

OPERATIONAL EVALUATION (2024)

Kari Vaculik
 48-A / 24041
 Lucas County, Sylvania
 4900 N McCord Rd., Suite F1

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	3	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	2	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>281</u> Proposed: <u>300</u>	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)	1	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	3	0
	B. Adequate and Accurate Site Preparation Costs	2	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$ <u>29,730</u> On Deposit (Form 3.4): \$ <u>38,345.41</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments: _____

	Evaluators' signatures	Printed names	Date
(1)	<u>Miles J. Brilliot</u>	<u>Miles J. Brilliot</u>	<u>02.26.24</u>
(2)	_____	_____	_____

PAYROLL COMPARISON – 2024

Proposer Name: Kari Vaculik

Evaluator Printed Name: Miles Brilliot


PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
	48-A					
Highest Rate	\$25/h					
Lowest Rate	\$16/h					
Number of Hours Recommended	281					
Number of Hours Proposed	300					
Total Monthly Wages	\$18,480					

Comments:

PERSONAL EVALUATION (2024)

Kari Vaculik
48-A / 24041
Lucas County, Sylvania
4900 N McCord Rd., Suite F1

Evaluation Team Number: _____
Location(s) Proposed: (#1) 48-A _____
Proposed as 2nd Location _____
Verify Proposer's Full Name: (#2) Kari Danielle Vaculik
Proposer's County of Residence (NPC Operation): (#4) Lucas
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>Miss J. Trilliot</u>	<u>Miss J. Trilliot</u>	<u>02.26.24</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: Sylvania Licenses Bureau

Relationship: Deputy Registrar

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: _____

From (date): _____ To (date): _____ Length: _____

Verified Hours 36 = Factor 1 x Years 15.25 x Points 50 = 762.50

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.	<i>St. Helena License Bureau</i>	# NA =	1.0	x <i>15.25</i>	x 50 =	<i>762.50</i>	<i>✓</i>
B.		# NA =	1.0	x	x 50 =		
C.		# NA =	1.0	x	x 50 =		
Subtotal of 13-A, 13-B & 13-C =							

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) =

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?	11	0
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)?		

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		

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

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

17

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

Comments: _____

PERSONAL EVALUATION

OK | NO

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

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

27

PERSONAL EVALUATION

OK | NO

28. Credit Report (issued in 2024) / Certificate of Good Standing for Nonprofit Corporation
*Credit Reports are not required for County Auditors and County Clerks of Courts

A. Credit report submitted contains credit score?	2	0
B. No tax liens (state or federal)?	3	0
C. No judgments for the past 36 months?*	3	0
D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	2	0
E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	2	0
F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	1	0

* Exclude minor medical judgments and disputed items with good cause explanation.

29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)	2	0
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PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points)

15

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

Comments: _____

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Kari Danielle Vaculik

Proposer Number (BMV use only) _____

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			
2024 Credit Report	✓			N/A	X	1		2024 Certificate of Good Standing			
2024 Local Law Enforcement Report	✓			2024 Local Law Enforcement Report				Articles of Incorporation			
2024 WebCheck Receipt	✓			2024 WebCheck Receipt				N/A	X	1	
Pre-approval Statement for \$25,000 Bond	✓			Current Bond with BMV added as Additional Insured				Pre-approval Statement for \$25,000 Bond			
INDIVIDUAL				COUNTY AUDITOR OR CLERK OF COURTS				NONPROFIT CORPORATION			

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:

48-A _____

2. Full legal name of proposer Kari Danielle Vaculik

3. Proposer's street address _____

City Sylvania State Ohio Zip code 43560

4. County of residence (nonprofit corporation county of operation) Lucas

5. Daytime telephone _____

6. Proposer's driver's license _____

7. Spouse's name (nonprofit corporation N/A) Chad Joshua Vaculik

8. Spouse's home street address (nonprofit corporation N/A) _____

City Sylvania State Ohio Zip code 43560

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? 6-28-2024 and 6-29-2025

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 _____	_____
_____	_____	Yes _____	No _____	_____

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

Yes _____ No

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

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

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

Yes _____ No

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

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

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

No _____ Yes

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

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

Yes _____ No

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

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

Yes _____ No

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

Yes _____ No

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

Yes _____ No

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

No _____ Yes

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

No _____ Yes

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

High school diploma? No _____ Yes

High school name Sylvania Northview HighSchool

City Sylvania State Ohio Zip 43560

College name Bowling Green State University

City Bowling Green State Ohio Zip 43616

Major Business/Dance Edu Degree awarded NA

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.)

