

OPERATIONAL EVALUATION (2024)

Abigail Guard
31-D / 24002
Hamilton County, Cincinnati
3372 Red Bank Rd.

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points <small>(enter points recorded on bottom of Form 4.0)</small>	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>32</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>201</u> Proposed: <u>260</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement <small>(2024 Ohio Minimum Wage Rate = \$7.25 or \$10.45 Per Hour)</small>	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>25,545</u> On Deposit (Form 3.4): \$ <u>33,159.06</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments: _____

<u>Evaluators' signatures</u>	<u>Printed names</u>	<u>Date</u>
(1) <u><i>Michael Farrell</i></u>	<u>Michael Farrell</u>	<u>2/26/24</u>
(2) _____	_____	_____

PAYROLL COMPARISON – 2024

Proposer Name: Abigail Guard

Evaluator Printed Name: Michael Farrell

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation						
	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	31-D					
Highest Rate	\$20.00					
Lowest Rate	\$15.00					
Number of Hours Recommended	201					
Number of Hours Proposed	260					
Total Monthly Wages	\$15,120					

Comments:

PERSONAL EVALUATION (2024)

Abigail Guard
31-D / 24002
Hamilton County, Cincinnati
3372 Red Bank Rd.

Evaluation Team Number: _____
Location(s) Proposed: (#1) 31-D _____
Proposed as 2nd Location _____
Verify Proposer's Full Name: (#2) Abigail K. Guard
Proposer's County of Residence (NPC Operation): (#4) _____
Verify Proposer's Driver's License Number: (#6) _____
Proposing as Minority: (#9) Yes _____ No
Proposing as: (#10) Individual Clerk of Courts _____ Co. Auditor _____ Nonprofit Corp. _____

SCORING SUMMARY

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

TOTAL POINTS (Max. 258 Points): 258

Comments: _____

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u><i>Michael Farrell</i></u>	<u>Michael Farrell</u>	<u>2/26/24</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? <u>6/30/24</u>	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: Rob Fragale at telephone () _____

Company: Red Bank License Bureau

Relationship: _____

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

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

Hours per week: 36

From (date): September 2014 To (date): Present Length: 4.8 years

Verified Hours 36 = Factor 1 x Years 4.8 x Points 50 = 240

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>Red Bank License Bureau</i>	# NA =	1.0	x 4.8	x 50 =	240	✓
B.		# NA =	1.0	x	x 50 =		
C.		# NA =	1.0	x	x 50 =		
Subtotal of 13-A, 13-B & 13-C =						240	

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

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

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

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

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

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

ITEM	AGENCY	HOURS =	FACTOR x	YEARS x	POINTS =	SCORE	VERIFIED
A.		# =		x	x 23 =		
B.		# =		x	x 23 =		
C.		# =		x	x 23 =		
D.		# =		x	x 23 =		
Subtotal of 16-A, 16-B, 16-C & 16-D =							

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

17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	2	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	5	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	5	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	5	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	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)		
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)	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)?		
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO	OK	NO

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

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

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

Comments: _____

PERSONAL EVALUATION

OK | NO

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

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

PERSONAL EVALUATION

OK | NO

28. Credit Report (issued in 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?	<u>2</u>	0
B. No tax liens (state or federal)?	<u>3</u>	0
C. No judgments for the past 36 months?*	<u>3</u>	0
D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	<u>2</u>	0
E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	<u>2</u>	0
F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	<u>1</u>	0
* Exclude minor medical judgments and disputed items with good cause explanation.		

29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)

