.) Secretary for insurance agency

EMPLOYEE - Job title: Secretary  
 Hours worked weekly 40 Job duties answering phones, taking payments and messages and filing

Dates of this employment: From: month 7 year 1999 To: month 7 year 2003

Describe how and to what extent **you provided high quality customer service** at this position:  
Answering phones quickly and pleasantly. Giving out phone numbers for claim service. Making sure each customer knew they were important to us.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
Sheri Miller		OH	44460	
				( )
				( )

### 3.3 CUSTOMER SERVICE EXPERIENCE

**Instructions.** Please give us a list of ideas you have to improve customer service at your deputy registrar agency. You will only receive full credit if you demonstrate sufficient customer service awareness.

- A. This is a list of ideas I have to improve customer service at my deputy registrar agency if I am awarded a contract (Please be specific) and/or this is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

I make sure all my employees are knowledgeable of BMV rules and regulations. I want the customer to have all the necessary information so they can make as few visits as possible. We make sure we are fast, courteous and friendly to all our customers and thank every customer that comes into our agency.

I provide notary service for the elderly and disabled by going out to car to notarize documents. If all the computers are manned and there is a line, I will have someone check documents for those waiting so customers time is not wasted, and give them necessary information they need.

**3.4 START-UP COST FUNDS ON DEPOSIT**  
**(Not required for County Auditors or Clerks of Court)**

Julie Ann Macuich

Proposer's Name: \_\_\_\_\_

I certify that the following funds are now on deposit in a bank, savings and loan or credit union. (Brokerage accounts, mutual funds, stocks, lines of credit, credit cards, etc. are not acceptable.) The deposit amount must be equal to or exceed the amount listed as your total start-up costs on Form 4.4.

Julie Ann Macuich Lisbon License Bureau

Account Owner's Name: \_\_\_\_\_


(Account must be owned by the Proposer in the Proposer's individual or business name. No other person's name, except the Proposer's spouse, if any, may appear on the account.)

Huntington Bank

Bank Name: \_\_\_\_\_

Bank Address: 24N Park Ave Bank City: Lisbon

Bank State: OH Bank Zip: 44432 Bank Phone: ( 330 ) 424-7226

Account Number:  Total Funds on Deposit: \$ 22,493.<sup>19</sup>

(The total funds on deposit amount must be equal to or exceed the amount listed as your total start-up costs on Form 4.4.)

THE HUNTINGTON NATIONAL BANK

Bank or Teller's Official Stamp: JAN 16 2020

Teller's Signature: Risa Cole 58-1494  
01 Date: 1/16/2020

(Not valid without official stamp of financial institution and signature of teller.)

## 3.5 POLITICAL CONTRIBUTIONS REPORT

### Instructions

**Instructions** You must report on the following page whether you and your immediate family together gave more than \$100.00 to any political party or to certain individual candidates during any one of the last three calendar years and so far this year.

**"Immediate family"** means you, a spouse residing with you, and any dependent children. You must add together all contributions you, your spouse, and your dependent children made to each separate party or each separate candidate during each calendar year.

**"Political party"** means each separate political party and includes any political action committee (PAC) and any "continuing association" which are connected to that political party. "Political party" includes all levels of that party, federal, state, county, and local.

**"Candidate"** includes both the candidate and any of that candidate's campaign committees. You must report only for candidates for the following offices: Ohio governor, attorney general, secretary of state, treasurer of state, auditor of state, state senator or state representative. You are not required to report any contributions to federal, county, local, or judicial candidates.

**"More than \$100.00"** means any amount exceeding \$100.00, starting with \$100.01. A contribution of exactly \$100.00 or less is acceptable. Contributions include the value of any "in-kind" contributions.

**County Auditors and Clerks of Court are exempt** from this requirement and need not file this Report of Political Contributions.

**Nonprofit Corporations** must submit one report for the nonprofit corporation itself and one report for the chief executive officer (C.E.O.) who has, or will have, primary responsibility for the nonprofit corporation's operation of the deputy registrar agency. There is only one copy of this report in this package. Nonprofit corporations must make a second copy and submit one copy for the nonprofit corporation itself and one for the C.E.O. who will be responsible for the operation of the deputy registrar agency.

