OPERATIONAL EVALUATION (2024)

Timothy Nagy 74-A / 24067 Seneca County, Tiffin 457 East Market St.

FORM	DESCRIPTION	ок	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	0					
	Proposed Work Hours Per Week	$\left \begin{array}{c} 5 \end{array} \right $	*				
,	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: 174 Proposed: 178	4	*				
	B. Work Hours and Pay Calculated Correctly	(2)	0				
	C. Meets Minimum Wage Requirement (2024 Ohio Minimum Wage Rate = \$7.25 or \$10.45 Per Hour)	0	*				
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						
*	D. Total Required: \$11,424.00 On Deposit (Form 3.4): \$110,723,98	(5)	*				
4.5	Deputy Registrar Contract						
-	Filled Out Completely and Properly	(2)	0				
	B. Signed and Properly Notarized	(3)	0				
NOTE: Score	OPERATIONAL EVALUATION POINTS (Max. 40 Points) e indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract	L	ncy.				
Comments	<u> </u>						
	*1						
Evalua	ators' signatures Printed names	Date					
(1)	Haz Jeft Payre	2/27	124				

PAYROLL COMPARISON - 2024

Proposer Name: Timothy Nagy

Evaluator Printed Name:_	tot		Toyr	C		
PAYROLL from Operational Form	n 4.3 Sta	iffing a	nd Pers	onnel C	alculat	ion
15 X 2 X 2 X 2 X 1 X 1 X 2 X 2 X 2 X 2 X 2		EASTE L	ocation N	umber(s)		
	121-A	Loc. 2	<u>Loc. 3</u>	Loc. 4	Loc. 5	<u>Loc. 6</u>
Highest Rate	18,00					
Lowest Rate	13.00					****************
Number of Hours Recommended	174		***************************************			
Number of Hours Proposed	178			***************************************	***************************************	•
Total Monthly Wages	7976.00				**************	
Comments:						

PERSONAL EVALUATION (2024)

Timothy Nagy 74-A / 24067 Seneca County, Tiffin 457 East Market St.

Evaluation Team Number:
Location(s) Proposed: (#1) 74 - A
Proposed as 2 nd Location
Verify Proposer's Full Name: (#2)
Proposer's County of Residence (NPC Operation): (#4)
Verify Proposer's Driver's License Number: (#6)
Proposing as Minority: (#9) Yes No
Proposing as: (#10) Individual V_ Clerk of Courts Co. Auditor Nonprofit Corp
SCORING SUMMARY
FORM 3.0, PERSONAL CHECKLIST (Max. 16 Points):
PERSONAL EVALUATION, Page 2 (Max. 55 Points): SO
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3 (Max. 100 Points):
PERSONAL EVALUATION, Page 5 (Max. 28 Points): 38
PERSONAL EVALUATION, Page 6 (Max. 17 Points):
PERSONAL EVALUATION, Page 7 (Max. 27 Points):
PERSONAL EVALUATION, Page 8 (Max. 15 Points):
TOTAL POINTS
TOTAL POINTS (Max. 258 Points): 248
Comments: * #8 on page 2' proposer has delinquent taxes
ss payment, workers' comp premiums, or mandatory
contributions
* No FBI background check
<u>Evaluators' Signatures</u> <u>Evaluators' Printed Names</u> <u>Date</u>
(1) Star Jeff Payne 2/21/24
The state of the s
(2)

74	PERSONAL EVALUATION	ОК	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
NO	PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points)	50 tingency	<u>)</u>
Com #8	ments:		_ _ _ _

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Rob Fr	agaleat te	elephone (U14) 752-2050
Company:B ⋒√		
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:	40	
From (date): 7 2006	_To (date):Present	Length:\8.0
Verified Hours = Factor	1.0 x Years 18.0	x Points $50 = 900$
***************************************	*****************************	***************************************
		elephone ()
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 te	elephone ()
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:		
		Length:
Verified Hours = Factor _	x Years	x Points =

BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

ITEM AGENCY/COMPANY	Н	ours	=	FACTO	R X YEA	RS X F	POINTS	s =	SCORE	VERIFIED
A. Seneca BMV	#	NA	=	1.0	× 18.	Ů X	50	=	9,00	/
В.	#	NA	=	1.0	X	Χ	50	Ξ	,	
C.	#	NA	=	1.0	X	Х	50	=		

