

# OPERATIONAL EVALUATION (2023)

Rose Medich  
42-A / 23001  
Knox County, Mount Vernon  
BMV Site

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>20</u>	5	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement <b>OR</b> Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>214</u> Proposed: <u>232</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	<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>19,451.26</u> On Deposit (Form 3.4): \$ <u>40,175.37</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) 38

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

Comments: 4.3(B): Proposer did NOT list hourly wage amounts.

Evaluators' signatures	Printed names	Date
(1) <u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>3/1/23</u>
(2) _____	_____	_____

Operational Evaluation (2023)

# PAYROLL COMPARISON – 2023

Proposer Name: Rose Medich

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>
	42-A					
Highest Rate	\$22.78					
Lowest Rate	\$14.00					
Number of Hours Recommended	214					
Number of Hours Proposed	232					
Total Monthly Wages	\$13,840					

Comments: \* Proposer did Not list hourly wage amounts.

# PERSONAL EVALUATION (2023)

Rose Medich  
42-A / 23001  
Knox County, Mount Vernon  
BMV Site

Evaluation Team Number: \_\_\_\_\_

Location(s) Proposed: (#1) 42-A \_\_\_\_\_

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

**Verify** Proposer's Full Name: (#2) Rose M. Medich

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

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

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

Proposing as: (#10) Individual X 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>

**TOTAL POINTS** (Max. 258 Points): 258

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

\_\_\_\_\_

\_\_\_\_\_

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u>Robert A. Frugale</u>	<u>Robert A. Frugale</u>	<u>3/1/23</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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: verified at telephone ( )

Company: Rose M. Medich LLC

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: 50

From (date): 7/17 To (date): Present Length: 6 years

Verified Hours 50 = Factor 1 x Years 6.0 x Points 50 = 300

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.	Rose M. Medich LLC	# NA = 1.0 x 6 x 50 =	300	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =			300	

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

27



OK | NO

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

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
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15

[illegible]

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name

Rose M. Medich

Proposer Number (BMV use only)

23001

**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		16	COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

Form 3.0, Personal Checklist (2023)

### 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:

42-A

☒

2. Full legal name of proposer Rose M Medich

3. Proposer's street address [REDACTED]

City [REDACTED] State OH Zip code [REDACTED]

4. County of residence (nonprofit corporation county of operation) [REDACTED]

5. Daytime telephone [REDACTED] Home telephone ( ) [REDACTED]

6. Proposer's driver's license number (nonprofit corporation N/A) [REDACTED]

7. Spouse's name (nonprofit corporation N/A) Paul J Medich

8. Spouse's home street address (nonprofit corporation N/A) [REDACTED]

City [REDACTED] State OH Zip code [REDACTED]

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? 4204- June 30, 2023 and 4504- June 28, 2025

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 _____	_____

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 Mohawk High School

City Bessemer State PA Zip 16112

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.

I am a current Deputy Registrar that actively works on the line. I am very experienced in the BASS system.

I use the Outlook email system as well as gmail, yahoo, and messenger daily.

I have years of experience using all Microsoft programs including Word, Publisher and Excel.

I use Quick Books as my accounting system and I use state and federal automated systems for payroll and business taxes.

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 **Kristine Smith** Daytime telephone number [REDACTED]  
City [REDACTED] State **OH** Zip [REDACTED]

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

If she can not be reached at the above number her work number is [REDACTED]

B. Name **Lisa Stallworth** Daytime telephone number ( [REDACTED]  
City [REDACTED] State **OH** Zip [REDACTED]

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

If she can not be reached at the above number her work number is [REDACTED]

C. Name **Don Ezzo** Daytime telephone number ( [REDACTED]  
City [REDACTED] State **AL** Zip [REDACTED]

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

**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 Rose M Medich Company name Rose M Medich LLC

Company address 671 N Sandusky St City Mount Vernon

State OH Zip 43050 Telephone ( 740 ) 326-9202

Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar, multiple agencies  
Knox County 42-A and Johnstown 45-B

Company's products and/or services Licensing services for the BMV, Boat Registrations  
for ODNR, basic products for laminations and license plate frames.

