

OPERATIONAL EVALUATION (2024)

Greater Cincinnati Auto Dealers
31-A / 24018
Hamilton County, Cincinnati
138 East Court St., Room 100

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>20</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>161</u> Proposed: <u>269</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>71,463</u> On Deposit (Form 3.4): \$ <u>71,463</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) 36

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

Comments: Projected monthly pay for office manager incorrect Form 4.3
Site proposed not currently in operation as a deputy registrar with intent
to perform construction or remodeling Form 5.1 No site prep cost listed Form 4.4

	Evaluators' signatures	Printed names	Date
(1)	<u>[Signature]</u>	<u>Michael Farrell</u>	<u>2/27/24</u>
(2)	_____	_____	_____

Operational Evaluation (2024)

PAYROLL COMPARISON – 2024

Proposer Name: Greater Cincinnati Auto Dealers

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-A					
Highest Rate	\$79.85					
Lowest Rate	\$17.85					
Number of Hours Recommended	161					
Number of Hours Proposed	269					
Total Monthly Wages	\$61,713					

Comments:

Top pay listed at \$79.85/hr. May need further review/verification for accuracy.

PERSONAL EVALUATION (2024)

Greater Cincinnati Auto Dealers
31-A / 24018
Hamilton County, Cincinnati
138 East Court St., Room 100

Evaluation Team Number: _____

Location(s) Proposed: (#1) 31-A _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Greater Cincinnati Auto Dealers Assn

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

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

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: _____

Evaluators' Signatures

Evaluators' Printed Names

Date

(1) Michael Farrell Michael Farrell 2/27/24

(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 Fragate at telephone () _____

Company: GCADA

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: 20

From (date): October 2012 To (date): Present Length: 11.5 years

Verified Hours 20 = Factor .6 x Years 11.5 x Points 50 = 345

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.	GCADA	# NA = .6100 x 11.5 x 50 =	345	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =			345	

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

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

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

(2) 0

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

15

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

Comments:

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Greater Cincinnati Auto Dealers Assn

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:

31A _____

2. Full legal name of proposer Greater Cincinnati Auto Dealers Assn

3. Proposer's street address 1015 Main St

City Cincinnati State Oh Zip code 45202

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

5. Daytime telephone _____

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

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

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

City _____ State _____ Zip code _____

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

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

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

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

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

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

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)
 Yes _____ No _____

B. If YES, in what elective office are you serving? _____

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? 6/30/2024

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? _____

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 Wooster High School

City Wooster State Ohio Zip 44691

College name The Ohio State University

City Columbus State Ohio Zip 43210

Major Communication BA Degree awarded 1990

College name Capital University Law School

City Columbus State Oh Zip 43215

Major Jurisdoctor JD Degree awarded 1994

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.