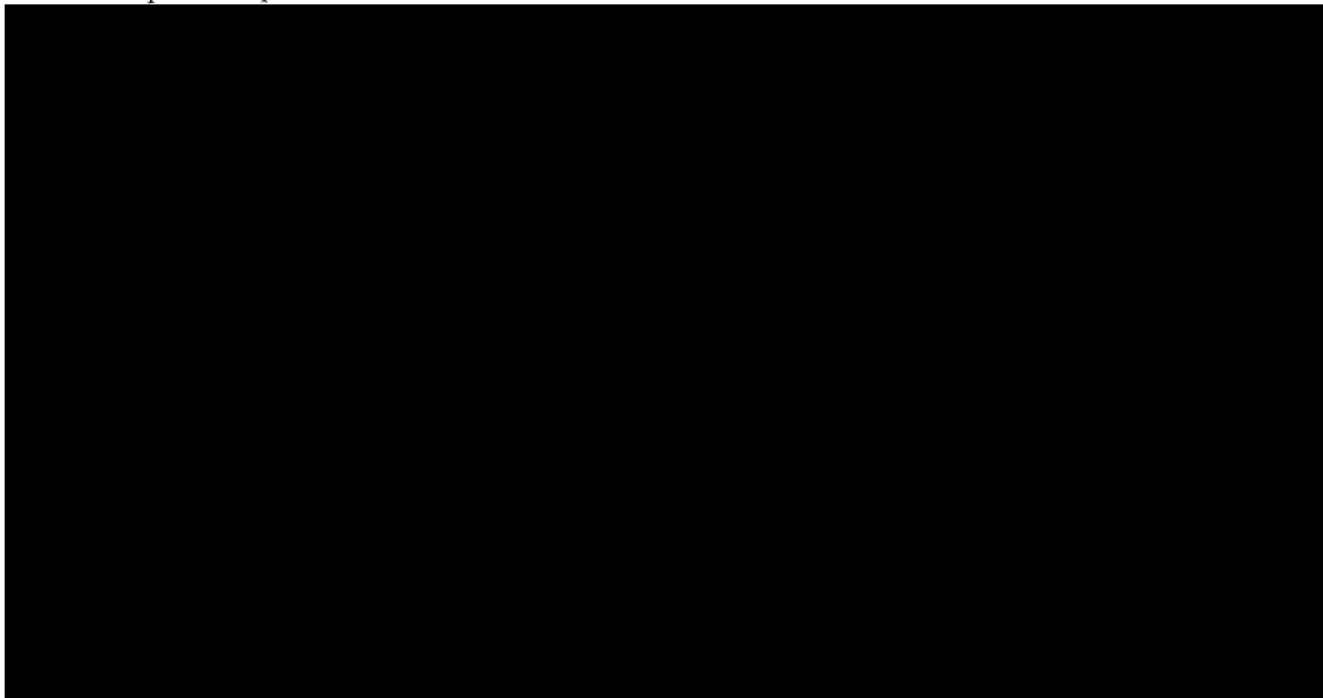
No _____ Yes

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

I was required to take computer class during highschool/college: Word, Excel, Microsoft.

As a deputy I have had 30 years of experience including but not limited to the Bass system, Q-flo, Excel, Google docs, Microsoft office, Team Viewer, E-mail, and ADP payroll system.

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.



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

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

Instructions

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

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

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

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

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

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Kari Danielle Vaculik Company name SYLVANIA LICENSE BUREAU
Company address 4900 N MCCORD RD City SYLVANIA
State Ohio Zip 43560 Telephone () NA
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Bureau of motor vehicle responsibilities, including vehicle registrations, drivers licenses and ID's, fingerprinting, fraud doc handling, boat and dog tag's

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

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: 100 % Hours worked weekly 36

3. Dates you operated this business: From: month 3 year 2009 To: month 6 year 2024

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? 9

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
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_____ () _____

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 Kari Danielle Vaculik Company name OREGON LICENSE BUREAU
 Company address 3016 NAVARRE AVE City OREGON
 State Ohio Zip 43616 Telephone () NA
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Bureau of motor vehicle responsibilities, including vehicle registrations, drivers licenses and ID's, fingerprinting, fraud doc handling, boat and dog tag's

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 36
3. Dates you operated this business: From: month 7 year 2003 To: month 3 year 2009
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No ✓ Yes
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 8
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