Name: Julie Ann Macwiche

Title (if officer of nonprofit corporation): \_\_\_\_\_

**(A nonprofit corporation must submit two separate reports: one for the nonprofit corporation itself, and one for its chief executive officer)**

**Did you and your immediate family together give more than \$100.00 to any of the following during any one of the years listed? You must place a check mark "✓" in the appropriate box, "yes" or "no" for each category and year separately.**

RECIPIENT	JAN 1 - DEC 31 2017		JAN 1 - DEC 31 2018		JAN 1 - DEC 31 2019		2020 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

### 3.6 PERSONNEL POLICY

A comprehensive personnel policy must be readily available and presented upon request. Items needing covered within the agency's comprehensive personnel policy are listed below.

Do you agree to provide a comprehensive personnel policy, if requested, that covers the listed items?

No \_\_\_\_\_ Yes            ✓

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM)
LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL
PROGRESSIVE DISCIPLINARY ACTION
DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE
POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE
FRINGE BENEFITS

### 3.7 SECURITY PLAN SUMMARY

If you are awarded a contract, you will be required to adopt a security plan to assure that agency employees, patrons, other citizens, equipment, and consigned inventory will be protected from harm (your plan should detail how you intend to address the items listed below).

If you are awarded a contract, do you agree to provide all of the following?

Yes  No

ELECTRONIC ALARM SYSTEM
ALARM SYSTEM MONITORED 24 HOURS, OFF-SITE
ALARM SYSTEM REPORTS OFF-SITE IF WIRES ARE CUT OR TAMPERED
ADEQUATE ALARM MONITORED PANIC/HOLD BUTTONS
MOTION DETECTORS CONNECTED TO ALARM SYSTEM
ALARM MONITORED DOOR CONTACT ON ALL EXTERIOR DOORS
ALARM MONITORED CONTACTS ON ALL EXTERIOR WINDOWS
VIDEO RECORDING CAMERA SURVEILLANCE SYSTEM
A SAFE OR SECURE LOCKING CABINET
A SECURED STORAGE ROOM WITH ALARM MONITORED CONTACTS ON DOOR(S) AND WINDOW(S)
A CROSS CUT SHREDDER
SECURELY LOCK ALL DOORS AND WINDOWS WHEN OUTSIDE BUSINESS HOURS
SMOKE, FIRED, AND CARBON MONOXIDE DETECTION DEVICES
INTERIOR/EXTERIOR MOTION ACTIVATED SECURITY LIGHTS

**Note:** For Deputy Provided Sites, the deputy registrar shall install and maintain an approved alarm system. At BMV Controlled Sites, either the BMV or the deputy registrar will install an approved alarm system, which will be maintained by the deputy registrar.



### 3.8 FACILITY MAINTENANCE PLAN SUMMARY

If you are awarded a contract you will be required to adopt a facility maintenance plan, including provisions for maintaining the deputy registrar agency premises. Your plan should detail how you intend to address the items listed below.

If you are awarded a contract, do you agree to be responsible for the following either on your own, through your lease or sublease, or by separate contract:

No \_\_\_\_\_ Yes

<b>OUTDOOR BUILDING MAINTENANCE</b>
<b>KEEP OUTDOOR AREA FREE OF TRASH AND DEBRIS</b>
<b>PROVISION TO ASSURE PROMPT SNOW AND ICE REMOVAL</b>
<b>CLEANING INSIDE OF AGENCY INCLUDING EQUIPMENT</b>
<b>PROVISION FOR INSIDE/OUTSIDE MAINTENANCE</b>
<b>PROVISION FOR PROFESSIONAL CARPET/FLOOR CLEANING (MIN. OF ONCE A YEAR)</b>
<b>PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES</b>

### 3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

**Instructions:** Answer all of the following questions to the best of your ability. Please be concise and attempt to limit each answer to seventy-five (75) words or less. Include attachment(s) if more space is needed to answer any of the questions.

1. How do you plan to manage, be responsible, and be accountable for this business at all times?

I plan on putting in a lot of hours to keep my business running. I expect to know first hand how things are going. I plan on paying all bills when received. I plan on hiring employees that are respectful and courteous to customers and keeping them updated on BMV rules and regulations and any new changes. All monies are kept locked at all times.