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	ARS X F	POINTS	s =	SCORE	VERIFIED
A.	#	=	X	Х	34	=		
B.	#	=	Х	X	34	=		
C.	#	=	X	X	34	=		
		Subtota	I of 14-A,	14-B &	14-C	=		

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

ITEM AGENCY/COMPANY	нои	RS = FAC	TOR X YEA	RS X	POINTS	s =	SCORE	VERIFIED
A.	#	=	X	Х	25	=		
В.	#	g = g	X	Х	25	=		
C.	#	7=1	X	X	25	g=0		
		Subtota	l of 15-A,	15-B 8	15-C	=		

Total DR, Ownership and/or Management #13-15 (Max. 100 Points) = 10 0

ITEM AGENCY	HOU	RS = FAC	TOR X YEA	RS X	POINTS	s =	SCORE	VERIFIED
A,	#	2 = 2	Х	X	23	=		
B.	#	=	Х	Х	23	=		
C.	#	=	Х	Х	23	=		
D.	#	=	X	X	23	=		
	Subto	otal of 16	-A, 16-B,	16-C 8	16-D	=		

ITEM	AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	RS X	POINTS	s =	SCORE	VERIFIED
Α.		#	=	Х	х	20	=		
B.		#	=	X	Х	20	=		
C .,		#	=	Х	Х	20	=		
D.		#	=	Х	Х	20	=		
15 11,1	Sub	total of	Lines 17	-A, 17-B,	17-C &	17-D	=	I WE STON	

ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = 10 0

			7
	PERSONAL EVALUATION	ОК	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 Cou	irts)	
	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?	75	*
20.	Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)	\cup	
	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 follow	/ina:	
	A. Hiring employees with deputy registrar agency experience?	ing.	
	B. Equal Employment Opportunity?		
	C. Employee training by the deputy registrar?		
	D. Participation in BMV provided training?	1	
	E. Evaluation of employee performance?		
	F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?	0	*
	G. Progressive disciplinary steps?	(11)	0
	H. Dress code with list of acceptable attire?		
	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)?		
	- LICONAL LVALUATION FORM 13, Page 3 (Max. 26 Politis)	28	_
NOT	E: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract cont	ingency	
Com	ments:		_

		PERSONAL EVALUATION	ок	NO
22.	Fo	rm 3.7 – Security Plan Summary - Did proposer agree to provide:		
	<u>A.</u>	An electronic alarm system? (Mandatory)		
	<u>B.</u>	Alarm system monitored 24 hours, off-site? (Mandatory)		
	<u>C.</u>	Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
	D.	Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
	<u>E.</u>	Motion detectors connected to alarm system? (Mandatory)		
	F	Alarm monitored contacts on all exterior doors? (Mandatory)		
	<u>G.</u>	Alarm monitored contacts on all exterior windows? (Mandatory)		
	<u>H.</u>	Video recording camera surveillance system? (Mandatory)		
	1.	Safe or secured locking cabinet? (Mandatory)	(2)	
	J.	Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)	(13)	
	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)?	2	
	N.	Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO	ОК)NO
23.	For	m 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
	<u>A.</u>	Indoor/Outdoor maintenance and cleaning?	(1)	0
	<u>B.</u>	Prompt snow and ice removal?	(1)	0
	C.	Carpet and/or floor cleaning (if appropriate)?	(1)	0
	D,	Repainting?	(1)	0
NOT	E: S	PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) — core indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract conti	ngency	1
Com	men	ts:		

		PERSONAL EVALUATION	ок	NO
24.	For	rm 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.	For	m 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Co	rpora	tion
		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?	(ž)	*
26.	Lo	cal Law Enforcement Report / Articles of Incorporation (AOI)		
	Α.	No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
	В.	No convictions (except minor traffic) / AOI for nonprofit corporation?	(2)	0
27.		CI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation disqualifying convictions for individual / AOI for nonprofit corporation?	5	(*)

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

	PERSONAL EVALUATION	ок	NO
28.	Credit Report (issued in 2024) / Certificate of Good Standing for Nonprofit Corporation *Credit Reports are not required for County Auditors and County Clerks of Courts	n	
	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
	E: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract conti	ingency	
	ments;		_
			_
			_
			-
			-
			=