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 Kari Danielle Vaculik Company name Point Place License Bureau
 Company address 26611 N Summit St City Toledo
 State Ohio Zip 43611 Telephone () NA
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Bureau of motor vehicle responsibilities, including vehicle registrations, drivers licenses and ID's, fingerprinting, fraud doc handling, boat and dog tag's

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

1. Federal Tax ID Number: [REDACTED]
 2. Percentage of business you owned: 100 % Hours worked weekly 36
 3. Dates you operated this business: From: month 6 year 2002 To: month 3 year 2004
 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? 5
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

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 Kari Danielle Vaculik Company name Perrysburg License Bureau
Company address 26611 N Dixie Hwy City Perrysburg
State Ohio Zip 43551 Telephone (419) 874-7474
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Supervisor duties including opening and closing, assigning and and balancing tills, reports, filling, inventory control, report any misconduct to the deputy.

MANAGER OR SUPERVISOR - Job title: Supervisor

1. Title of position Perrysburg license bureau supervisor Hours worked weekly? 36
2. Dates this position was held: From: month 6 year 1998 To: month 8 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? 6
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

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 Kari Danielle Vaculik Company name Perrysburg License Bureau

Company address 26611 N Dixie Hwy City Perrysburg

State Ohio Zip 43551 Telephone (419) 874-7474

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

EMPLOYEE - Job title: Clerk

Hours worked weekly 36 Job duties processing all agency transactions including

dealer work and title services. Handled all customer service concerns. Ran the
title counter, dog tag registration, watercraft processing, out of state inspections.

Dates of this employment: From: month 4 year 1992 To: month 6 year 1998

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

Working at a license bureau has always been enjoyable to me. Anytime a customer had a
concern or issue I made sure to assist them to the best of my ability. If I could just make

one persons day it made my job worth while. Patience is a must when working with the public.

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
				()

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 committed to providing the best customer service. I am dedicated to providing guidance and assistance to every and all customers. Customer service to me is when a customer walks out of my business with what they needed or with the accurate information they need for a quick return. Each and every customer will be given the opportunity to return to my office without waiting a second time. This customer service is also granted to any customer that comes in for an out of state inspection. Once they have obtained there new title they can return for there registration and plates without waiting. Customers that need special assistance will be handled personally by me or my office manager/supervisor. As a deputy it is important to me that each and every customer is provided the best service possible. A simple smile or thank you for your service to our military men and women mean so much to them. It is my dedicated customers coming back year after year that make this job a blessing. If it was not for those customers I would not be in business. My office is a reflection of me and each one of my employees. I am dedicated to my customers to extend my knowledge or a helping hand whenever needed. Special care is extended to my customers in all situations including helping them to the car, putting on there new sticker, or helping them log into the new Q FLOW system. I would not be the deputy I am today if not for my customers.

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: Kari Danielle Vaculik

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

3.6 PERSONNEL POLICY

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

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

No _____ Yes 

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

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

Yes No

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No _____ Yes

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

I have always been a hands on deputy. As the deputy I will handle all HR responsibilities, including pay roll, and all benefits. I will and currently work the counter on a daily basis. Handling all dealer work and company processes. Opening, closing, inventory control, online processing, votor registration reports, and error correction will be handled by me. My business is a direct reflection of who I am. My family and I live within 7 miles of the office. This allows me to spot check from time to time the agency and its surroundings.

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?

There are many resources that are used running a deputy registrar. Myself and my employees are current on all manual updates. We make learning guides to help process more difficult transactions. Broadcasts and emails are always read on a daily basis to allow us to have the most current information. Supervisors, managers, and deputy are always available for any questions or concerns when processing any and all transactions. If we are not able to verify then we always have our field staff and help desk to help us. This business requires team work.

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

All employees and deputy will be required to keep up on all fraud doc training. Fraud doc materials are always handy to assist in determining any and all documents. Alarm buttons have been installed at each terminal in case of needing police assistance. Manuals and updates are read during the day to make sure we have all the latest information. Fraud pens are used for detecting bills, supervisors and deputies are always available for second opinions. We also have a wonderful investigation department that helps aid us is any and all fraud doc issues.

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?

When we are notified of any broadcast or updates through email, they are printed immediatly. The supervisor then attaches a check list that insures that each employee, supervisor, and deputy reads and initials. The deputy or supervisor then checks to make sure all employees have read and signed the check list. Any questions or concerns are handled by the deputy. The deputy then notifies the field rep of any issues following a broadcast or email.