Accounting and Financial use

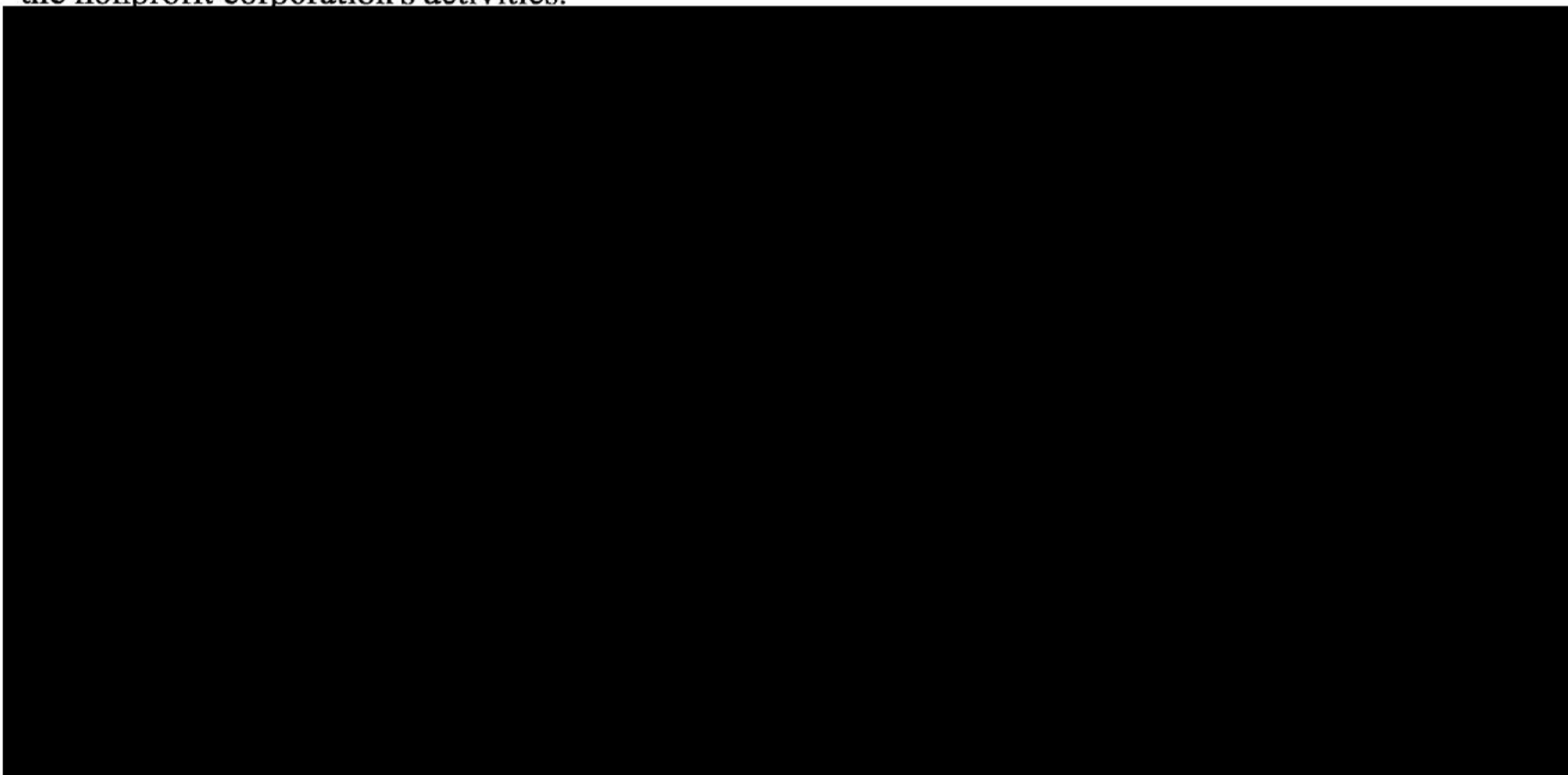
Word Processing

Email and Messaging

Tax Preparation

Use of multimedia programs, powerpoint ok all for home and business use

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.



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

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 Charles C Howard Company name GCADA
Company address 1015 Main St City Cincinnati
State Ohio Zip 45202 Telephone (513) 721-3272
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Issue driver licenses, photo Id's, vehicle registrations
BCI and fingerprinting, out of state inspections, accept reinstatement payments

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): incorporated as a nonprofit

1. Federal Tax ID Number: [REDACTED]
 2. Percentage of business you owned: _____ % Hours worked weekly 20
 3. Dates you operated this business: From: month Oct year 2012 To: month present 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? _____
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]	[REDACTED]

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 Charles C Howard Company name GCADA
 Company address 1015 Main St City Cincinnati
 State Ohio Zip 45202 Telephone (513) 721-3272
 Type of business (deputy registrar, retail grocery, etc.) Non-Profit trade Organization

Company's products and/or services Provide our members various benefits which include products service and education. We promote the new car retail industry within the community.

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): incorporated as a nonprofit

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: _____ % Hours worked weekly 20
3. Dates you operated this business: From: month Oct year 2012 To: month present 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? 4
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]				

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 Charles C Howard Company name GCADA
 Company address 1015 Main St City Cincinnati
 State Ohio Zip 45202 Telephone (513) 721-3272
 Type of business (deputy registrar, retail grocery, etc.) Cincinnati Auto Expo-Regional Car Show

Company's products and/or services The regions largest new motor vehicle industry event featuring the latest models available.

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): incorporated as a nonprofit

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: _____ % Hours worked weekly 20
3. Dates you operated this business: From: month Oct year 2012 To: month present 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? 4
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

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Proposer's name Charles C Howard Company name GCADA

Company address 1015 Main St City Cincinnati

State Ohio Zip 45202 Telephone (513) 721-3272

Type of business (deputy registrar, retail grocery, etc.) Cincinnati Auto Expo Charity Gala
Rev It Up!!

Company's products and/or services annually raise money in support of Cincinnati Childrens Comprehensive Children Injury Center to promote Child Passenger Safety. They have raised \$500,000 in the last 10 years

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

1. Federal Tax ID Number: _____

2. Percentage of business you owned: _____ % Hours worked weekly 20

3. Dates you operated this business: From: month Oct year 2012 To: month present 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? 4

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 Charles C Howard Company name GCADA

Company address 1015 Main St City Cincinnati

State Ohio Zip 45202 Telephone (513) 721-3272

Type of business (deputy registrar, retail grocery, etc.) Non-profit trade organization for new dealers and other charity initiatives.