3.0 PERSONAL CHECKLIST

${}_{Proposer's\ Full\ Legal\ Name}\ \underline{Timothy\ T\ Nagy}$

Proposer Number (BMV use only)	
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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	√	вму	COUNTY AUDITOR OR CLERK OF COURTS	√	BMV	NONPROFIT CORPORATION	√	вму
Form 3.0	1	~	Form 3.0			Form 3.0		
Personal Checklist (this form)	•	•	Personal Checklist (this form)			Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	✓	٧	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	х	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	✓	۷	Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	\	٧	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		
2024 Credit Report	✓	٧	N/A	X	1	2024 Certificate of Good Standing		
2024 Local Law	/	V	2024 Local Law			Articles of Incorporation		
Enforcement Report 2024	V		Enforcement Report 2024	\vdash				
WebCheck Receipt	✓	~	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		

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:
	74-A
2.	Full legal name of proposer Timothy T Nagy
3.	Proposer's street addres
	Findlay State Ohio Zip code 45840
4.	County of residence (nonprofit corporation county of operation) Hancock
	Daytime telephon
6.	Proposer's driver'
7.	Spouse's name (nonprofit corporation N/A) Erin Nagy
8.	Spouse's home street address (nonprofit corporation N/A)
	Findlay State Ohio Zip code 45840
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.

Form 3.1, Personal Questionnaire, Page 1 of 6 (2024)

11. A.	Are you currently serving in elective public office, other Auditor, either by election or appointment (includes precinct of		•
		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?		
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 ✓
В.	If YES, on what date does your spouse's contract expire?		
daugh	e following three questions, extended family includes your ster, father-in-law, mother-in-law, brother-in-law, sister-in-law, Does any member of your extended family currently hold	son-in-law, or da	aughter-in-law:
13. A.	N/A)		No✓
В.	If YES, list their name, relationship to you, whether you she their contract expires here:	nare the same ho	ousehold, and date
N	ame Relationship Same	e Household	Contract Expires
	Yes	No	
	Yes	No	
	Yes	No	
_	Yes	No	
16. A.	To the best of your knowledge, will any member of your extensubmit a proposal in response to this RFP? (NPC N/A)	nded family	
		Yes	No

Form 3.1, Personal Questionnaire, Page 2 of 6 (2024)

u share the same	household:
	Same Household
7	Yes No
	e Ohio Department o
Yes	No_ ✓
y became so em	ployed:
ip	Employment Date
rm 3 5?	
	Yes_ √
	✓ Yes
Yes	No ✓
	Yes
	165
ance? Yes	No
	thin the past ten year
	_
Yes	
•	on premiums either t
_	ent, or any other sta
	/
	ubdivision of the Yes y became so empine m 3.5?) No yes No ance? Yes en convicted with of one year (for Yes any overdue the ers' compensation

23. Is Proposer willing and able, if policy of business liability proper hold the Department of Public Sa and the Registrar of Motor Vehi	erty damage, and the fety, the Director of cles harmless upon	eft insurance satisfactor f Public Safety, the Bure claims for damages in	ry to the Registrar and eau of Motor Vehicles,
Revised Code 4503.03(C)? (Coun	ty Auditor/Clerk of	Courts N/A) No _	Yes_ ✓
24. Is Proposer bondable as outlined a 4501:1-6-01(B)?	in Ohio Administrat	ive Code	Yes ✓
25. Please provide the following information f			
High school diploma?			Yes ✓
High school name Findlay	High Schoo	ol	
_{City} Findlay			Zip_45840
College name University			_ 1
City Findlay		io	Zip 45840
Tech Mgmt	De	gree awarded Bache	
College name			
City	State		Zip
Major	De	gree awarded	
26. Computer experience. Does Pr computers? (Incumbent deputy nonprofit corporations, this quest the nonprofit corporation's activity	registrars may take	e credit for operating I ered for computer system	BMV computers. For