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

If it were not for my employees and my customer I would be nothing. I treat each and every employee with the respect I expect. I have an open door policy, this means that I am available to anyone for anything at all times. This insures constant communication and knowledge of any concerns that may be going on. My employees have been with me a long time. They know what I expect from them and they know that I am an employer that is always available and working right next to them. We are a family, celebrating wonderful times, and being a shoulder to cry on if needed. Everyone of my employees have been brought into my life for a reason. They make me a better employer and deputy.

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

My business is a direct extension of who I am. Each and every employee greets all customers with a smile and thankful welcome. Not every customer comes in with a positive attitude, we are there to help and try to make the customer comfortable. Many times customers may feel nervous coming in. We give little words to help them to see that its going to be alright. It could be while conducting a vision test, or a customer that is just not sure what they need to do. The employees help and show professionalism at all times. If one of the employees is struggling a supervisor or deputy is always there to help assist. Looking the customer in the eye and making sure we are speaking to them respectfully goes a long way.

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

Mutual respect is the most important tool in a employee/employer relationship. I keep and maintain constant communication with my employees. This helps with any concerns and questions that they may have. All issues are handled by the deputy directly. A personel policy is given to each employee at time of hire. This spells out how the agency is run. It is very detailed to insure understanding. Employees are also awarded bonuses, gifts, and lunches thru out the year. 401K and AFLAC policies are also available to all employees.

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

This business is very important to me. I started at my moms BMV office when I was a kid. I was trained and given an amazing opportunity to become a deputy at a very young age. This opportunity is not taken lightly and I truly love what I do. This is all I have done since I was 17. There are very big shoes that I have to fill. Along with an expectation from the bureau and many people who have allowed me to be apart of the Bureau of Motor Vehicles as long as I have. Being born and raised in the Sylvania community has been a true blessing. Owning a business in the community I was raised is very humbling. I can't and won't let down the sylvania community or the state of ohio residence.

9. How would you deal with an irate customer?

When a customer comes in that is upset for any reason it is my job to help understand what the customers concerns are. If there is anything I can do to help, I will. Making sure that the customers attitude does not rub off on you is so important. Speaking to them in a patient manner, and with empathy also helps. This lets the customer know that you are there to help, that you care. Along with letting them know that you are not going to allow the behavior if there is one. Most times it makes the customer see that we are not the reason for them being upset. They also understand that we dont make the rules and we have a job to do. We are there to assist the customers of Ohio. If customers do get to the point of not calming down then a supervisor or deputy will step in.

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

Patience and empathy is key. The employee's will be trained to show kindness to any and all customers. They will also know that the supervisor or deputy will need to be asked to assist if they feel that it is a situation they can not handle. If they have a customer that is upset, the employee will help them as much as we can. Once the customer has gone, that situation has also. We can not carry it with us the rest of the day. We all need to remember that the customer may be going thru something we are unaware of. Many times a smile and speaking with care goes along way. We are here to help.

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

I hope that I have lived up to the BMV's expectations. As a deputy, I take this job and title very seriously. It has been a gift to allow me to run a deputy registrars office for as long as I have. Some of my past employees have even become a deputy themselves. This position has not come without many accomplishments and many tears. Working with my staff and customers on a daily basis is what keeps me going. I love every aspect of being a deputy and hope to be awarded the chance to continue. The BMV has gone through so many changes since I started. Being a relevant deputy is important. As a deputy if you don't keep up on the changes over the years, you get left behind. All though some changes have been hard to swallow. I am a fighter and will get the job done for the BMV, no questions asked.

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

I am a dedicated deputy who respects the opportunities that I have been given. If not for my customer or my employees I would not be in business. I respect the BMV and all my customers. When the BMV needs me as they have in the past, if for training a field rep or being a pilot location for training and implimenting a new procedure, I am there. Helping the BMV and the customers of the state of Ohio is very important to me. Having a familiar face and name is an important aspect to running any business. People at the BMV and my community know me. They know they can count on me. Many more changes will be happening thru the coming years. My office and I will role with the punches and continue to help and assist the BMV whenever called upon.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of LUCAS :

State of Ohio :

I, KARI D. VACULIK, 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: *Kari D. Vaculik*

Printed/typed name of proposer: Kari D. Vaculik

Sworn to and subscribed in my presence by the above named Kari D. Vaculik

on this 23 day of January, 2024

[Signature]
Notary Public

Printed name of Notary Public: Heather Matuszak

My commission expires: 4.30.25



4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Kari Danielle Vaculik

Location Number 48-A

Proposer Number (BMV use only) _____

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>29730.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Kari D Vaculik Location number: 48-A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 36 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 for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (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.