Company's products and/or services The Association supports a number of charitable causes in addition to those previously listed. These include PanCan and Dragonfly Foundation

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): incorporated as a nonprofit

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: _____ % Hours worked weekly 20

3. Dates you operated this business: From: month Oct year 2012 To: month present 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? 4

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]				

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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Proposer's name Charles C Howard Company name GCADA

Company address 1015 Main St City Cincinnati

State Ohio Zip 45202 Telephone (513) 721-3272

Type of business (deputy registrar, retail grocery, etc.) Non-profit organization for new dealers "Safe travels for Kids" initiative

Company's products and/or services Promotes safe child passenger safety for children no matter their age or state of development. Works in conjunction with Cincinnati Childrens and Evenflo

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): incorporated as a non-profit

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: _____ % Hours worked weekly 20

3. Dates you operated this business: From: month Oct year 2012 To: month present 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? 4

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]				

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 Charles C Howard Company name GCADA

Company address 1015 Main St City Cincinnati

State Ohio Zip 45202 Telephone (513) 721-3272

Type of business (deputy registrar, retail grocery, etc.) Non-profit trade organization for new car dealers CPR Manikin program

Company's products and/or services Provide CPR training manikins to local fire departments, schools, hospitals and The Red Cross at no cost

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): incorporated as a non-profit

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: _____ % Hours worked weekly 20

3. Dates you operated this business: From: month Oct year 2012 To: month present 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? 4

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]	[REDACTED]

3.3 CUSTOMER SERVICE EXPERIENCE

Instructions. Please give us a list of ideas you have to improve customer service at your deputy registrar agency. You will only receive full credit if you demonstrate sufficient customer service awareness.

- A. This is a list of ideas I have to improve customer service at my deputy registrar agency if I am awarded a contract (Please be specific) and/or this is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

We reward our clerks at the end of each quarter for excellence in customer service. We train our employees throughout the agency so that everyone possess the fundamental skills and knowledge to provide excellent customer service. We provide our employees with competitive wages, paid vacation, sick days, reimburse some parking expenses, vision, dental, retirement and health benefits to attract the best employees possible. When the employees have done exceptionally well or gone above and beyond, we reward them with work outings, a Christmas Party, Pizza Fridays and carry in's.

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: Greater Cincinnati Auto Dealers Assn

Title (if officer of nonprofit corporation): Non Profit 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		✓		✓		✓		✓

3.5 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: Charles C Howard Greater Cincinnati Auto Dealers Assn

Title (if officer of nonprofit corporation): Executive Vice President

(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?

In addition to myself, I have a highly competent and experienced manager and assistant manager working for this agency. This management team has over 63 years of agency experience. Our philosophy is that we have a responsibility to the community, the BMV, and the Association and our employees to have the best agency we can provide for Downtown Cincinnati.

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?

Every broadcast is read, printed and distributed to all clerks and management. Everyone is required to initial the document signifying that they have read and understand what they read. In the rare instance when a mistake is made we review the transaction with the group and use the experience as a teaching moment.

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

Our clerks rotate stations so the customers are not able to ask for a particular clerk at a particular station. In addition, managers monitor work flows and work the counter alongside staff thus further deterring the possibility of a problem.

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

All broadcasts and emails are read, printed and distributed to the staff. Everyone is required to initial the document signifying they have read and understand what they have read.

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

Our philosophy is to lead by example. We do this by showing respect to the customer, The Bureau of Motor Vehicles and to one another. We have high expectations for ourselves as well as our employees. We praise excellence and we discipline when necessary.

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

The GCADA has operated this downtown location for over 35 years. We have assembled a team of managers and employees that understand in order to be successful we must be professional. This means we must be courteous, knowledgeable and reliable in order to serve our constituents. These are organizational ideals that we have and will continue to meet each day.

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

When we hire, our agency puts a premium on deputy registrar agency experience. In addition we offer very competitive wages as well as benefits which include medical, dental and vision, paid vacation, paid sick days and a retirement plan. This approach has allowed us the ability to assemble a very competent and professional staff without much turnover.

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

Our philosophy is that our office is a direct reflection on our operation. Therefore our office has been repainted and carpets have been shampooed within the last year. In addition to the cleaning crew, our staff has individual cleaning assignments to ensure our agency is inviting. Our agency is located in the County Annex building which has deputy sheriffs posted outside our office.

9. How would you deal with an irate customer?

Many of our transactions are complex and involve several agencies therefore confusion and frustration are the result. We show our customers empathy for their situation, listen to their concerns and complaints and then assist them in the process by providing as much information as possible so they can complete their transaction.

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

We stress to our employees that many times customers find themselves dealing with agencies and procedures that are very foreign to them. Our staff is taught to be friendly, empathetic and knowledgeable. By emphasizing these skills, our agency is in the best position to help the customer achieve their goal in completing their transactions.