2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver's licenses, identification cards, and vehicle registrations?

We constantly review and update manual with all current Broadcasts. Things change and we will be on top of that. It is very important to review Broadcasts several times daily. And also emails. Broadcasts are kept in a binder to review as necessary. We discuss the Broadcast and make sure we each understand them.

3. What measures will you put in place to detect, deter, and prevent fraud?

We are provided a magnifying lamp and black light to check documents for authenticity. I keep plenty of new batteries on hand always. More than one person checks documents we keep up to date on fraudulent training for all employees. All documents are double checked by manager or myself. We do cash audits regularly. Being on site working along side employees will make sure BMV regulations are followed.

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

Two printed copies of each broadcast are printed with the manual change. One copy goes into broadcast binder. One copy is read, initialed and dated by all staff. One more copy if there is a manual change is then put in manual.

5. How will you demonstrate good leadership to your employees?

I spend a lot of time at my job. I enjoy it. I enjoy waiting on customers. I enjoy talking with my employees. I don't ask my employees to do anything I wouldn't do. I dress professional and try to conduct myself in a professional at all times. I will always be friendly, courteous and professional with customers and employees. Setting an example for employees to follow.

6. How will you maintain a high level of professionalism each day in this business?

I believe your outward appearance says a lot about you. When you dress in a professional, serious manner people will take you seriously. We will present and conduct ourselves as a professional team to provide our customers with the utmost consideration. Providing them with courteous and professional service. Customer should always feel they have been treated well.

7. How do you intend to recruit and retain high quality employees?

Finding employees with good people skills is essential. I have my office manager sit in on interviews when possible. We usually agree but I like to have a second opinion. I pay the best I can justify paying my employees. I treat them how I want to be treated. I expect them to do a good job. There is a lot entailed in this job and they need to understand that at the very beginning. Training is done by a Manager or myself. I try to be aware of my employees strengths and weakness.

8. How will you provide a safe, clean and friendly place to do business?

Keep all debris of any kind off floor. We keep extra salt for ice on premises for side walk and parking lot. We run vacuum daily. Counters are cleaned daily with antibacterial cleanser. Vision tests are wiped down several times a day along with a basket of wipes for the customer to use. We do a complete cleaning once a week.

9. How would you deal with an irate customer?

Staying calm is important. Tell the customer you understand their frustration. I try to always help the customer which includes making a call or googling on my personal computer to help customer find what they need. Whether a birth certificate or other document. Whatever it may be. I always try to be pleasant know matter how irate the customer is. I want them to know I genuinely want to help. We try our best to find a solution to the problem.

10. What training or advice do you, or will you, give to your employees for dealing with irate customers?

Try to stay calm. Don't let it escalate. Get the Deputy Registrar or the Office Manager involved. Let the customer know you are getting a supervisor that can help. We can't change rules but we can be sympathetic. Always be respectful to the customer. We want to help find a solution.

11. How will you meet the expectations of the Bureau of Motor Vehicles?

I take any job I do seriously. I will always do my best. I will keep updated on all broadcasts and emails. I will make sure my employees are too. I want going to the BMV to be a pleasant experience. I want my customers to know I genuinely care and want to be helpful. All with following the laws and regulations of State of OH BMV.

12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?

This is the third contract I am hoping to renew. I have brought in more transactions at a steady pace than the previous Deputy. I work on having a good and fair reputation.

I go to all the round table meetings and bring my office manger when able. I have a couple monthly meetings to go over anything new or anything that needs addressed. We try to go over anything that helps us get the customer in and out the first time they visit.

I have done my best as Deputy Registrar in the last 8 years. I promise you if you trust me again with my own agency I will continue to do my best. When in doubt, I have my field rep and DTS to help me along the way. I don't mind asking. I will never do anything wrong intentionally. I will strive to be the best Deputy Registrar I can be. I will always provide excellent customer service.