I am competent in using the BMV BASS system as well as the Q system and the reporting capabilities of each. I am a daily user of MS Office for Word, Excel and Outlook. I am familiar using Windows OS, Apple OS, and Android OS for web apps that I use for personal and for business applications. Prior to becoming a deputy registrar I was a desk side service technician and in that role I would troubleshoot hardware and software issues. Applications I have working knowledge of: Quicken, Quickbooks, MS Office suite, BASS, The Q System, and an the ability to adapt to new applications both on computers well as device based apps and web based apps.
I use for personal and for business applications. Prior to becoming a deputy registrar I was a desk side service technician and in that role I would troubleshoot hardware and software issues. Applications I have working knowledge of: Quicken, Quickbooks, MS Office suite, BASS, The Q System, and an the ability
and in that role I would troubleshoot hardware and software issues. Applications I have working knowledge of: Quicken, Quickbooks, MS Office suite, BASS, The Q System, and an the ability
Applications I have working knowledge of: Quicken, Quickbooks, MS Office suite, BASS, The Q System, and an the ability
to adapt to new applications both on computers well as device based apps and web based apps.
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.

Form 3.1, Personal Questionnaire, Page 5 of 6 (2024)

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.

<u>Form 3.2(A) Business Ownership Experience</u>. 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.

<u>Form 3.2(B) Management and/or Supervisory Experience</u>. 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.

<u>Form 3.2(C) Employee Experience</u>. 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 Time	thy Thomas N	lagy	Company nam	ne T&E	Enterpise
Company address 457	E Market St		City	Tiffin	
State Ohio	Zip	44883	_ Telephone (4	19)	448-6446
Type of business (depu	ty registrar, retai	l grocery, etc.)	Deputy Regist	rar	
Company's products an	d/or services Op	eration of a	n Ohio BMV Lice	ense Age	ncy
BUSINESS OWNER -	Form of owners	hip (sole pro <u>p</u>	rietor, partner, etc.	_{):} Sole Pro	oprieter
1. Federal Tax ID N	umber:				
2. Percentage of bus	siness you owne	d: 100	% Ho	urs worked	l weekly40
3. Dates you operate	ed this business:	From: month	_7_ year 2006	To: montl	h Present year
4. Is/was this busine	ess profitable?			No	Yes ✓
5. Is/was this busine	ess your primary	source of inco	ome and support?	No	Yes _ ✓
6. Do/did you direct	ly hire, evaluate	, train, and dis	cipline employees	? No	Yes _ ✓
7. Do/did you direct	ly manage empl	oyees on a dai	ly basis?	No	Yes ✓
If you answered	yes to question r	number 6, how	many employees	do/did you	manage?5
8. Have you ever de					Yes ✓
List at least one person least one person to ver registrar or deputy regis	ify this experier	ice, you will r	not receive any cre	edit for it.	(If you are a deputy
Name	City		State	Zip	Daytime Phone

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 Timothy Thomas Nagy Company name Hancock Cty Lic Bur
Company address 8210 CR 140 Suite A City Findlay
State Ohio Zip 45840 Telephone (419) 425-3313
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar
Management/supervisory duties Training employees, working with difficult customers and situations.
MANAGER OR SUPERVISOR - Job title: Assistant Manager
1. Title of position Assistant Manager Hours worked weekly? 30
2. Dates this position was held: From: month 7 year 1996 To: month 5 year 2002
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?3
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

Form 3.2(B), Management and/or Supervisory Experience, Page 3 of 4 (2024)

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	Timothy Thomas Nag	у	Company name	e Hancock	c County Li	cBur		
Company address 1444 Lima Ave City Findlay								
State Ohio	Zip	45840	Telephone (41	19-)	425-3313			
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar								
EMPLOYEE - Jo	_{b title:} Clerk							
Hours worked we	ekly30	Job duties Iss	ue license pla	ates, driver	s licenses,	and		
state identification cards.								
Dates of this employment: From: month08year1993To: month07year1996								
Describe how and to what extent you provided high quality customer service at this position:								
Strive to make sure everything was correct and exactly what the customer wanted.								
When processing transactions that required additional forms filled out I would have								
customers fill them out and ask the pertinent questions at the same time shortening their wait.								
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	Sta	ite	Zip	Daytime Ph	one		

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):

Our base idea is that the customer is always the customer. While they may not have everything they need and they may not be right but they are still the customer and it is our job to get them pointed in the right direction and fulfill their needs as it applies to the Ohio BMV.