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

Our agency takes very seriously the challenge of meeting the Bureau's expectations. We maintain an excellent relationship with the Bureau representatives and respond quickly and professionally to all requests. We pride ourselves on the accuracy of our work and will continue to meet and exceed any and all expectations of the Bureau as we have already done.

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

Our agency employees have combined over 99 years of experience in a deputy registrar agency. The Greater Cincinnati Automobile Dealers Association have been operating our current downtown location since 1989. We understand the needs for our customers, providing professional and courteous service.

3.10(C) AFFIDAVIT OF A NONPROFIT CORPORATION

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

County of Hamilton :

State of Ohio :

I, Charles C Howard, being first duly sworn, depose and say that:

- 1) I am duly elected or appointed (office held) Executive Vice President for Greater Cincinnati Auto Dealers Assn, a nonprofit corporation;
- 2) I am submitting this proposal for the appointment of said nonprofit corporation as a deputy registrar, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person, persons, or business;
- 3) If appointed the nonprofit corporation will serve as a deputy registrar in its capacity as a nonprofit corporation, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any person, persons, or business;
- 4) If appointed as a deputy registrar, the nonprofit corporation will not assign its deputy registrar contract, in whole or in part, nor any of its deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar; and,
- 5) If appointed as deputy registrar, the nonprofit corporation will fully comply with the requirement that no person, except the Registrar, shall operate or control, directly or indirectly, more than one deputy registrar agency at any time, except that I understand that a nonprofit corporation which provides automobile-related services may operate one deputy registrar agency in each county in which it offers other services;
- 6) To the best of my knowledge and belief, the nonprofit corporation is fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make it ineligible to serve as a deputy registrar; and,
- 7) I have read the forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted for the purpose of obtaining a deputy registrar contract on behalf of the nonprofit corporation.

Signature of officer: *Charles C Howard EVP*

Printed/typed name of officer: Charles C Howard

Printed/typed name of nonprofit corporation: GCADA

Sworn to and subscribed in my presence on this 18 day of January, 2024

Crystal Lee

Notary Public

Printed name of Notary Public: Crystal Lee

My commission expires: 9/8/28



CRYSTAL LEE
Notary Public, State of Ohio
My Commission Expires
September 08, 2028

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.

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Greater Cincinnati Auto Dealers Assn.

Location Number 31A

Proposer Number (BMV use only) _____

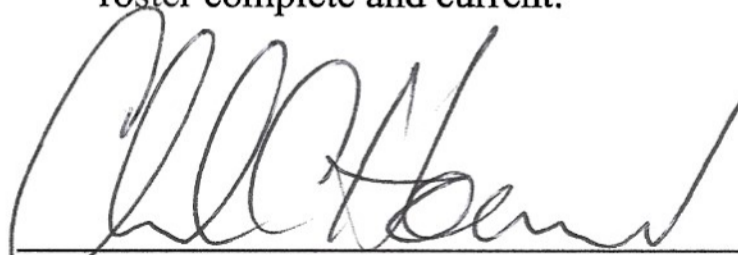
INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

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>71,463.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Greater Cincinnati Auto Dealers Assn Location number: 31A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 20 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open 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: 1-18-24

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Greater Cincinnati Auto Dealers Assn Location number: 31A

(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.

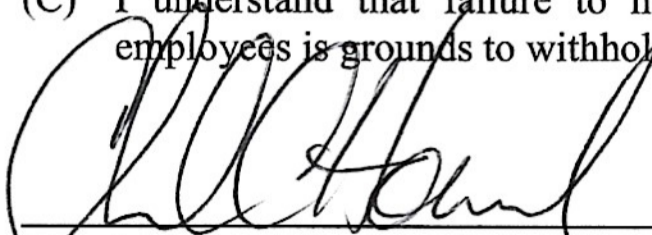
(B) CHECK WHICHEVER APPLIES:

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
Chris Wilhoit	28
Sandy Vornhagen	25
Judy Schalk	18
Crystal Lee	16
Hope Wood	2

(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: 1-18-24

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Greater Cincinnati Auto Dealers Assn Location number: 31A

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	20.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40.00	\$ 30.49	\$ 1,219.60	\$ 4,878.00
Assistant Office Manager	40.00	\$ 17.85	\$ 714.00	\$ 2,856.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>5</u>	169.00	\$ 79.85	\$ 13,494.65	\$ 53,978.60
New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u>	0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	269.00	N/A	\$ 15,428.25	\$ 61,713.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Greater Cincinnati Auto Dealers A Location number: 31A

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.

\$ 61,713.00

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: \$ 3250.00 x 3 = \$ 9750.00

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]

\$ 71,463.00

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 Greater Cincinnati Automobile Dealers Assn _____, (deputy registrar, herein) whose

home mailing address is _____

(City) Cincinnati _____, Ohio (Zip) 45202 _____, to operate a deputy

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

State of Ohio, County of Hamilton _____

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

Street address: 1015 Main St _____

(City) Cincinnati _____, Ohio (Zip) 45202 _____

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"]:

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.