**3.10(A) AFFIDAVIT OF INDIVIDUAL**

(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of \_\_\_\_\_ :

State of Ohio \_\_\_\_\_ :

I, Julie Ann Macuich, being first duly sworn, depose and say that:

- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;
- 4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
- 5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: Julie Ann Macuich  
Julie Ann Macuich

Printed/typed name of proposer: \_\_\_\_\_

Sworn to and subscribed in my presence by the above named Julie Ann Macuich

on this 22 day of January, 2020

Kerri Jean White  
Notary Public



Kerri Jean White, Notary Public  
STATE OF OHIO  
My Commission Expires November 6, 2023

Printed name of Notary Public: Kerri Jean White

My commission expires: 11-6-2023



Kerri Jean White, Notary  
STATE OF OHIO  
My Commission Expires Novem

# OPERATIONAL EVALUATION (2020)

Julie Macuich  
15-B / 20136  
Columbiana County, Lisbon  
7556 State Route 45

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u>	(5)	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	(3)	0
4.2	<b>Experienced Employees Summary</b> Gave Acceptable Statement OR Provided Names	(2)	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>147</u> Proposed: <u>150</u>	(4)	*
	B. Work Hours and Pay Calculated Correctly	(2)	0
	C. Meets Minimum Wage Requirement (2020 Ohio Minimum Wage Rate = \$7.25 or \$8.70 Per Hour)	(1)	*
4.4	<b>Start-Up Costs Calculation</b>		
	A. Adequate and Accurate Personnel Costs	(3)	0
	B. Adequate and Accurate Site Preparation Costs	(2)	0
	C. Adequate and Accurate Rental Payments	(2)	0
	D. Total Required: \$ <u>8,804</u> On Deposit (Form 3.4): \$ <u>22,493.19</u>	(5)	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	(2)	0
	B. Signed and Properly Notarized	3	(0)

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 37

NOTE: Score Indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: 4.5(B) = Contract not notarized

Evaluators' signatures	Printed names	Date
(1) <u>Tiffany Crawford</u>	<u>Tiffany Crawford</u>	<u>3/9/2020</u>
(2) _____	_____	_____

Operational Evaluation (2020)

## 4.0 OPERATIONAL CHECKLIST

Julie Ann Macuich

**Proposer's Full Legal Name** \_\_\_\_\_

15B

**Location Number** \_\_\_\_\_

**Proposer Number (BMV use only)** \_\_\_\_\_

**INSTRUCTIONS:** You must submit one original and one copy of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING**. If you fail to submit a complete set of originals and a complete set of copies **FOR EACH SITE**, you will not be evaluated for those sites.

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	1
4.1	Appointment of Agency Managers	✓	1
4.2	Experienced Employees Summary	✓	1
4.3	Staffing and Personnel Costs Calculation	✓	1
4.4	Start-Up Costs Calculation Amount:      \$ <u>8804.33</u>	✓	1
4.5	Deputy Registrar Contract (2 pages only)	✓	1
		6	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

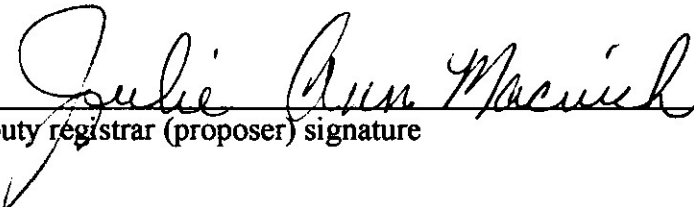
Julie Ann Macuich

15B

Proposer's name: \_\_\_\_\_ Location number: \_\_\_\_\_

36

- (A) **DEPUTY REGISTRAR:** As deputy registrar, I agree to work in the agency at least \_\_\_\_\_ hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open to the public for business. This twenty-hour requirement does not apply to County Auditors, Clerks of Courts, or nonprofit corporations.
- (B) **OFFICE MANAGER:** I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- \_\_\_\_\_ Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) **ASSISTANT OFFICE MANAGER:** I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) **OTHER EMPLOYEES:** I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.

  
Deputy registrar (proposer) signature

1/15/2020

Date: \_\_\_\_\_



## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Julie Ann Macuich

15B

Proposer's name: \_\_\_\_\_ Location number: \_\_\_\_\_

(A) HIRING EXPERIENCED EMPLOYEES. I certify that if I am appointed as a deputy registrar under contract with the Registrar of Motor Vehicles, I will make every good faith effort to hire and retain qualified employees who have relevant experience working in a deputy registrar agency. I agree to make bona fide offers of employment at comparable wages and under comparable conditions to their most recent deputy registrar employment experience.