2 | 0

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

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

Comments: _____

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Abigail K. Guard

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	<input checked="" type="checkbox"/> BMV	COUNTY AUDITOR OR CLERK OF COURTS	<input checked="" type="checkbox"/> BMV	NONPROFIT CORPORATION	<input checked="" type="checkbox"/> BMV
Form 3.0 Personal Checklist (this form)	<input checked="" type="checkbox"/>	Form 3.0 Personal Checklist (this form)		Form 3.0 Personal Checklist (this form)	
Form 3.1 Personal Questionnaire	<input checked="" type="checkbox"/>	Form 3.1 Personal Questionnaire		Form 3.1 Personal Questionnaire	
Form 3.2 Business and Employment Experience	<input checked="" type="checkbox"/>	Forms 3.2 Business and Employment Experience		Forms 3.2 Business and Employment Experience	
Form 3.3 Customer Service Experience	<input checked="" type="checkbox"/>	Form 3.3 Customer Service Experience		Form 3.3 Customer Service Experience	
Form 3.4 Start-Up Cost Funds on Deposit	<input checked="" type="checkbox"/>	N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit
Form 3.5 Political Contributions Report	<input checked="" type="checkbox"/>	N/A	X	1	Form 3.5 Political Contributions Report Nonprofit Corporation
N/A	X	1	X	1	Form 3.5 Political Contributions Report Chief Executive Officer
Form 3.6 Comprehensive Personnel Policy Agreement	<input checked="" type="checkbox"/>	Form 3.6 Comprehensive Personnel Policy Agreement		Form 3.6 Comprehensive Personnel Policy Agreement	
Form 3.7 Security Plan Agreement	<input checked="" type="checkbox"/>	Form 3.7 Security Plan Agreement		Form 3.7 Security Plan Agreement	
Form 3.8 Facility Maintenance Plan Agreement	<input checked="" type="checkbox"/>	Form 3.8 Facility Maintenance Plan Agreement		Form 3.8 Facility Maintenance Plan Agreement	
Form 3.9 Involved and Invested in Your Business	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Form 3.10(B) Affidavit of Auditor or Clerk of Courts		Form 3.10(C) Affidavit of Nonprofit Corporation	
2024 Credit Report	<input checked="" type="checkbox"/>	N/A	X	1	2024 Certificate of Good Standing
2024 Local Law Enforcement Report	<input checked="" type="checkbox"/>	2024 Local Law Enforcement Report		Articles of Incorporation	
2024 WebCheck Receipt	<input checked="" type="checkbox"/>	2024 WebCheck Receipt		N/A	X
Pre-approval Statement for \$25,000 Bond	<input checked="" type="checkbox"/>	Current Bond with BMV added as Additional Insured		Pre-approval Statement for \$25,000 Bond	1
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:

31-D _____

2. Full legal name of proposer Abigail K. Guard

3. Proposer's street _____
City Cincinnati State OH Zip code 45238

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

5. Daytime telephone (513) _____ Home telephone (513) _____

6. Proposer's driver's license number (nonprofit corporation N/A) _____

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

8. Spouse's home street address (nonprofit corporation N/A) N/A
City N/A State N/A Zip code N/A

9. Are you proposing as the owner of a minority business enterprise (MBE)? No Yes _____

10. Proposer is (check one and follow instructions):

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

_____ The **Clerk of Courts** of _____ County;

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

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

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

Yes _____ No

B. If YES, in what elective office are you serving? N/A

C. If YES, date that you plan to leave this office? N/A

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

Yes _____ No

B. If YES, what office? N/A

13. A. Are you currently a deputy registrar?

Yes No _____

B. If YES, on what date does your contract expire? June 30, 2024

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

No Yes _____

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

Yes _____ No

B. If YES, on what date does your spouse's contract expire? N/A

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

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

Yes _____ No

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

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

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

Yes _____ No

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

Name	Relationship	Same Household	
_____	_____	Yes ___	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 Seton High School

City Cincinnati State OH Zip 45205

College name University of Cincinnati

City Cincinnati State OH Zip 45219

Major Human Services Degree awarded no

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

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

No _____ Yes

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

I have computer experience and training dated back to 2006. In high school, I took four years of computer knowledge in various software and applications. The primary focus was Microsoft applications such as word, excel, power point, and outlook.

Since then, I have educated myself as computers, internet, and electronics are continuously evolving.

In 2010, I started at the BMV as a clerk and was trained to operate BASS. I have since then mastered the software over my fourteen years. In more recent years BASS has received updates such as manager functions, day to day operations, and on-line services. The OHIO BMV also added q-flow; a check-in system. They have created the software to be easy to navigate and has training, manuals, and support to help the agencies understand new updates.

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

A. Name [REDACTED] 513 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] 513 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] 513 [REDACTED]

[REDACTED]

[REDACTED]

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 Abigail K. Guard Company name Red Bank License Bureau
 Company address 3372 Red Bank Rd. City Cincinnati
 State OH Zip 45227 Telephone (513) 271-1514
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Ohio BMV

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 9 year 2019 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? 6-8
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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	(513) [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	(513) [REDACTED]
				()

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

Proposer's name Abigail K. Guard Company name Price Hill License

Company address 3461 Warsaw Ave. City Cincinnati

State OH Zip 45205 Telephone (513) 921-6441

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

Management/supervisory duties Open/Close Agency, Verified and issued documents per O.R.C, supervised other employees,

organized and checked applications, resolved issues/complaints, maintained professional behavior during difficult situations, processed reports.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Manager Hours worked weekly? 35-40

2. Dates this position was held: From: month 1 year 2010 To: month 9 year 2019

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? 3-4

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
				(513) _____
				(513) _____
				() _____

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 Abigail K. Guard Company name Buffalo Wild Wings

Company address 2178 Anderson Ferry Rd. City Cincinnati

State OH Zip 45238 Telephone (513) 922-2999

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

EMPLOYEE - Job title: Server, Bartender

Hours worked weekly 40 Job duties Complete customer orders, friendly and outgoing attitude, money handling, time management in high volume hours.

