

OPERATIONAL EVALUATION (2023)

NW Kiwanis
25-N / 23013
Franklin County, Hilliard
4740 Cemetery Rd.

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>N/A</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	2	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>214</u> Proposed: <u>549</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2023 Ohio Minimum Wage Rate = \$7.25 or \$10.10 Per Hour)	1	*
4.4	Start-Up Costs Calculation		
	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>42,903.07</u> On Deposit (Form 3.4): \$ <u>70,320.06</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 38

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

Comments: 4.3(B): Total proposed hours not completed.
Note: Proposed hours is over double the recommended
number of hours. *4.4 calculations are incorrect!

	Evaluators' signatures	Printed names	Date
(1)	<u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>2/27/23</u>
(2)			

Operational Evaluation (2023)

PAYROLL COMPARISON – 2023

Proposer Name: NW Kiwanis

Evaluator Printed Name: Robert A. Fragale

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>
	25-N					
Highest Rate	\$27.79					
Lowest Rate	\$11.50					
Number of Hours Recommended	214					
Number of Hours Proposed	549					
Total Monthly Wages	\$32,504.08					

Comments:

PERSONAL EVALUATION (2023)

NW Kiwanis
25-N / 23013
Franklin County, Hilliard
4740 Cemetery Rd.

Evaluation Team Number: _____

Location(s) Proposed: (#1) 25-N _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Northwest Kiwanis License Agency

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

Verify Proposer's Driver's License Number: (#6) N/A

Proposing as Minority: (#9) Yes _____ No X

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

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>

TOTAL POINTS (Max. 258 Points): 258

Comments: * Lease option NOT signed by DR.

Evaluators' Signatures

Evaluators' Printed Names

Date

(1) Robert A. Fragale Robert A. Fragale 2/27/23

(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: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: verified at telephone ()

Company: Northwest Kiwanis License Agency

Relationship: _____

Verified experience as: Deputy Registrar Agency Owner (50) X Other Business Owner (34) _____

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

Hours per week: 40

From (date): 1992 To (date): present Length: 30 + years

Verified Hours 40 = Factor 1 x Years 30 x Points 50 = 1,500

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.	Northwest Kiwanis License Agency	# NA = 1.0 x 30 x 50 =	1,500	X
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =			1,500	

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 =		
Subtotal of 14-A, 14-B & 14-C =				

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 =		
Subtotal of 15-A, 15-B & 15-C =				

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 =		
Subtotal of 16-A, 16-B, 16-C & 16-D =				

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 =		
Subtotal of Lines 17-A, 17-B, 17-C & 17-D =				

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?

B. Equal Employment Opportunity?

C. Employee training by the deputy registrar?

D. Participation in BMV provided training?

E. Evaluation of employee performance?

F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?

G. Progressive disciplinary steps?

H. Dress code with list of acceptable attire?

I. Dress code with list of unacceptable attire?

J. A policy for maintaining the professional appearance of all staff at all times?

K. Fringe benefits (beyond those required by law or contract)?

11

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) | 13 | * |
| B. Alarm system monitored 24 hours, off-site? (Mandatory) | | |
| C. Alarm system reports off-site if wires cut or tampered with? (Mandatory) | | |
| D. Adequate alarm monitored panic/hold-up buttons? (Mandatory) | | |
| E. Motion detectors connected to alarm system? (Mandatory) | | |
| F. Alarm monitored contacts on all exterior doors? (Mandatory) | | |
| G. Alarm monitored contacts on all exterior windows? (Mandatory) | | |
| H. Video recording camera surveillance system? (Mandatory) | | |
| I. Safe or secured locking cabinet? (Mandatory) | | |
| J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory) | | |
| K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory) | | |
| L. All doors and all windows will be securely locked when license agency is closed? (Mandatory) | | |
| M. Smoke, fire, and carbon monoxide detection devices (Mandatory)? | | |
| 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: _____

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 without alteration and does it appear to be complete, accurate, and truthful ?	(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 2023) / 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: Notes: Lease option is NOT signed by the DR.

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Northwest Kiwanis License Agency

Proposer Number (BMV use only) 23013

INSTRUCTIONS: You must submit one original 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 of these forms are required. Please submit via email in accordance with the RFP instructions.