(B) CHECK WHICHEVER APPLIES:

I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant experience working in a deputy registrar agency. **Please do not contact any deputy registrar employees until after you have been awarded a contract.**

I AM OR HAVE BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have identified the following persons to whom I will make a bona fide offer of employment at comparable wages and under comparable conditions to their present employment. (A deputy registrar or a proposer who has deputy registrar employment experience may list himself or herself here):

Name of Experienced Employee	Length of Experience
Julie Ann Macuich	30years
Kerri Jean White	8years
Shawna Yost	8 months
Renee Barnes	14 months

(C) I understand that failure to hire properly qualified and experienced deputy registrar employees is grounds to withhold or terminate my deputy registrar contract.

  
Deputy registrar (proposer) signature

1/15/2020  
Date: \_\_\_\_\_

### 4.3 STAFFING AND PERSONNEL CALCULATION

Julie Ann Macuich

15B

Proposer's name: \_\_\_\_\_ Location number: \_\_\_\_\_

**Instructions.** Use this form to project the number of hours the deputy registrar, office manager, assistant office manager, and all other experienced (if known) and/or new hire employees will work, the projected hourly wages paid, and the weekly and monthly payroll costs.

The deputy registrar shall be regularly scheduled and on duty at the license agency at least twenty (20) hours per week, during regular business hours. This twenty-hour requirement does not apply to nonprofit corporations, county auditors, or clerks of court. The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

The projected total weekly work hours for the deputy registrar and all employees should equal or exceed the minimum staffing recommended for the Class Size Agency as prescribed in the Agency Specifications.

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of \$319,000 or less per year and \$8.70 per hour by businesses with gross receipts of more than \$319,000 per year.

The deputy registrar need not list any salary or wages for the deputy's own service as deputy registrar or as the office manager.

**Caution. For deputy registrars who also serve as the office manager, be careful not to duplicate hours worked.**

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY <small>(weekly x 4)</small>
Deputy Registrar	36	N/A	N/A	N/A
Office Manager <small>(leave blank if the Deputy Registrar is also the Office Manager)</small>	36	13.00	468.00	1872.00
Assistant Office Manager	36	11.00	396.00	1584.00
Experienced Employees Total Number (combine Full-time & Part-time) = _____	17	10.00	170.00	680.00
New Hire Employees Total Number (combine Full-time & Part-time) = _____	25	9.00	225.00	900.00
<b>TOTALS</b>	150	N/A	1259.00	5036.00

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Julie Ann Macuich Location number: 15B

The purpose of this form is to assure the BMV that you are financially able to cover the costs of beginning a deputy registrar business. We need to know that you have enough financial resources to cover your personnel, site preparation, and site rental costs.

### 1. PERSONNEL COSTS (FOUR WEEKS)

Use Form 4.3 to calculate four (4) weeks' personnel costs for this location.

\$ 5796.00

### 2. SITE PREPARATION COSTS (AMORTIZED)

A. If this is a Deputy Provided Site, calculate and enter the actual projected costs you will need to spend to prepare the building for use as a deputy registrar agency in each of the following categories:

1. Building Modifications	\$ <u>0</u>
2. Counter Costs	\$ <u>0</u>
3. Other Costs	\$ <u>500.00</u>
4. Total	\$ <u>500.00</u>

Total amortized over 60 month contract period  
(Divide line 4 by 60) = \$ 8.33

B. If this is a BMV Controlled Site, enter the information contained in the Agency Specifications for this location. Do not change the information from the Agency Specifications.

\$                     

### 3. AGENCY RENTAL PAYMENTS (3 MONTHS)

A. If this is a Deputy Provided Site, enter the actual amount you will pay to rent or lease this site.

B. If this is a BMV Controlled Site, enter the estimated rent listed in the Agency Specifications for this site. Do not change the amount listed.