Dates of this employment: From: month 5 year 2009 To: month 8 year 2012

Describe how and to what extent **you provided high quality customer service** at this position:
I went above and beyond to make sure the guests were happy, accommodated, and likely to return. I used my efficiency and accuracy to maintain quality relationships with guests.

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):

Things I have accomplished as current deputy registrar at my agency to improve business and customer service are as followed:

- Offer title services
- Remain adequately staffed
- Have an extra person at the door during high volume hours
- Have 5745 form available in the lobby to fill out while waiting
- Two testing kiosks
- Utilize q-flow properly to reduce wait times
- Offer seating in the lobby
- Positive calming atmosphere with positive energy
- Be attentive and understanding
- Greet customers with a smile as they enter the agency
- Be informative and helpful, don't be afraid to go the extra mile
- Patience and respect for all customers and staff members

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: Abigail K. Guard

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 manage, take responsibility and accountability for my agency by being proactive, coming up with solutions, showing up, getting things done in a timely manner, paying attention to detail and changes, accepting constructive criticism, continuing to learn and grow, and by being open to new ideas and changes.

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?

To ensure all laws, rules, and guidelines are followed adequate training is required. All documents are required to be verified by the clerk and manager on duty when necessary. The applications processed need to be checked again by the DR or manager to confirm all laws, rules, and guidelines were followed. Any error found will immediately be followed up with a phone call to the customer or a letter sent out to have the error corrected.

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

Fraud training and tools are the best measure to detect, deter, and prevent fraud. Repeated education is important to remain informed as things are constantly changing. It is also effective to inform your staff about situations that occur in the agency so they have more knowledge on how to detect fraud as it is happening and can take the proper measures to prevent it from happening again.

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?

Broadcasts are an effective way for the Ohio BMV to communicate to the deputy registrar agencies. They are to be printed and reviewed by each staff member as they are sent out. Staff members are to initial the broadcast confirming they have read and understand the information provided. Any staff member not on duty will complete this rule on their next scheduled shift. DR and managers are available to review and explain any misunderstood broadcast to staff members.

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

I would be a good leader because I am dedicated. A DR, as myself, needs to have a good work ethic and complete understanding of policies and procedures, as well as a calm and professional demeanor. I am a good leader because I can keep the agency at ease with both the customers and staff.

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

In order to maintain professionalism I need to dress appropriately, practice a clear open lines of communication, respect others, be confident in my work, promote positivity in the work place, and have a strong moral principal inside and out of the office.

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

I recruit employees through ads or word of mouth. I retain my employees by offering competitive pay, flexible schedule, rewarding their work, and creating a positive environment that employees want to be apart of.

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

-Safety
be approachable with concerns and questions from others and open to new ideas. I have security system, cameras, panic buttons, and exit routes during emergency situations. Employees are to remain educated in identifying body language and illicit behavior.
-Clean
daily cleaning measures of lobby, doors, desk, tools, bathroom, and break room to cut down the spread of germs.
-Friendly
Smiling, understanding, listening, supporting, and options to resolve issues.

9. How would you deal with an irate customer?

The best way to deal with an irate customer is to remain calm. Relating to the customer with empathy and understanding can deescalate the situation making them feel they are not alone. You want them to know you are willing to help. I find it helpful to guide a customer through the problem and give options to resolve the issue. Lastly, have a resolution. Having a resolution provides clarity for the goal, and ultimately most irate customers are frustrated because they are confused and can't find the answers they need.

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

The best advice I give to employees about dealing with an irate customer is to remain calm. Do NOT raise your voice or antagonize the situation. Your job is to deescalate the situation and ensure the customer that you are there to help, not make things worse. Also, ask for a manager to be a mediator when you are having difficulty understanding or explaining things regarding the situation.

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

I will meet the Ohio BMV expectations by exercising my abilities, experiences, and knowledge to execute accurate issuances of all services provided by the agency. I will follow all state and federal laws, rules, and guidelines outlined in the Ohio BMV manuals and revised codes. Lastly, I can meet expectations by taking accountability for any persons under my supervision to accurately operate, issue, and review any BMV services provided by the agency.

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

The Ohio BMV should consider me as deputy registrar because I am dedicated to my work, I strive for perfection, and I am open to new ideas. I take pride in my work ethic, follow rules and guidelines, and want long-term growth as a deputy registrar. I have knowledge, experience, and critical thinking skills that promote success in my position.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Hamilton **■**:

State of Ohio :

I, Abigail K. Guard, 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: _____

Printed/typed name of proposer: Abigail K. Guard

Sworn to and subscribed in my presence by the above named Abigail Guard
on this 8th day of January, 2024

[Signature]
Notary Public

Printed name of Notary Public: Diana Prost

My commission expires: August 19, 2024



DIANA PROST
Notary Public, State of Ohio
My Commission Expires
August 19, 2024

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Abigail K. Guard

Location Number 31-D

Proposer Number (BMV use only) _____

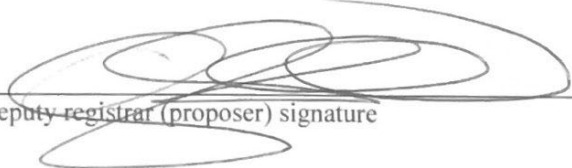
INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

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>25,545</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Abigail K. Guard Location number: 31-D

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 32 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.