INDIVIDUAL	✓	BMV	COUNTY AUDITOR OR CLERK OF COURTS	✓	BMV	NONPROFIT CORPORATION	✓	BMV
Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)	✓	✓
Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire	✓	✓
Form 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience	✓	✓
Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience	✓	✓
Form 3.4 Start-Up Cost Funds on Deposit			N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit	✓	✓
Form 3.5 Political Contributions Report			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			Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement	✓	✓
Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement	✓	✓
Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement	✓	✓
Form 3.9 Involved and Invested in Your Business			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			Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation	✓	✓
2023 Credit Report			N/A	X	1	2023 Certificate of Good Standing	✓	✓
2023 Local Law Enforcement Report			2023 Local Law Enforcement Report			Articles of Incorporation	✓	✓
2023 WebCheck Receipt			2023 WebCheck Receipt			N/A	X	1
Pre-approval Statement for \$25,000 Bond			Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond	✓	✓
INDIVIDUAL			COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		16

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:

25N

2. Full legal name of proposer Northwest Kiwanis License Agency
3. Proposer's street address 4740 Cemetery Rd
City Hilliard State OH Zip code 43026
4. County of residence (nonprofit corporation county of operation) Franklin
5. Daytime telephone (614) 529-1203 Home telephone (614) 325-4833
6. Proposer's driver's license number (nonprofit corporation N/A) N/A
7. Spouse's name (nonprofit corporation N/A) N/A
8. Spouse's home street address (nonprofit corporation N/A) N/A
City _____ State _____ Zip code _____
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? N/A

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? N/A

13. A. Are you currently a deputy registrar?

Yes ☒ No _____

B. If YES, on what date does your contract expire? 06/24/2023

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? N/A

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 _____	

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 <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 ☒

High school name Walnut Ridge High School

City Columbus State OH Zip 43227

College name Ohio State University

City Columbus State OH Zip 43210

Major Criminal Justice Degree awarded No

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.

As a current Deputy Registrar, the Office Manager and all staff are fluent in BASS, QFlow, and the IRP software.

The Office Manager and both Assistant Managers are fluent in Microsoft Word and Excel along with Outlook.

The Non Profit organization and it's officers use Microsoft Word and Excel.

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 **Craig Smith** Daytime telephone number ()
City State **OH** Zip

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

B. Name **Mike Toomey** Daytime telephone number ()
City State **OH** Zip

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

C. Name **Mary Dauberman** Daytime telephone number ()
City State **OH** Zip

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

28. Employment, management, supervisory, and business experience. Each Proposer's experience is one of the most important factors to be considered in the award of deputy registrar contracts. For the purposes of this RFP, experience gained prior to the year 1990 will not be evaluated or considered. Please provide a professional resume, in chronological order (no earlier than 1990), the positions you have held. If the position you held in 1990 was one you started before 1990, you may list that position and the date you actually started on your submitted resume. If you did not hold any position in 1990, please begin with the first position you held after 1990. If applying as a NPC, please provide a description of the fundraising, program, and charitable functions of the nonprofit corporation.

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 Northwest Kiwanis License Agency Company name Northwest Kiwanis License Agency

Company address 4740 Cemetery Rd City Hilliard

State OH Zip 43026 Telephone (614) 529-1203

Type of business (deputy registrar, retail grocery, etc.) Deputy registrar

Company's products and/or services Driver Licenses, ID Cards, Vehicle Registrations, Vehicle Inspections
BCII/FBI Fingerprints

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

1. Federal Tax ID Number: _____

2. Percentage of business you owned: 100 % Hours worked weekly _____

3. Dates you operated this business: From: month _____ year _____ To: month _____ year _____

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? 14

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
Rochelle Turner		OH		
Monika Wise		OH		
Connor Drake		OH		

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 Northwest Kiwanis License Agency Company name Kiwanis Club of Northwest Columbus

Company address 4740 Cemetery Rd City Hilliard

State OH Zip 43026 Telephone (614) 529-1203

Type of business (deputy registrar, retail grocery, etc.) _____

Non-Profit Service Organization

Company's products and/or services We give college scholarships, conduct youth leadership programs, and provide financial support for school and parks improvements

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

1. Federal Tax ID Number: _____

2. Percentage of business you owned: 100 % Hours worked weekly _____

3. Dates you operated this business: From: month _____ year 1945 To: month 6 year 23

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? _____

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
Mary Dauberman		OH		
Mike Toomey		OH		
Craig Smith		OH		

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):

We allow our commercial customers to email us there renewal notices, or just a list of plates they need renewed. We do those transactions either prior to opening or after we close. Once we finish the transaction, we call or email them the total and they come in and pay without having to wait in line.

We have an employee work the door every day to verify documents so customers know when they get to the window, we will not have to send them away. We also pass out any forms they need, so when they reach the counter they are already completed and our clerks can begin to process the transaction instead of sitting and waiting for the customer to complete the forms. If a customer is going to return for another transaction, we tell them about the "get in line on line" so when they come back, they won't have to wait.