[Signature]
Deputy Registrar signature

1-18-24
Date

STATE OF OHIO :
: COUNTY OF Hamilton :

Before me, a notary public in and for said county and state, personally appeared the above named Charles C Howard, 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 18 day of January, 2024.

[Signature]
NOTARY PUBLIC



CRYSTAL LEE
Notary Public, State of Ohio
My Commission Expires
September 08, 2028

Printed name of Notary Public: Crystal Lee
My commission Expires: 9/8/28

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on _____

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Greater Cincinnati Auto Dealers Assn

Location Number 31A

Proposed Site Address 1015 Main St, Cincinnati, Ohio 45202

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): 31A
Street address of site 1015 Main Street
City Cincinnati, Ohio, Zip Code 45202
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.

7. Do you agree to comply with applicable Ohio Building Code requirements if construction or remodeling is necessary? No _____ Yes
8. Is the site located in a city or village? city
 If so, name of city or village Cincinnati
 If not, name of township in which it is located Hamilton
9. In what county is this site located? _____
10. Is your proposed site within the geographic area specified in the Agency Specifications? No _____ Yes
11. If proposed location is **NOT** within the geographic area specified in the Agency Specifications, list proposed locations in preferred order of importance starting with "most" important.
12. Have you included a map, with a mark showing the precise location of the proposed site? No _____ Yes
13. How many parking spaces are available for this site? 300 paylot, 38 on street spaces
14. How many other businesses share the parking facilities? 15-20 business(es)
15. What is the distance of the nearest regular parking space from the closest public entrance of the proposed agency site using the shortest route a person could safely walk? 117 feet
16. How many of the parking spaces are off-street (in a lot or garage)? 300 spaces
17. How many of the parking spaces are paved? 300 spaces
18. How many of the parking spaces are free (no charge for parking)? 2 handicap spaces
19. How many of the parking spaces are reserved exclusively for the use of deputy registrar customers? 0 spaces

20. Do you agree to keep the agency at a reasonable temperature? No _____ Yes

21. Will the site be safe for agency employees and patrons and will it have security available? No _____ Yes

Submission of a floor plan of the site is mandatory. If original drawings are formatted larger than 8-½ x 11 inches, you must also provide a reduced size copy formatted at 8-½ x 11-inches. All dimensions must be indicated on the drawing. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.

22. Have you submitted a complete floor plan of the site, showing all dimensions of all the interior areas? No _____ Yes

23. How much space is allocated for the customer area? 795 square feet

24. How much space is allocated for the employee service area? 1014 square feet

25. How much space is allocated for the employee private area? 529 square feet

26. How much space is allocated for the storage area? 249 square feet

27. How much space is allocated for the restroom facilities? 26.70 square feet

28. How much space is allocated for uses not listed above? 138 square feet

29. Total square footage of agency? 2725 square feet

Submission of a counter plan is mandatory. If original drawings are formatted larger than 8-½ x 11 inches, you must also provide a reduced size copy formatted at 8-½ x 11-inches. All dimensions, including those of the disability accessible counter, must be shown. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.

30. Have you submitted a counter plan showing all dimensions of your counters? No _____ Yes

31. Are your counters to be in accordance with RFP counter specifications? No _____ Yes

32. Please indicate which of the two counter options from the Counter Specifications, RFP Appendix 2.1, you are choosing:

A. Operator sit-down arrangement B. Operator stand-up arrangement

33. Will your customer service counter be a minimum of 46 inches and a maximum of 48 inches (or for incumbent deputies only, a maximum of 50 inches) high?

No Yes

Actual Measurement: 46 inches

34. Do you agree to position all computers so they are adequately protected from damage by customers?

No Yes

35. Will the total length of your equipment support counter be at least 60 inches for each terminal?

No Yes

Actual Total Length (all counters): 459 feet

36. Will the depth of your regular counter be a minimum of 30 inches and a maximum of 36 inches?

No Yes

Actual Depth: 35 inches

37. Will each 60-inch section of your counter be able to support at least 100 pounds of equipment?

No Yes

38. Will you provide space for a vision screener at a reasonable height and conveniently located to the disabled-accessible counter?

No Yes

39. Do you agree to provide a counter, acceptable to the BMV, to accommodate the digitized driver's license production equipment?

No Yes

40. Will the disabled-accessible section of your counter be a minimum of 36 inches wide and have a knee hole opening of at least 27 inches clearance height, 30 inches wide and 19 inches deep?

No Yes

Height: 30 Width: 42 Depth: 19

41. Will you have at least one terminal service area which will be readily accessible for use by individuals with a disability?