I have provided front of the line cards for customers that had to go get supporting documents, or due to circumstances out of their control allowing them skip a line upon their return but we now set their number as absent and have them check in and we reactivate their number using the Que system. We make every attempt to schedule commercial accounts of twenty or more vehicles. This allows us to process during slower times or over staff and minimize impact of the everyday walk in customers. We work to process efficiently and as uniformly as possible to minimize wasted motions and decreasing the processing time. One example is customers getting plates and a compliant license we start with the vision and then have them fill out the forms and we process the vehicles in parallel. Each year we have met with local universities and explained the process with their international students and distributed forms and study guides.

I plan to provide free WiFi and allow customers to print here at the agency. We will provide this service free of charge (we have never charged for copies or fax service and we don't ever plan to.)

Form 3.3, Customer Service Experience (2024)

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

<u>Instructions</u> 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.

<u>County Auditors and Clerks of Court are exempt</u> 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:	Timothy Thomas Nagy	
Title (it	f 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 " \checkmark " in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT	JAN 1 - DEC 31 2021		JAN 1 - DEC 31 2022				2024 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 (2024)

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	Y

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?



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 PROMP 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
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?

I have and plan to be a full time deputy. I am fully involved with all processes of running an agency. I believe it is my job to be the final answer on everything that goes on in this agency and be able to utilize all of the resources at my disposal such as the manual, our help desks, and our field staff. The goal will always be perfection but in moments when we miss the mark I will take ownership if it and make it right whether it be a customer or field staff.

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?

All employees will comply with standard BCI and FBI Background checks. All OL/ID applications will be audited to ensure they are both accurate and in compliance with proper procedures. Employees are not allowed to be involved in waiting on a family member when possible. (written documentation required if when a situation prohibits this procedure) Each employee will read and initial broadcasts and review the manual to refresh during different times of the year to be fresh on the procedures when trends occur.

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

All employees will attend fraudulent document training to be able to process licenses and will be required to attend reoccurring training sessions. All employees will know how to spot a fraudulent document and know to proceed once on is suspected. A manager will also be involved to verify the authenticity of the documents. Detection tools are provided to check print, security features, and such away from the counter not visible to the customer. Fraud manuals are also readily available in BASS and at the fraudulent document exam station in the agency. I have and will continue to keep good relations with local PD and BMV investigations. Video surveillance is utilized at each terminal.

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 Broadcasts will printed and placed in a binder along with supporting emails and revisions that each employee will be required to have read and initialed each week. Employees will also review the changes in the manuals as referenced in the broadcast or email. Temporary signage is used as well for reminders of changes as well. A whiteboard is used for reminders of new procedures and items of note in the break area. If it is a major change where training is involved all employees will be required to attend. Periodic staff meetings would follow as well to evaluate and establish the best way to adapt to new procedures after seeing them in real time.

5.	How will you de	monstrate good leadersl	hip to	o your	employees?
	2	\mathcal{U}	1		1 /

The best way I can demonstrate good leadership is to lead by example. There is no job that I am not willing to do be it whether it be to open, close, wait on the fun customer, or the unhappy customer. I try to keep an upbeat attitude and take the positive out of each situation. I'm always open for questions and also suggestions and different perspectives. I will maintain a positive attitude, be professional and make sure my staff has the tools to follow my lead.

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

I would start off by showing up each day with a profession appearance. I will take ownership of my actions and decisions and embrace them when I'm right and acknowledging when I'm wrong. I will maintain professional language and topics in conversation with both customers and staff. I will abide by all rules set forth and meet the goals and deadlines set forth. I will expect my staff to understand follow the example I have set to be professional and with the customers and each other.

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

I would recruit employees through word of mouth, professional and social recommendations, social media, and local universities. Applicants will be verified through checking of references as well as interviewing them myself and with members of my staff. I will retain employees by providing a competitive wage, bonuses, flexible schedules, positive encouragement on the job, and positive and safe work environment.

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

We clean the agency nightly with rotating chores and a deep clean on Saturdays after we close. The agency is free of obstruction and is welcome and accessible to the public. All staff will receive customer service training before they start and we will always keep active dialog on what we can do better. All customers are treated equal and well with no bias.

9. How would you deal with an irate customer?

My first concern is if the irate customer poses a safety risk to my staff or customers. If I believe danger is present I will remain calm and ask the person to exit and come back at a later date once they have cooled down and if that fails I will contact the appropriate authorities. (this is not a common occurrence) If safety is not a concern I will remain calm and let the customer vent a little bit and listen to what is really the issue. I will empathize with them and work to find an amicable solution to their issue. My main goal is to find a solution to their issue and find common ground even when there may not be any.