If someone is from out of state and has to get their title switched, we do the vehicle inspection and inform the customer that if they take it to the title agency and get their Ohio title, they can come back to our agency and we will take them straight up to the counter, since they would have already waited once.

When the system goes down, we will hand out skip the line passes so they do not have to wait again when the system is up.

We offer title running and BCII/FBI fingerprinting.

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

Proposer's Name: Northwest Kiwanis License Agency

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.

Account Owner's Name: Northwest Kiwanis License Agency

(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.)

Bank Name: PNC

Bank Address: 4650 Cemetery Rd Bank City: Hilliard

Bank State: OH Bank Zip: 43026 Bank Phone: (⁶¹⁴) 771-2550

Account Number  Total Funds on Deposit: \$ 70,320.06

(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.)

PNC BANK, N.A.
ABA 041000124

Bank or Teller's Official Stamp: FEB 02 2023

070-233-04

Teller's Signature: Brendy M. Wade Date: Feb. 2, 2023

(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: Northwest Kiwanis License Agency

Title (if officer of nonprofit corporation): Kiwanis Club of Northwest Columbus

(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 2020		JAN 1 - DEC 31 2021		JAN 1 - DEC 31 2022		2023 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		✓		✓		✓		✓

Form 3.5, Political Contributions Report (2023)

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: Northwest Kiwanis License Agency

Title (if officer of nonprofit corporation): Craig Smith

(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 2020		JAN 1 - DEC 31 2021		JAN 1 - DEC 31 2022		2023 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		✓		✓		✓		✓

Form 3.5, Political Contributions Report (2023)

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 ☒

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

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?

Agency Manager is accountable to the Kiwanis CEO for all business decisions. Agency has 2 Asst. Managers and 2 lead workers who are thoroughly trained in all aspects of the BMV policy and procedures to insure quality service. As per our succession policy, the two Asst. Managers are crossed trained on the manager's duties. The managers have a weekly management meeting to go over issues that may occur when one of them is off.

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?

Our agency policy is that 2 people must verify every DL/ID transaction. This is above and beyond the BMV policy of requiring two signatures on the BMV 5745 for duplicate, first issuances, and foreign national DL/ID transactions. All transactions requiring documentation requires the approval of a manager, assistant manager, or lead worker. Applications are reviewed on a daily basis and when possible reviewed the same day that the transaction takes place.

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

Due to my training as an internal auditor, our fraud prevention and detection policies are always being reviewed and enhanced. We conduct surprise cash audits on a continual basis. I have trained the assistant managers on things to look for if fraud is suspected. We do a trend analysis of our financial statements. We also track the number of voids and reversals done by each employee to look for patterns or employees who are outside the norm. We adhere to our progressive discipline and warning procedure and managers always look for any out of the ordinary behavior.

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?

All associates are required to read all BMV correspondence and each associates initials the document's printed copy. Employees are urged to ask managers clarifying questions. These documents are then stored in a folder, in date order, to all associates for future reference. We also hold a weekly meeting on Saturday mornings prior to opening to review all new changes to ensure that the associates are comfortable with the new procedures.

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

First and foremost we believe in leading by example. There is no task asked of any associate that the agency manager is not willing to complete. Examples include: working on days off if needed, performing housekeeping duties, and more importantly ensuring that all BMV policies and procedures are followed by management to the same standards we expect from our associates.

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

We provide a pleasant and clean environment for customers. Associates are expected to maintain a professional attitude, demeanor, and appearance at all times. We do not tolerate any form of discrimination in behavior or language. We constantly talk about treating the customers with respect no matter how they may be treating you. We evaluate our associates annually on these items. We have invested in carts with drawers at each work station to allow our associates to have the proper documents with them to help get the customers out quickly and efficiently.

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

When possible we try to hire employees with previous deputy registrar experience. We offer competitive wages and to attract qualified applicants and require a written application with references that we do call. We look for candidates who are bilingual. We try to give annual raises and base the raise on speed and accuracy.

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

We promote teamwork and 100% customer satisfaction is a top priority. The management staff consider our associates our most important customers and are treated as such. Our associates are trained on customer service skills and are evaluated annually. We do basic housekeeping duties daily and detailed cleaning once a week. For safety, we have panic buttons at each workstation as well as in the manager's office and the assistant manager's desk.