No _____ Yes

42. Will you provide space either on the counter or on one or more separate printer stands (additional space of at least 30 inches wide) for each of the printers in the agency?

No _____ Yes

43. How many signs do you propose for the location?

3 signs

44. List below the location and size (all dimensions) of your signs or proposed signs:

Location of signs	Dimensions of signs
Front Window	46" x 14"
Front Door	21 1/2" x 28"
Front Window	27 1/2" x 14"

45. **Form 5.3.** You must give satisfactory evidence that the facility you have proposed will be available for the operation of a deputy registrar agency during the entire period of the contract. If you will be leasing the facility from someone else, you must submit a fully executed (signed, notarized, and accepted) Lease Option, Form 5.3. If you own the property yourself, you must submit a copy of your deed along with a Lease Option, Form 5.3, giving yourself an option or a written statement that the property is available for use as a deputy registrar agency.

46. **Form 5.4.** Is the location for which you are proposing designated a DEPUTY PROVIDED PROXIMITY SITE in the Agency Specifications for that location?

Yes. You must complete and submit with your proposal a fully completed Proximity Attachment, Form 5.4.

No. Please do not submit the Proximity Attachment, Form 5.4.

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Answer all questions for the proposed facility as it now exists. If the site as it now exists is deficient in any respect, list in the spaces provided all improvements the landlord or you will make if you are awarded a deputy registrar contract. Be specific. You may use the possible solutions noted on this form or you may propose your own solutions. If the proposed facility is under construction, answer all questions regarding the facility after completion in accordance with the construction plans. If any question clearly does not apply, mark it "Not Applicable" or "N/A."

1. ACCESSIBLE ENTRANCE. People with disabilities should be able to arrive at a parking space accessible to persons with disabilities on the site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities. "Accessible space" means a parking space which meets all Americans with Disabilities (ADA) requirements for disability (formerly "Handicapped") parking. "Accessible entrance" means an entrance to a building which meets ADA requirements for access by persons with disabilities, including persons who are in wheelchairs.

- A. Is there a path of travel from the disability accessible parking space to the agency entrance that does not require the use of stairs? No _____ Yes
- B. Is the path of travel stable, firm, and slip-resistant? No _____ Yes
- C. Except for curb cuts, is the path at least 36 inches wide? No _____ Yes
- D. Do curbs on the pathway have curb cuts at least 32 inches wide at all necessary points? No _____ Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, adding a ramp, designing an alternative path of travel, repairing surfaces, widening the pathway, installing curb cuts, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____

2. RAMPS. Are ramps necessary to permit wheelchair access? Yes _____ No

If "yes" complete the following information. If "no," skip forward to "Parking and Drop-Off Areas," next page.

A. Are the slopes of ramps no greater than 1:12? No _____ Yes _____

Slope is given as a ratio of the height to length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.

B. Do all ramps longer than six (6) feet have railings on both sides? No _____ Yes _____

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Are railings sturdy, and between 34 and 38 inches high? No _____ Yes _____
- D. Is the width between railings at least 36 inches? No _____ Yes _____
- E. Are ramps non-slip? No _____ Yes _____
- F. Is there a 5-foot-long level landing at the top of the ramp, at the bottom of the ramp, at switchbacks, if any, and at every 30-foot horizontal length of ramp? No _____ Yes _____

The ramp should rise no more than 30 inches between landings.

If ramps are necessary, and the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, lengthening ramp to decrease slope, relocating ramp, rebuilding ramp, adding railings, repairing or adjusting railings, adding non-slip surface materials, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

- 3. PARKING AND DROP-OFF AREAS.** Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle)? No _____ Yes

For guidance in determining the appropriate number to designate, the table below gives the ADA requirements for new construction and alterations.

Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible
1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces

- A. Are 16-foot wide spaces, with 98 inches of vertical clearance, Available for lift-equipped vans? No _____ Yes
- At least one of every 8 accessible spaces must be van-accessible.*
- B. Are the accessible spaces closest to the accessible entrance? No _____ Yes
- C. Are the accessible spaces marked with the International Symbol of Accessibility (standard disability parking sign)? No _____ Yes

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, reconfiguring spaces by repainting stripes, moving the spaces, adding proper signs, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____

After improvements, if any, have been made, how far will it be between the nearest accessible parking space to the nearest accessible building or mall entrance using the most direct path a wheelchair can safely travel?

Measurement = 117 Feet

Is the nearest accessible space within two hundred (200) feet of the accessible entrance?

No _____ Yes

Is the nearest accessible space within one hundred (100) feet of the accessible entrance?

No Yes _____

4. **ENTRANCE.** If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?

No Yes _____

A. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?

No _____ Yes _____

B. Can the accessible entrance be used independently?

No _____ Yes

C. Does entrance door have at least 32 inches clear opening (for double door, at least one 32-inch leaf)?

No _____ Yes

D. Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle?