10. What training or advice do you, or will you, give to your employees for dealing with irate customers
My staff is advised that their safety comes first and that they must remain calm and not engage in an argument with the customer. Don't take it personal since they are often upset at a situation and not you! Take a step back and try to look at the situation from their point of view and listen to what may be the real issue and try to move forward to an amicable solution. If they feel threatened or abused they are to back away and ask for a manager or the deputy for assistance. All employees are trained using the customer training modules set forth by the BMV district office.
11. How will you meet the expectations of the Bureau of Motor Vehicles?
I will keep myself and my staff up to date on all BMV policies, procedures, and services offered by our agency and what are responsibilities are in providing those services My staff and I will provide professional and quality service while always looking for ways to improve. Daily audits of applications and the results will be supplied to the staff to know where they might be missing something or making mistakes and how to improve. Accuracy and efficiency will always be approached to make the visit quick and correct.
12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract
I believe the BMV should consider me for a deputy registrar license agency contract because I am a great fit to to provide great customer service to the public while being a great partner with the Ohio BMV. I am friendly, professional and great at providing excellent customer service. I have worked and provided excellent customer service at a license agency for well over 20 years as a clerk, then as a manger, and currently as a deputy registrar currently. I am knowledgeable and have a firm grasp of what it takes to provide great service to the public and to support the needs and requirements of the BMV. I am motivated, responsible, professional and I have always enjoyed working with the public and the field staff.

Form 3.9, Involved and Invested in Your Business, Page 3 of 3 (2024)

3.10(A) AFFIDAVIT OF INDIVIDUAL
(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR AND CONTRACTOR OF C				
County of Seneca ::				
State of Ohio :				
I, Timothy Thomas Nagy, being first duly sworn, depose and say that:				
 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; 				
 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; 				
 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:				
Printed/typed name of proposer: Timothy Thomas Nagy				
Sworn to and subscribed in my presence by the above named Timothy Thomas Nagu				
on this day of Feb , 2024				
Flynow Emmeeman				
Notary Public				
Arished frame of Notary Public: Elemci 1-6 mmerman				
Micommission expires:				
Form 3.10(A). Affidavit of Individual (2024)				

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name	Timothy Thomas Nagy
Location Number	
Proposer Number (BMV use	only)

<u>INSTRUCTIONS</u>: 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: \$\frac{11426.00}{\}	✓	~
4.5	Deputy Registrar Contract (2 pages only)	✓	~
		(6

Form 4.0, Operational Checklist (2024)

4.1 APPOINTMENT OF AGENCY MANAGERS

Prop	oser's name:	Location number: 74-A
(A)	DEPUTY REGISTRAR: As deputy registrar, I agree to work hours per week during the hours the agency is open to the pentire term of the contract. I understand that the minimum is twenty (20) hours per week during the hours the agency is twenty-hour requirement does not apply to County Audi nonprofit corps., or deputy registrars operating multiple local	requirement for deputy registrars open for business. This tors/Clerks of Courts,
(B)	OFFICE MANAGER: I understand and agree that I must another reliable person to serve as the office manager for manager must be scheduled to work at the agency at least during the hours the agency is open to the public for business. Appoint myself as the office manager and work at during the hours the agency is open to the public for the service of t	the agency, and that the office thirty-six (36) hours per week s. It is my intention to: least thirty-six hours per week pusiness.
	Appoint another reliable person to serve as the office six hours per week during the hours the agency is open	
(C)	ASSISTANT OFFICE MANAGER: I understand and agree person to be responsible for the management of the agency agency office manager during the hours the agency is open to	in the absence of myself and the
(D)	OTHER EMPLOYEES: I agree to maintain an accurate a manager, assistant office manager, and all other employees a as my own work schedule, on file and available for inspectimes. I also agree to notify the BMV in writing imme appointment of the office manager or assistant office manager complete and current.	nd their work schedules, as well ction by BMV employees at all ediately of any changes in the
Dep	uty registrar (proposer) signature	Date: 2/2/2024

Form 4.1, Appointment of Agency Managers (2024)