Kari D. Vaculik
Deputy registrar (proposer) signature

Date: 1-16-2024

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Kari D Vaculik Location number: 48-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
Kari D Vaculik	30
Amy Carnes	17
Crystal Thompson	5
Linda Riley	8
Maizee Garland	5

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

Kari D. Vaculik
Deputy registrar (proposer) signature

Date: 1-16-2024

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Kari D. Vaculik Location number: 48-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 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 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 \$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	36.00	N/A	N/A	N/A
Office Manager <small>(leave blank if the Deputy Registrar is also the Office Manager)</small>	36.00	\$ 25.00	\$ 900.00	\$ 3,600.00
Assistant Office Manager	36.00	\$ 18.00	\$ 648.00	\$ 2,592.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>6</u>	192.00	\$ 16.00	\$ 3,072.00	\$ 12,288.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u>	0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	300.00	N/A	\$ 4,620.00	\$ 18,480.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Kari D. Vaculik Location number: 48-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.

\$ 18,480.00

2. SITE PREPARATION COSTS (AMORTIZED)

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

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

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

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

\$

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 3750.00 x 3 = \$ 11250.00

TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent] \$ 29730.00

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2024

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 Kari D Vaculik _____, (deputy registrar, herein) whose

home mailing address is _____

(City) Sylvania, **Ohio (Zip)** 43560, **to operate a deputy registrar agency, Location No.** 48-A, **to be located as follows: in the**

State of Ohio, County of Lucas

City/Village/Township (indicate which) City **of** Sylvania

Street address: 4900 N. McCord Rd.

(City) Sylvania, **Ohio (Zip)** 43560

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 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;

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 2024 Deputy Registrar Contract Terms and Conditions incorporated herein.

Kari D. Vaculik
Deputy Registrar signature

1-16-2024
Date

STATE OF OHIO :
:
COUNTY OF Lucas :

Before me, a notary public in and for said county and state, personally appeared the above named Kari D Vaculik, 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 16th day of January, 2024.

[Signature]
NOTARY PUBLIC

Printed name of Notary Public: Heather Matuszak

My commission Expires: 4-30-25

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES



HEATHER MATUSZAK
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires 4-30-25

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name KARI DANIELLE VACULIK

Location Number 48-A

Proposed Site Address 4900 N MCCORD RD SYLVANIA OHIO 43560

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

Proposal Number (BMV use only) _____

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

ATTENTION: 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		

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 48-A
Street address of site 4900 N MCCORD RD.
City SYLVANIA, Ohio, Zip Code 43560
2. Is the site you are proposing currently in operation as a deputy registrar agency?
No _____ Yes
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?
No Yes _____
4. Are you applying for a contract at an existing license agency site that was approved under a previous contract?
No _____ Yes
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?
No _____ Yes
6. A. If you answered "No" to question number 5, please print and submit this along with form 5.3 for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
- B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.
- The agency added an additional 1000 sq feet to increase customers waiting area. Also added a public restroom to the area. This currently is the location for the Q-Flow stands and information center. A wall was removed to allow easy access and flow for customers. The new area is very helpful, bright, and welcoming to customers. This addition was completed March 2020.

5.3 LEASE OPTION

1. I (we)(owners' complete names) 4900 N MCCORD LTD



City TOLEDO, State OHIO, Zip 43604

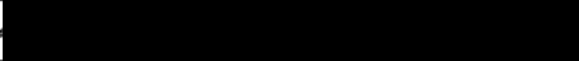
HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of LUCAS

CITY of SYLVANIA and commonly known as:

(property's address) 4900 N MCCORD RD

Suite B1B City SYLVANIA, Ohio, Zip 43560

to (proposer's name) KARI D. VACULIK

of (proposer's address) 

City SYLVANIA, Ohio, Zip 43560

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, above.
 - B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.

- C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.
- D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

Owner(s)' signature(s): *[Handwritten Signature]*

Owner(s)' printed name(s): Mark Mockensturm, POA for Carol A. Haas
Sole member

STATE OF Ohio:

COUNTY OF Lucas:

The foregoing instrument was acknowledged before me on this 22th day of January, 2024, by the owners, _____

[Handwritten Signature]
 Notary Public

Printed name of Notary Public: Blanca N. Wheeler

My commission expires on _____

I hereby accept this option



BLANCA N WHEELER
 Notary Public, State of Ohio
 My Commission Has No Expiration
 Section 147.03 D.R.C

1-22-24
 Date

[Handwritten Signature]
 Optionee signature, Deputy Registrar Proposer