No _____ Yes

A person using a wheelchair needs this space to get close enough to open the door

E. Is the threshold level (less than 1/4 inch high) or beveled, up to 1/2 inch high?

No _____ Yes

F. Are doormats 1/2 inch high or less with beveled or secured edges?

No _____ Yes

G. Is the door handle no higher than 48 inches and operable with a closed fist?

No _____ Yes

(The “closed fist” test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.)

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, reconfiguring spaces by repainting stripes, moving the spaces, adding proper signs, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____

After improvements, if any, have been made, how far will it be between the nearest accessible parking space to the nearest accessible building or mall entrance using the most direct path a wheelchair can safely travel?

Measurement = 117 Feet

Is the nearest accessible space within two hundred (200) feet of the accessible entrance?

No _____ Yes

Is the nearest accessible space within one hundred (100) feet of the accessible entrance?

No _____ Yes

4. **ENTRANCE.** If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?

No Yes _____

A. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?

N/A

No _____ Yes _____

B. Can the accessible entrance be used independently?

No _____ Yes

C. Does entrance door have at least 32 inches clear opening (for double door, at least one 32-inch leaf)?

No _____ Yes

D. Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle?

No _____ Yes

A person using a wheelchair needs this space to get close enough to open the door

E. Is the threshold level (less than 1/4 inch high) or beveled, up to 1/2 inch high?

No _____ Yes

F. Are doormats 1/2 inch high or less with beveled or secured edges?

No _____ Yes

G. Is the door handle no higher than 48 inches and operable with a closed fist?

No _____ Yes

(The “closed fist” test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.)

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

5. ACCESS TO ALL DEPUTY REGISTRAR SERVICES. Ideally, the layout of the building should allow people with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

- A. Does the accessible entrance provide direct access to the main floor, lobby, or elevator? No _____ Yes
- B. Are all public spaces on an accessible path of travel? No _____ Yes
- C. Is the accessible route to all public spaces and services at least 36 inches wide (except for interior doors)? No _____ Yes
- D. Are the aisles between chairs or tables at least 36 inches wide? No _____ Yes
- E. Are there spaces for wheelchair seating distributed throughout? No _____ Yes
- F. Do interior doors into public spaces have at least a 32-inch clear opening? No _____ Yes
- G. On the pull side of interior doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair can get close enough to open the door? No _____ Yes
- H. Can doors be opened without too much force? No _____ Yes
- I. Are door handles 48 inches high or less and operable with a closed fist? No _____ Yes
- J. Are all interior thresholds, if any, level (less than 1/4 inch high), or beveled, up to 1/2 inch high? No _____ Yes
- K. Is carpeting, if any, low-pile, tightly woven, and securely attached along edges? No _____ Yes

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____

SEATS, TABLES & COUNTERS

- A. Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide? No _____ Yes
- B. Is the top of the ADA table or counter between 28 and 34 inches high? No _____ Yes
- C. Are knee spaces at accessible tables at least 27 inches clearance height, 30 inches wide, and 19 inches deep? No _____ Yes

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____

6. RESTROOM USAGE. Restrooms should be accessible to people with disabilities.

- A. Is there currently a restroom available for use by the customers of the agency? No _____ Yes
- B. Is at least one restroom (either one for each sex, or unisex) fully ADA accessible? No _____ Yes

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Is there adequate signage identifying the ADA restroom(s)? No _____ Yes
- D. Is the doorway of the ADA restroom at least 32 inches clear? No _____ Yes
- E. Are doors to the ADA restroom(s) equipped with accessible handles (operable with a closed fist), 48 inches high or less? No _____ Yes
- F. Can doors to the ADA restroom(s) be opened easily (5-pound maximum force)? No _____ Yes
- G. Does the entry configuration to the ADA restroom(s) provide adequate maneuvering space for a person using a wheelchair? No _____ Yes
- H. Is there a 36-inch-wide path to all fixtures in the ADA restroom(s)? No _____ Yes

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

STALLS. The following questions apply to ADA restroom(s).

- A. Is the stall door operable with a closed fist, inside and out? No _____ Yes
- B. Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)? No _____ Yes
- C. In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet? No _____ Yes
- D. Is the toilet seat 17 to 19 inches high? No _____ Yes

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____

LAVATORIES. The following questions apply to ADA restroom(s).