One month's rent: \$ 1000.00 x 3 = \$ 3000.00

### TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent] \$ 8804.33

**STATE OF OHIO**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BUREAU OF MOTOR VEHICLES**  
**DEPUTY REGISTRAR CONTRACT - 2020**

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Julie Ann Macuich

\_\_\_\_\_, (deputy registrar, herein) whose home mailing address is \_\_\_\_\_

(City) \_\_\_\_\_, Ohio (Zip) 44423, to operate a deputy registrar agency, Location No. 15B

\_\_\_\_\_, to be located as follows: in the State of Ohio, County of Columbiana

City/Village/Township (indicate which) \_\_\_\_\_ Township \_\_\_\_\_ of \_\_\_\_\_ Center  
7556 State Route 45

Street address: \_\_\_\_\_  
(City) Lisbon, Ohio (Zip) 44432

**WHEREAS**, the Registrar of Motor Vehicles, pursuant to section 4503.03, section 4507.01, and other applicable sections of the Ohio Revised Code, wishes to appoint and contract the above named person as deputy registrar for the above referenced location;

**WHEREAS**, the above named deputy registrar wishes to accept this appointment and contract as deputy registrar;

**NOW, THEREFORE, IT IS AGREED AS FOLLOWS:**

1. The Registrar hereby appoints the above named person as a deputy registrar subject to the 2020 Deputy Registrar Contract Terms and Conditions which are incorporated herein by reference;
2. The above named person hereby accepts appointment as a deputy registrar subject to the 2020 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 28<sup>th</sup> day of June, 2020, and shall end no later than the 28<sup>th</sup> day of June, 2025, unless otherwise terminated as provided herein;

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:

an individual

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2020 Deputy Registrar Contract Terms and Conditions incorporated herein.

1/15/2020

*Julie Ann Macuich*  
Deputy Registrar signature

Date

STATE OF OHIO :  
COUNTY OF Columbiana :

Before me, a notary public in and for said county and state, personally appeared the above named Julie Ann Macuich, who acknowledged that he or she did sign the foregoing instrument and that the same is his or her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 15 day of January, 2020.

NOTARY PUBLIC

Printed name of Notary Public: \_\_\_\_\_

My commission Expires: \_\_\_\_\_

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

BY: \_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on  
\_\_\_\_\_

## 5.0 DEPUTY PROVIDED SITE CHECKLIST

Julie Ann Macuich

Proposer's Full Legal Name \_\_\_\_\_  
 15B

Location Number \_\_\_\_\_  
 7556 St Rt 45, Lisbon OH 44432

Proposed Site Address \_\_\_\_\_

Proposer's Telephone Number (number where BMV staff can reach you) (\_\_\_\_\_) \_\_\_\_\_

Proposal Number (BMV use only) \_\_\_\_\_

**INSTRUCTIONS:** You must submit one original and one copy of this form and all documents listed on this form **FOR EACH LOCATION YOU ARE PROPOSING**. If you fail to submit a complete set of originals and a complete set of copies **FOR EACH LOCATION**, you will not be evaluated for those locations.

**ATTENTION:** Incumbent deputy registrars applying for contracts at existing license agency locations designated as Deputy Provided Sites are not required to complete and submit all Section 5 forms if the site was approved under the previous RFP and if there have been no changes to the site since the last contract was approved and signed. Under this license agency site provision, page one (1) of the 5.1 Site Questionnaire form must be completed and submitted with all other required forms and documents.

FORM	DESCRIPTION	✓	BMV
5.0	Deputy Provided Site Checklist (this form)	✓	
5.1	Site Questionnaire (page 1 only if incumbent deputy registrar proposing existing license agency site)	✓	
5.2	ADA Checklist (leave blank if incumbent deputy registrar proposing existing license agency site)		
5.3	Lease Option (leave blank if incumbent deputy registrar proposing existing license agency site)		
	- filled out, including complete address		
	- signed and notarized		
5.4	Proximity Attachment [for "Proximity" sites only] (leave blank if incumbent deputy registrar proposing existing license agency site)	✓	
Proposer provided	Site Plan (leave blank if incumbent deputy registrar proposing existing license agency site)		
	- on 8½ x 11-inch paper		
	- with complete dimensions		
Proposer provided	Counter Plan (leave blank if incumbent deputy registrar proposing existing license agency site)		
	- on 8½ x 11-inch paper		
	- with complete dimensions		
Proposer provided	Map (leave blank if incumbent deputy registrar proposing existing license agency site)		
	- with site clearly marked		