Deputy registrar (proposer) signature

Date: 01/08/2024

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Abigail K. Guard Location number: 31-D

(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
Abigail Guard	12
Diana Prost	8
Olivia Pietrosky	4
Marion Knight	less than 1 year
Raquel Grant	less than 1 year

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


Deputy registrar (proposer) signature

Date: 01/08/2024

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Abigail K. Guard Location number: 31-D

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	32.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36.00	\$ 20.00	\$ 720.00	\$ 2,880.00
Assistant Office Manager	36.00	\$ 20.00	\$ 720.00	\$ 2,880.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>5</u>	156.00	\$ 15.00	\$ 2,340.00	\$ 9,360.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u>	0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	260.00	N/A	\$ 3,780.00	\$ 15,120.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Abigail K. Guard Location number: 31-D

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.

\$ 15,120.00

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.**

\$ 0

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 3,475.00 x 3 = \$ 10,425.00

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] \$ 25,545.00

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 Abigail K. Guard _____, (deputy registrar, herein) whose

home mailing address is _____

(City) Cincinnati _____, Ohio (Zip) 45238 _____, to operate a deputy

registrar agency, Location No. 31-D _____, to be located as follows: in the

State of Ohio, County of Hamilton _____

City/Village/Township (indicate which) Village _____ of Fairfax _____

Street address: 3372 Red Bank Rd. _____

(City) Cincinnati _____, Ohio (Zip) 45227 _____

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;

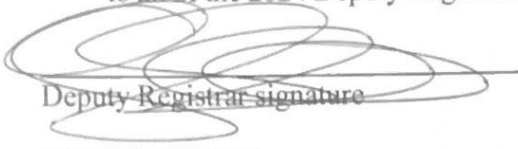
NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

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.


Deputy Registrar signature

01/08/2024

Date

STATE OF OHIO :
: COUNTY OF Hamilton :

Before me, a notary public in and for said county and state, personally appeared the above named Abigail K. Guard, 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 8 day of January, 2024.


NOTARY PUBLIC



DIANA PROST
Notary Public, State of Ohio
My Commission Expires
August 19, 2024

Printed name of Notary Public: Diana Prost

My commission Expires: August 19, 2024

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

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.

01/08/2024

Deputy Registrar signature

Date

STATE OF OHIO

:

COUNTY OF Hamilton

:

:

Before me, a notary public in and for said county and state, personally appeared the above named Abigail K. Guard, 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 _____ day of _____, 2024.

NOTARY PUBLIC

Printed name of Notary Public: _____

My commission Expires: _____

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

DEPUTY REGISTRAR
REQUEST FOR PROPOSALS

SECTION 5

(2024)

DEPUTY PROVIDED SITES

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Abigail K. Guard

Location Number 31-D

Proposed Site Address 3372 Red Bank Rd

Proposer's Telephone Number (number where BMV staff can reach you) (513) [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	<input checked="" type="checkbox"/>	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): 31-D
Street address of site 3372 Red Bank Rd.
City Cincinnati, Ohio, Zip Code 45227
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.

5.3 LEASE OPTION

1. I (we)(owners' complete names) HYDE PARK LUMBER COMPANY

of (owners' complete address) [REDACTED]

City CINCINNATI, State OHIO, Zip 45227

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 HAMILTON, (state whether city, village or township)

VILLAGE of FAIRFAX and commonly known as:

(property's address) 3372 RED BANK ROAD

Suite _____ City CINCINNATI, Ohio, Zip 45227

to (proposer's name) ABIGAIL GUARD

of (proposer's address) [REDACTED]

City CINCINNATI, Ohio, Zip 45238

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): Vicki Clephane

Owner(s)' printed name(s): Vicki Clephane, Vice President

STATE OF Ohio :

COUNTY OF Hamilton :

The foregoing instrument was acknowledged before me on this 11 day of January, 2024, by the owners, Vicki Clephane

Donald A. RAAKE

Notary Public

Printed name of Notary Public: DONALD A. RAAKE

My commission expires on 12/4/2025



DONALD A RAAKE
Notary Public, State of Ohio
My Commission Expires
December 4, 2025

I hereby accept this option.

Date

Optionee signature, Deputy Registrar Proposer