4.2 EXPERIENCED EMPLOYEES SUMMARY

Prop	Proposer's name: Location number:				
(A)	(A) <u>HIRING EXPERIENCED EMPLOYEES</u> . 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 EMPLOYEE. I have not yet identified any pros relevant deputy registrar experience. However, if an every reasonable effort to identify and hire, if possibate relevant experience working in a deputy registrar employees until after contract. I AM OR HAVE BEEN A DEPUTY REGISTRAN EMPLOYEE. I have identified the following person fide offer of employment at comparable wages and to their present employment. (A deputy registrar or registrar employment experience may list himself or	pective employees who have warded a contract, I will make ible, qualified employees who gistrar agency. Please do not er you have been awarded a ROR DEPUTY REGISTRAR as to whom I will make a bona under comparable conditions or a proposer who has deputy		
		Name of Experienced Employee	Length of Experience		
		Elemai Zimmerman	9		
		Carol Jo Reed Tarney	27		
		Larissa August	6		
		Deena Nickler	1		
		Timothy Nagy	26		
	7	Transcent Day	e: 2/2/2024		
Depu	ty registra	ar (proposer) signature			

Form 4.2, Experienced Employees Summary (2024)

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name:	Timothy T Nagy	Location number:	74-A
_			

<u>Instructions</u>. 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 corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). 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 Unites 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 \$385,000 per year and \$10.45 per hour by businesses with gross receipts of \$385,000 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	40.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)				
Assistant Office Manager	40.00	\$ 18.00	\$ 720.00	\$ 2,880.00
Experienced Employees Total Number (combine Full-time & Part-time) =5	98.00	\$ 13.00	\$ 1,274.00	\$ 5,096.00
New Hire Employees Total Number (combine Full-time & Part-time) =				
TOTALS	178.00	N/A		\$ 7,976.00

4.4 START-UP COSTS CALCULATION

Propo	ser's n	ame:	Timothy T Nagy	Location n	mber: 74-A
costs	of beg	ginning	is form is to assure the BMV a deputy registrar business. s to cover your personnel, site	. We need to know th	nat you have enough
1.	PEI	RSO	NNEL COSTS (FOUR	WEEKS)	
	Use	Form	4.3 to calculate four (4) week	-	this location. 7976.00
2.	SIT	E PR	REPARATION COSTS	(AMORTIZED)	
	A.	costs	is is a Deputy Provided Site you will need to spend to trar agency in each of the following	prepare the building	2 0
		1.	Building Modifications	\$	
		2.	Counter Costs	\$	
		3.	Other Costs	\$	
		4.	Total	\$	_
			l amortized over 60 month coide line 4 by 60)	ontract period = \$	
	В.	Ager	is is a BMV Controlled Sincy Specifications for this long the Agency Specifications.		
3.	AG	ENC	Y RENTAL PAYMEN	TS (3 MONTHS)	
	A.		is is a Deputy Provided Site or lease this site.	e, enter the actual ame	ount you will pay to
	В		is is a BMV Controlled S ncy Specifications for this sit		
		One	month's rent: \$\frac{115}{2}	$0.00 \qquad x \ 3 \qquad = \$$	3450.00
ТОТ	[four	r week prepa	RT-UP COSTS as' personnel costs, plus one ration costs (2.A total amo Site amount), plus three more	unt or 2.B BMV	11426.00

STATE OF OHIO

DEPARTMENT OF PUBLIC SAFETY

BUREAU OF MOTOR VEHICLES

DEPUTY REGISTRAR CONTRACT - 2024

This Agreement	t is made	by and betw	een the R	egistrar of N	Aotor \	Vehicles, (Re	gistrar,
herein), located Timothy Thomas) West Broa	ad Street,			43223-1102 trar, herein)	
home mailing ac	ldress is						
(City) Findlay			, Ohio (Zij	p) 45840	, to	o operate a d	eputy
registrar agency	, Location	No		, to be	located	d as follows:	in the
State of Ohio, C	ounty of	Seneca			n		
City/Village/Tov	vnship (inc	dicate which)	Tiffin	of	Ohio		
Street address:	457 E Ma	rket St					
(City) Tiffin			, Ohio	(Zip) 4488	3		

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:

- The Registrar hereby appoints the above named person as a deputy registrar subject to the 2024 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 2024 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
- 3. The term of this appointment and contract shall begin on the 30th day of June, 2024, and shall end on the 30th day of June, 2029, unless otherwise terminated as provided herein;