9. How would you deal with an irate customer?

We allow the customer to vent and relieve their frustration without interruption as long as the customer is not offensive or threatening to the associates or other customers. Generally, either the office manager or one of the asst. managers will step in and handle the customer. One trick we do is to just talk in a quieter voice than the customer, so the customer can hear how loud they are being. That generally gets them to quiet down. We then explain to the customer why we have to do what we have done or why we can't do what they want.

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

Never take it personally. Listen and maintain eye contact. State the BMV's policy or regulations. Talk in a firm voice without elevating the volume and keep it in a professional tone and manner. Keep body language and facial expressions under check and professional. ASK FOR ASSISTANCE. Management is management for a reason and it is ultimately our responsibility to protect our associates from an irate customer.

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

Customer service and a professional appearance are very important. We strive to hire and train employees in customer service and to ensure employees know the BMV regulations. We strive to provide quick efficient service. We have been able to retain good employees. By retaining employees, they become more efficient and understand the policies and procedures of the BMV as well as the agency.

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

We have a proven track record which includes but not limited to: excellence in customer service; financial solvency; and experienced and knowledgeable management team and a dedicated customer service staff. We are always looking for new ways to efficiently get our customers in and out of our agency.

3.10(C) AFFIDAVIT OF A NONPROFIT CORPORATION

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

County of Franklin ■:

State of Ohio :

I, Craig Smith, being first duly sworn, depose and say that:

- 1) I am duly elected or appointed (office held) _____
for Northwest Kiwanis License Agency, a nonprofit corporation;
- 2) I am submitting this proposal for the appointment of said nonprofit corporation as a deputy registrar, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person, persons, or business;
- 3) If appointed the nonprofit corporation will serve as a deputy registrar in its capacity as a nonprofit corporation, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any person, persons, or business;
- 4) If appointed as a deputy registrar, the nonprofit corporation will not assign its deputy registrar contract, in whole or in part, nor any of its deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar; and,
- 5) If appointed as deputy registrar, the nonprofit corporation will fully comply with the requirement that no person, except the Registrar, shall operate or control, directly or indirectly, more than one deputy registrar agency at any time, except that I understand that a nonprofit corporation which provides automobile-related services may operate one deputy registrar agency in each county in which it offers other services;
- 6) To the best of my knowledge and belief, the nonprofit corporation is 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 it ineligible to serve as a deputy registrar; and,
- 7) I have read the 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 for the purpose of obtaining a deputy registrar contract on behalf of the nonprofit corporation.

Signature of officer: [Signature]

Printed/typed name of officer: Craig Smith

Printed/typed name of nonprofit corporation: Northwest Kiwanis License Agency

Sworn to and subscribed in my presence on this 30 day of January, 2023

[Signature]

Notary Public

Printed name of Notary Public: Dana Warner

My commission expires: 6/30/26



DANA WARNER

Notary Public, State of Ohio

My Commission Expires

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Northwest Kiwanis License Agency

Location Number 25N

Proposer Number (BMV use only) 23013

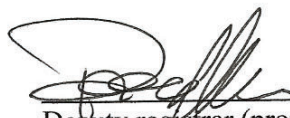
INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	✓
4.1	Appointment of Agency Managers	✓	✓
4.2	Experienced Employees Summary	✓	✓
4.3	Staffing and Personnel Costs Calculation	✓	✓
4.4	Start-Up Costs Calculation Amount: \$ <u>53,302.06</u>	✓	✓
4.5	Deputy Registrar Contract (2 pages only)	✓	✓
		6	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Northwest Kiwanis License Agency Location number: 25N

- (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

Date: 2/2/2023

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: NORTHWEST KIWANIS LICENSE AGENT Location number: 25N

- (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
Dana Warner	8 yrs
Cora Hoffman	17 yrs
Krystle Shaffer	4 yrs
Christine Jack	7 yrs
Deanna Holley	4 yrs

- (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

Date: 2/2/2023

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Northwest Kiwanis License Agency Location number: 25N

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 less than \$372,000 per year and \$10.10 per hour by businesses with gross receipts of \$372,000 or more 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 (weekly x 4)
Deputy Registrar		N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	38.00	\$ 27.79	\$ 1,056.02	\$ 4,224.08
Assistant Office Manager	38.00	\$ 19.50	\$ 741.00	\$ 2,964.00
Experienced Employees Total Number (combine Full-time & Part-time) = 10	388.00	\$ 14.00	\$ 5,432.00	\$ 21,728.00
New Hire Employees Total Number (combine Full-time & Part-time) = 2	78.00	\$ 11.50	\$ 897.00	\$ 3,588.00
TOTALS		N/A	\$ 8,126.02	\$ 32,504.08

4.4 START-UP COSTS CALCULATION

Proposer's name: Northwest Kiwanis License Agenc ⁺ Location number: 25N

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.