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

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: 100 % Hours worked weekly 50

3. Dates you operated this business: From: month July year 2017 To: month Jan year 2023

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? 13

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
Rebecca Veyon	[REDACTED]	OH	[REDACTED]	[REDACTED]
Debra Ezzo	[REDACTED]	AL	[REDACTED]	[REDACTED]
Rita Gaddis	[REDACTED]	OH	[REDACTED]	[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 Rose M Medich Company name Muskingum County Licensure Bureau

Company address 2328 June Parkway City Zanesville

State OH Zip 43701 Telephone ( 740 ) 455-2767

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

Management/supervisory duties Run the agency in the absence of the Deputy Registrar.

Employee training, scheduling and evaluations, inventory control, banking, opening and closing the Agency daily.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Assist. Manager Hours worked weekly? 40

2. Dates this position was held: From: month Oct year 2013 To: month June year 2017

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? 9

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
Kristine Smith		OH		
Ramona Champ		OH		
Jennifer Wilkens		OH		



### 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 Rose M Medich Company name Muskingum County License Bureau  
Company address 2328 June Parkway City Zanesville  
State OH Zip 43701 Telephone ( 740 ) 455-2767  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Clerk  
Hours worked weekly 35 Job duties Issuing VR's and DL's following BMV  
procedures, taking reinstatement payments and faxing paperwork, reviewing  
applications for errors, performing opening and closing procedures.

Dates of this employment: From: month Oct year 2012 To: month Oct year 2013

Describe how and to what extent **you provided high quality customer service** at this position:

I made sure I had a good working knowledge of the products and services the BMV provided.

I greeted customers with a smile and took care of their needs as quickly and accurately as possible.

I took the initiative and studied the manuals to be better qualified and was promoted to manager within a year.

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
Kristine Smith		OH		
Ramona Champe		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):

As a Deputy Registrar I am continually looking for ways to improve our service to retain our valued customers.

Keeping the agency clean, cleared, well lit and freshly painted with a lobby that is open and easily accessible for all customers.

For staff it is important to keep work and storage areas well organized for ease of use and efficiency.

We have structured lunch hours so they do not overlap and make sure the agency is fully staffed during peak hours.

Continually make adjustments and quickly adapt to new technology and processes and tailor our services to meet the needs of our diverse customers.

We help customers navigate the BMV website and inform them of the services offered there.

I hire employees that are freindly, efficient, professional and work with a sense of urgency. I have added vacation pay, various fringe benefits and offer a 401k to compensate and keep valued employees.

I utilize the customer survey, customer comments and employee input to seek ways to better serve the community we work and live in.

We have had many positive comments about our staff and services and negative comments are addressed immediately.

**Form 3.3, Customer Service Experience (2023)**

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

Proposer's Name: Rose Marie Medich

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: Rose M Medich LLC

(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: Park National Bank

Bank Address: 1 S Main St Bank City: Mount Vernon

Bank State: OH Bank Zip: 43050 Bank Phone: ( 740 ) 399-5500

Account Number [REDACTED] Total Funds on Deposit: \$ 40,175.37

(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.)

FIRST-KNOX  
044102977

Bank or Teller's Official Stamp: JAN 20 2023

Teller's Signature: M. Blay 1501-8 Date: 1/20/23

(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: Rose M Medich

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 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 ✓

<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?

As Deputy Registrar I take full responsibility for every aspect of my agencies. I will continue to make every effort to hire top notch employees and train them well. I will continue to maintain BMV equipment and provide any additional tools and resources necessary. I make sure I pay my employees, taxes and bills on time. I review documents in a timely manner to be prepared for field audits and evaluations. I am available to my staff 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?

I will ensure the above mentioned is followed through training, supervision, application review and corrective action planning. I periodically observe employees to ensure they are following policy and procedure set forth by the BMV by coming into work unscheduled, observing from my office and by working directly alongside my staff. I do annual performance reviews and will address issues immediately as needed.