Form 4.5, Deputy Registrar Contract (2024)

	"	an individual," "County Auditosounty)," or "a nonprofit corporati individual	r for (specify		
		The Deputy Registrar certifies the to all of the 2024 Deputy Registraty Registrar signature	at he or she har Contract Ten	as read, understands, rms and Conditions in $\frac{2/2/202}{\text{Date}}$	and hereby agrees ncorporated herein.
		TE OF OHIO	:	Bute	
	COU	NTY OF Seneca	- : - :		
		re me, a notary public in and for so $rac{1}{2}$		d state, personally ap who acknowledged t	
	sign t	he foregoing instrument and that	the same is hi	s or her free act and	deed.
ORO 30 3	of NOTATION STATE	ITNESS WHEREOF I have hered 2024. 2024. ARY PUBLIC Ename of Notary Public: Ename Separates: TE OF OHIO ARTMENT OF PUBLIC SAFETY EAU OF MOTOR VEHICLES	moer nail 7		
	DI	REGISTRAR OF MOTOR VEH	HICLES		
		Done at Columbus, Ohio, on		_	

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

SECTION 5

(2024)

DEPUTY PROVIDED SITES

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name	nothy I Nagy
Location Number 74-A	
Proposed Site Address 457 E	. Market St
Proposer's Telephone Number (nu	umber where BMV staff can reach you)
Proposal Number (BMV use only)	

<u>INSTRUCTIONS:</u> 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.

<u>ATTENTION:</u> Proposers 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 a 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 proposing existing license agency site)	✓	
5.2	ADA Checklist (leave blank if 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 proposing existing license agency site)		
Proposer provided	Site Plan		
	(leave blank if proposing existing license agency site)		
	 with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY) with complete dimensions 		
Proposer provided	Counter Plan		
	(leave blank if proposing existing license agency site)		
	- with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)		
	with complete dimensions		
Proposer provided	Map (leave blank if proposing existing license agency site)		
	- with site clearly marked		

Form 5.0, Deputy Provided Site Checklist (2024)

5.1 SITE QUESTIONNAIRE

1.	Loc	ation Number for which you are proposing (from Agency	Specifications): 74	-A
	Stre	et address of site 457 E. Market St		
			, Ohio, Zip Code	44883
2.	Is th	ne site you are proposing currently in operation as a deput	ty registrar agency?	
			No	Yes
3.		you intend to perform construction or remodeling to prepare and a section of sections and the section of the se	pare this site for operat	ion under a new
	aep	uty registrar contract?	No	Yes
4.		you applying for a contract at an existing license agency approved under a previous contract?		/
			No	Yes
5.	A.	If you answered "No" to question number 4, skip to question required for this form (5.1) and the remaind		_
	В.	If you answered "Yes" to question number 4, have there (interior and/or exterior to include parking areas, path of with disabilities, and signage)?	f travel, and accessibilit	y to individuals
			No	Yes
6.	A.	If you answered "No" to question number 5, please print for compliance with Section Five (5) requirements for the remainder of your required proposal documents.		
	B.	If you answered "Yes" to question number 5, list the site specific with the description(s) of any changes that have supporting documentation and attachments if needed, the along with any other documentation and attachments for	been made. Include ad en stop here. Print and s	ditional submit this page

requirements for this RFP and include it with all other required proposal documents.

5.3 LEASE OPTION Cleland J. BROWN LIVING 1 1. I (we)(owners' complete names) of (owners' complete address) _, State OHIO 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 village or township) whether city, (state and commonly known as: E. Market St. (property's address) City___liftin Timothy T. Nagy to (proposer's name) of (proposer's address) , Ohio, Zip 4584f 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 30th day of June, 2024 and shall not terminate before the 30th of June, 2029. 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, 2024. 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.

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.

B. If the owners have granted or hereafter grant an option to the same described real estate to

Form 5.3, Lease Option, Page 1 of 2 (2024)

above.

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): Math Brown Excutive Trustee
Owner(s)' printed name(s): MATT BROWN
STATE OF Ohio:
COUNTY OF <u>Seneca</u> :
The foregoing instrument was acknowledged before me on this
Thereby accept and opvious
Date Optionee signature, Deputy Registrar Proposer
Form 5.3, Lease Option, Page 2 of 2 (2024)

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