## 5.1 SITE QUESTIONNAIRE

15B

1. Location Number for which you are proposing (from Agency Specifications): \_\_\_\_\_  
7556 St Rt 45  
Street address of site \_\_\_\_\_  
Lisbon \_\_\_\_\_ 44432  
City \_\_\_\_\_, Ohio, Zip Code \_\_\_\_\_
2. Is the site you are proposing currently in operation as a deputy registrar agency?  
No \_\_\_\_\_ Yes
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?  
No  Yes \_\_\_\_\_
4. Are you an incumbent deputy registrar applying for a contract at an existing license agency site that was approved under your last contract?  
No \_\_\_\_\_ Yes
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?  
No  Yes \_\_\_\_\_
6. A. If you answered "No" to question number 5, stop here. Print and submit this page only for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
- B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

## 5.4 PROXIMITY ATTACHMENT

### Instructions

If the location you are submitting a proposal for is designated in the Agency Specifications as a deputy Provided **Proximity Site**, complete this form and include the original and one copy with your proposal. If it is designated as a Deputy Provided **Non-Proximity Site**, do not submit this form.

This document is for locations which the Registrar has designated for One-Stop Shopping to encourage the deputy registrar to provide a site located close to either an **existing** Driver's License Examination Station or an **existing** Clerk of Courts Title Office.

Bureau of Motor Vehicles (BMV) records indicate that a Driver's License Examination Station or a Clerk of Courts Title Office, or both, are situated within the boundaries of this location.

If there are both a Driver's License Examination Station and a Clerk of Courts Title Office within the boundaries of this location, equal consideration will be given for situating close to either one.

In evaluating the proposed deputy registrar site's proximity to either a Driver's License Examination Station (Exam Station) or a Clerk of Courts Title Office (Title Office), the Registrar intends to give the following consideration:

**Highest Consideration:** Highest consideration will be given to sites situated in the same building, in an adjacent building, within the same business district, or within the same shopping center as the **existing** Exam Station or Title Office.

**Second Highest Consideration:** Second highest consideration will be given to sites situated within approximately one-half mile, by most direct public-access route, to the **existing** Exam Station or Title Office.

Proposers shall not attempt to influence a Driver's Examination Station or a Clerk's Title Office to move to a different location at this time. No credit will be given during this RFP process to any proposer who proposes to relocate a Driver's License Examination Station or a Clerk's Title Office to be closer to the proposer's site.

### QUESTIONNAIRE (SUBMIT ORIGINAL AND ONE COPY)

1. Proposer's name Julie Ann Macuich
2. Street address of proposed site 7556 St Rt 45
- City Lisbon State OH Zip 44432



3. If the proposed site is close to an **existing** Driver's License Examination Station (Exam Station), what is the address of the Exam Station?

7735 St Rt 45 Lisbon OH 44432

Is the proposed site located within the same building, an adjacent building, the same business district, or the same shopping center as the Exam Station?

No  Yes

Is it located within approximately one-half mile (0.5 miles) from the Exam Station?

No  Yes

If YES, specify distance to nearest one-tenth mile: .15 mile

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Exam Station and return):

Turn left out of License Bureau parking lot on St Rt. 45. In .15 mile, exam station is on right.  
Turn left out of Exam Station. In .15 mile, BMV on right.

4. If the proposed site is close to an **existing** Clerk of Courts Title Office (Title Office), what is the address of the Title Office?

38832 Saltwell Rd. Lisbon OH 44432

Is it located within the same building, an adjacent building, the same business district, or the same shopping center as the Title Office?

No  Yes

Is it located within approximately one-half mile (0.5 miles) from the Title Office?

No  Yes

If YES, specify distance to nearest one-tenth mile: 0.7 mile

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Title Office and return):

Make left from BMV, on SR45 to Saltwell Rd, turn left on Saltwell, to Title Dept. on left.  
Make right from Title Dept on Saltwell Rd, make right on SR45 to BMV on right.