\$ 32,504.08

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 | \$ _____ |
| 2. Counter Costs | \$ _____ |
| 3. Other Costs | \$ _____ |
| 4. Total | \$ _____ |

Total amortized over 60 month contract period
(Divide line 4 by 60) = \$ 0

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: \$ 3466.33 x 3 = \$ 10398.99

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]

\$ 53302.06

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2023

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 Northwest Kiwanis License Agency _____, (deputy registrar, herein) whose

home mailing address is 4740 Cemetery Rd _____

(City) Hilliard _____, **Ohio (Zip)** 43026 _____, **to operate a deputy**

registrar agency, Location No. 25N _____, **to be located as follows: in the**

State of Ohio, County of Franklin _____

City/Village/Township (indicate which) City _____ **of** Hilliard _____

Street address: 4740 Cemetery Rd _____

(City) Hilliard _____, **Ohio (Zip)** 43026 _____

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 2023 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 2023 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 25th day of **June, 2023**, and shall end on the 24th day of **June, 2028**, unless otherwise terminated as provided herein;

Form 4.5, Deputy Registrar Contract (2023)

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"]:

non profit

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2023 Deputy Registrar Contract Terms and Conditions incorporated herein.


Deputy Registrar signature

01/30/2023

Date

STATE OF OHIO

:

:

COUNTY OF Franklin

:

Before me, a notary public in and for said county and state, personally appeared the above named Craig Smith, 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 30 day of January, 2023.


NOTARY PUBLIC



DANA WARNER
Notary Public, State of Ohio
My Commission Expires

Printed name of Notary Public: Dana Warner

My commission Expires: 6/30/26

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

Proposer's Full Legal Name Northwest Kiwanis License Agency

Location Number 25N

Proposed Site Address 4740 Cemetery Rd. Hilliard, OH 43026

Proposer's Telephone Number (number where BMV staff can reach you) [REDACTED]

23013

Proposal Number (BMV use only) _____

INSTRUCTIONS: You must submit one original 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 **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, form 5.0, page one (1) of form 5.1, and form 5.3 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 (required for all proposers, which includes incumbent deputy registrars)	✓	✓
	– 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)		
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)		
	– with complete dimensions		
Proposer provided	Counter Plan (leave blank if incumbent deputy registrar proposing existing license agency site)		
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)		
	– with complete dimensions		
Proposer provided	Map (leave blank if incumbent deputy registrar proposing existing license agency site)		
	– with site clearly marked		

Form 5.0, Deputy Provided Site Checklist (2023)

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 25N
Street address of site 4740 Cemetery Rd
City Hilliard, Ohio, Zip Code 43026
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, please print and submit this along with form 5.3 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.
- New Signage with new BMV Logo

5.3 LEASE OPTION

1. I (we)(owners' complete names) Mid Ohio Development Corporation

of (owners' complete address) 4393 Arbor Lake Dr.

City Groveport, State OH, Zip 43125

HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of Franklin

(state whether city, village or township)

City Hilliard of Hilliard and commonly known as:

(property's address) 4740 Cemetery Rd

Suite _____ City Hilliard, Ohio, Zip 43026

to (proposer's name) Northwest Kiwanis License Agency

of (proposer's address) 4740 Cemetery Rd

City Hilliard, Ohio, Zip 43026

for the operation of a deputy registrar agency under contract with the Ohio Bureau of Motor Vehicles, and for no other purpose.

2. THE TERM OF THE LEASE, if executed, shall begin no later than the 25th day of June, 2023 and shall not terminate before the 24th of June, 2028.
3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31st day of May, 2023.
4. THE PARTIES AGREE AS FOLLOWS:
 - A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.
 - B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option. Owners have indicated below by initialing whether this option is exclusive or not exclusive.

C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.

D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

Owner(s)' signature(s): Pat Murphy

Owner(s)' printed name(s): Pat Murphy
Hilliard Square Shopping Center LLC

STATE OF Ohio:

COUNTY OF Franklin:

The foregoing instrument was acknowledged before me on this 24th day of January, 2023, by the owners, Hilliard Square Shopping Center LLC

Kimberly M. Britt
Notary Public

Printed name of Notary Public: Kimberly M. Britt

My commission expires on 5-6-2026

I hereby accept this option.



KIMBERLY MARIE BRITT
Notary Public, State of Ohio
My Commission Expires 05-06-2026

Date

Optionee signature, Deputy Registrar Proposer