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

There are security cameras in all areas where money and documents are handled. The arrangement of the office is very open. Passwords are not shared and employees are required to log out when away from their terminals. Cash drawers are locked and excess money is locked in the safe. Employee cash drawers are audited daily and work stations are rotated routinely.

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?

Daily broadcasts and emails are printed off and must be read and signed by all employees. They are kept for reference and when applicable the information is put in the manual in the appropriate section. I encourage staff to open the digital manuals on their terminals for quick reference. I go over significant changes with staff individually and, on occasion, when a group setting is beneficial, a mandatory meeting will be held.



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

Progressing from Clerk to Manager to Deputy has given me insight at every level. This experience has led to adaptive strategies in training. I lead by example and work the line with them. I try to be aware of what is going on in my agency at all times. My employees know that I am always available to assist them in any way, professionally and personally. I will step in immediately if I see or hear a situation escalating to assist them.

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

When the customer walks through the door they are greeted with a clean and inviting agency. Employees are at their terminal and ready to serve them. Staff is dressed in appropriate business attire and have a positive attitude. We want to portray that we are knowledgeable and capable of handling all their licensing needs and do that discretely and confidentially.

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

Employee and customer referrals have proven to be the best methods for recruiting quality employees. I retain those employees by offering competitive pay, 401k, vacation pay and fringe benefits. I encourage a pleasant work environment and provide opportunities for advancement.

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

In addition to the services provided in our lease for cleaning and safety, I have installed a monitored security system and a video surveillance system. Windows, floors and counters are cleaned daily. Trash and debris are picked up and removed immediately. We keep a medical kit stocked if needed. We strive to keep this agency a safe, friendly and comfortable place to work and do business.

9. How would you deal with an irate customer?

I prepare my staff and let them know it will happen and when it does, don't take it personally. If I hear a situation escalate I go directly over to the clerk and station. I focus on the customer and listen to what they have to say. I will empathize or apologize if necessary. I will do everything I can to find a solution to the problem, offer an alternative or at least direct them to the right source. If the situation becomes threatening or violent, law enforcement will be called by use of the panic alarm.



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

We have discussed techniques for diffusing a situation and methods of calming a customer down. For the most part they, the customer, just want to be heard. I have advised my staff to have the customer take a seat while they get myself or a manager to assist. Giving the customer time to collect their thoughts allows us to work to find a solution. After a situation has occurred we will use it as a training tool noting the positives and the negatives. Staff knows where the panic alarms are located in the case that a situation would become threatening or violent.

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

As the Deputy Registrar it is my duty to know the rules and expectations of the BMV. I will use the tools and resources provided by the BMV to follow those to the best of my abilities. I will maintain a staff of qualified, friendly individuals and run the agency with full transparency. I will work with field staff and district staff and keep lines of communication open. While my employees are my greatest assets, customers are my number one priority. I will do everything in my ability to run a respectable, reputable business.

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

Six years ago I took the leap from office manager to Deputy Registrar not knowing exactly what to expect but fully accepting the challenge. It has been arduous but very fulfilling. I now have a second agency and am adapting to a different role of business ownership. I have developed a relationship with not only my employees but with the communities and businesses of Knox County and Johnstown. With change you are bound to encounter resistance, but when you build a good environment it draws good people. I have a good strong staff at both locations and we will continue to represent the State of Ohio and the BMV in the best possible way if I am granted the ability to continue as Deputy Registrar at the Knox County License Bureau.

### 3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Knox :

State of Ohio :

I, Rose M Medich, 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:

Rose M Medich

Printed/typed name of proposer: Rose M Medich

Sworn to and subscribed in my presence by the above named Rose M Medich

on this 20 day of January, 2023

Rebecca Veyon  
Notary Public

Printed name of Notary Public:

Rebecca Veyon

My commission expires:

September 17, 2027



REBECCA ANNE VEYON  
Notary Public  
State of Ohio  
My Comm. Expires  
September 17, 2027

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Rose M Medich

Location Number 42-A

Proposer Number (BMV use only) 23001

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

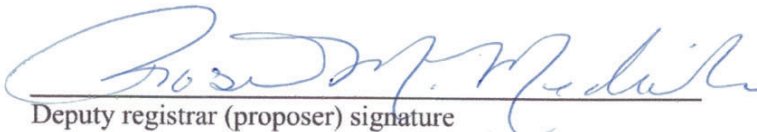
FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	✓
4.1	Appointment of Agency Managers	✓	✓
4.2	Experienced Employees Summary	✓	✓
4.3	Staffing and Personnel Costs Calculation	✓	✓
4.4	Start-Up Costs Calculation Amount: \$ <u>19,451.26</u>	✓	✓
4.5	Deputy Registrar Contract (2 pages only)	✓	✓
			6



#### 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Rose M Medich Location number: 42-A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 20 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.

 Date: 1/20/2023  
Deputy registrar (proposer) signature

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Rose M Medich Location number: 42-A

(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:

☐

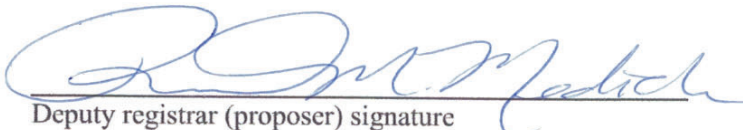
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant 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
Rose Medich	11 yrs
Rebecca Veyon	6 yrs
Rebecca Neibarger	18 yrs
Rita Gaddis	11 yrs
Brenda Barkschat	6 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.

 Date: 1/20/2023  
Deputy registrar (proposer) signature



### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Rose M Medich Location number: 42-A

**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	20.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36.00			\$ 3,280.00
Assistant Office Manager	36.00			\$ 2,720.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>5</u>	140.00			\$ 7,840.00
New Hire Employees Total Number (combine Full-time & Part-time) = _____				
<b>TOTALS</b>	<b>232.00</b>	<b>N/A</b>		<b>\$ 13,840.00</b>

**Form 4.3, Staffing and Personnel Calculation (2023)**



## 4.4 START-UP COSTS CALCULATION

Proposer's name: Rose M Medich Location number: 42-A

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.

\$ 13,840.00

### 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>                    </u> |
| 2. Counter Costs          | \$ <u>                    </u> |
| 3. Other Costs            | \$ <u>                    </u> |
| 4. Total                  | \$ <u>                    </u> |

Total amortized over 60 month contract period  
(Divide line 4 by 60)

= \$                     

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.**

\$ 0

### 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: \$ 1870.42 x 3 = \$ 5611.26

### 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]

\$ 19,451.26

**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 Rose M Medich \_\_\_\_\_, (deputy registrar, herein) whose

home mailing address is \_\_\_\_\_

(City) \_\_\_\_\_, Ohio (Zip) \_\_\_\_\_, to operate a deputy

registrar agency, Location No. 42-A \_\_\_\_\_, to be located as follows: in the

State of Ohio, County of Knox \_\_\_\_\_

City/Village/Township (indicate which) \_\_\_\_\_ Township \_\_\_\_\_ of Clinton \_\_\_\_\_

Street address: 671 N Sandusky St \_\_\_\_\_

(City) Mount Vernon \_\_\_\_\_, Ohio (Zip) 43050 \_\_\_\_\_

**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 25<sup>th</sup> day of **June, 2023**, and shall end on the 24<sup>th</sup> 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"]:  
an individual

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.

Rose M. Medich  
Deputy Registrar signature

1-20-2023  
Date

STATE OF OHIO :  
COUNTY OF Knox :

Before me, a notary public in and for said county and state, personally appeared the above named Rose M Medich, 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 20 day of January, 2023.

Rebecca Veyon  
NOTARY PUBLIC

Printed name of Notary Public: Rebecca Veyon

My commission Expires: September 17, 2027

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



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

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