- A. Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front? No _____ Yes
- B. A maximum of 19 inches of the required depth may be under the lavatory. No _____ Yes
- C. Is the lavatory rim no higher than 34 inches? No _____ Yes
- D. Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)? No _____ Yes
- E. Can the faucet be operated with one closed fist? No _____ Yes
- F. Are soap and other dispensers and hand dryers within reach ranges and usable with one closed fist? No _____ Yes
- G. Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower? No _____ Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

5.3 LEASE OPTION

1. I (we)(owners' complete names) Board of County Commissioners of Hamilton County Ohio

of (owners' complete address) [REDACTED]

City Cincinnati, State Ohio, Zip 45202

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) City of Cincinnati and commonly known as:

(property's address) 1015 Main St

Suite _____ City Cincinnati, Ohio, Zip 45202

to (proposer's name) Greater Cincinnati Auto Dealers Assn

of (proposer's address) [REDACTED]

City Cincinnati, Ohio, Zip 45202

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.

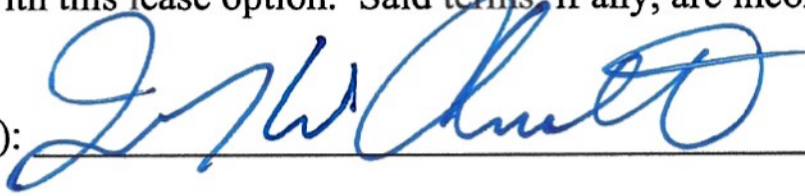
4. THE PARTIES AGREE AS FOLLOWS:

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): 

Owner(s)' printed name(s): Jeffrey W. Aluotto
County Administrator

STATE OF Ohio :

COUNTY OF Hamilton :

The foregoing instrument was acknowledged before me on this 18th day of January, 2024, by the owners, Hamilton County Board of Commissioners through Jeffrey W. Aluotto, its County Administrator

Notary Public
Printed name of Notary Public: Leslie R. Hervey
My commission expires on March 19, 2027

I hereby accept this option.



Leslie R. Hervey
Notary Public, State of Ohio
My Commission Expires:
March 19, 2027

Date

Optionee signature, Deputy Registrar Proposer

5.4 PROXIMITY ATTACHMENT

Instructions

If the location you are submitting a proposal for is designated in the Agency Specifications as a deputy Provided **Proximity Site**, complete this form and include the original with your proposal. If it is designated as a Deputy Provided **Non-Proximity Site**, do not submit this form.

This document is for locations which the Registrar has designated for One-Stop Shopping to encourage the deputy registrar to provide a site located close to either an **existing** Driver's License Examination Station or an **existing** Clerk of Courts Title Office.

Bureau of Motor Vehicles (BMV) records indicate that a Driver's License Examination Station or a Clerk of Courts Title Office, or both, are situated within the boundaries of this location.

If there are both a Driver's License Examination Station and a Clerk of Courts Title Office within the boundaries of this location, equal consideration will be given for situating close to either one.

In evaluating the proposed deputy registrar site's proximity to either a Driver's License Examination Station (Exam Station) or a Clerk of Courts Title Office (Title Office), the Registrar intends to give the following consideration:

Highest Consideration: Highest consideration will be given to sites situated in the same building, in an adjacent building, within the same business district, or within the same shopping center as the **existing** Exam Station or Title Office.

Second Highest Consideration: Second highest consideration will be given to sites situated within approximately one-half mile, by most direct public-access route, to the **existing** Exam Station or Title Office.

Proposers shall not attempt to influence a Driver's Examination Station or a Clerk's Title Office to move to a different location at this time. No credit will be given during this RFP process to any proposer who proposes to relocate a Driver's License Examination Station or a Clerk's Title Office to be closer to the proposer's site.

QUESTIONNAIRE (SUBMIT ORIGINAL)

1. Proposer's name Greater Cincinnati Auto Dealers Assn
2. Street address of proposed site 1015 Main St
City Cincinnati State Ohio Zip 45202

3. If the proposed site is close to an **existing** Driver's License Examination Station (Exam Station), what is the address of the Exam Station?

n/a

Is the proposed site located within the same building, an adjacent building, the same business district, or the same shopping center as the Exam Station?

No _____ Yes _____

Is it located within approximately one-half mile (0.5 miles) from the Exam Station?

No _____ Yes _____

If YES, specify distance to nearest one-tenth mile: _____

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Exam Station and return):

4. If the proposed site is close to an **existing** Clerk of Courts Title Office (Title Office), what is the address of the Title Office?

1001 Main St, Cincinnati, Ohio 45202

Is it located within the same building, an adjacent building, the same business district, or the same shopping center as the Title Office?

No _____ Yes

Is it located within approximately one-half mile (0.5 miles) from the Title Office?

No _____ Yes

If YES, specify distance to nearest one-tenth mile: 0.0 miles

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Title Office and return):

We have a door going into the entrance of the title department.



CHAMPLIN
THINK CREATE REALIZE

720 E Pete Rosa Way, Suite 140
Cincinnati, OH 45202
T 513.241.4474

thinkchamplin.com

THINK CREATE REALIZE



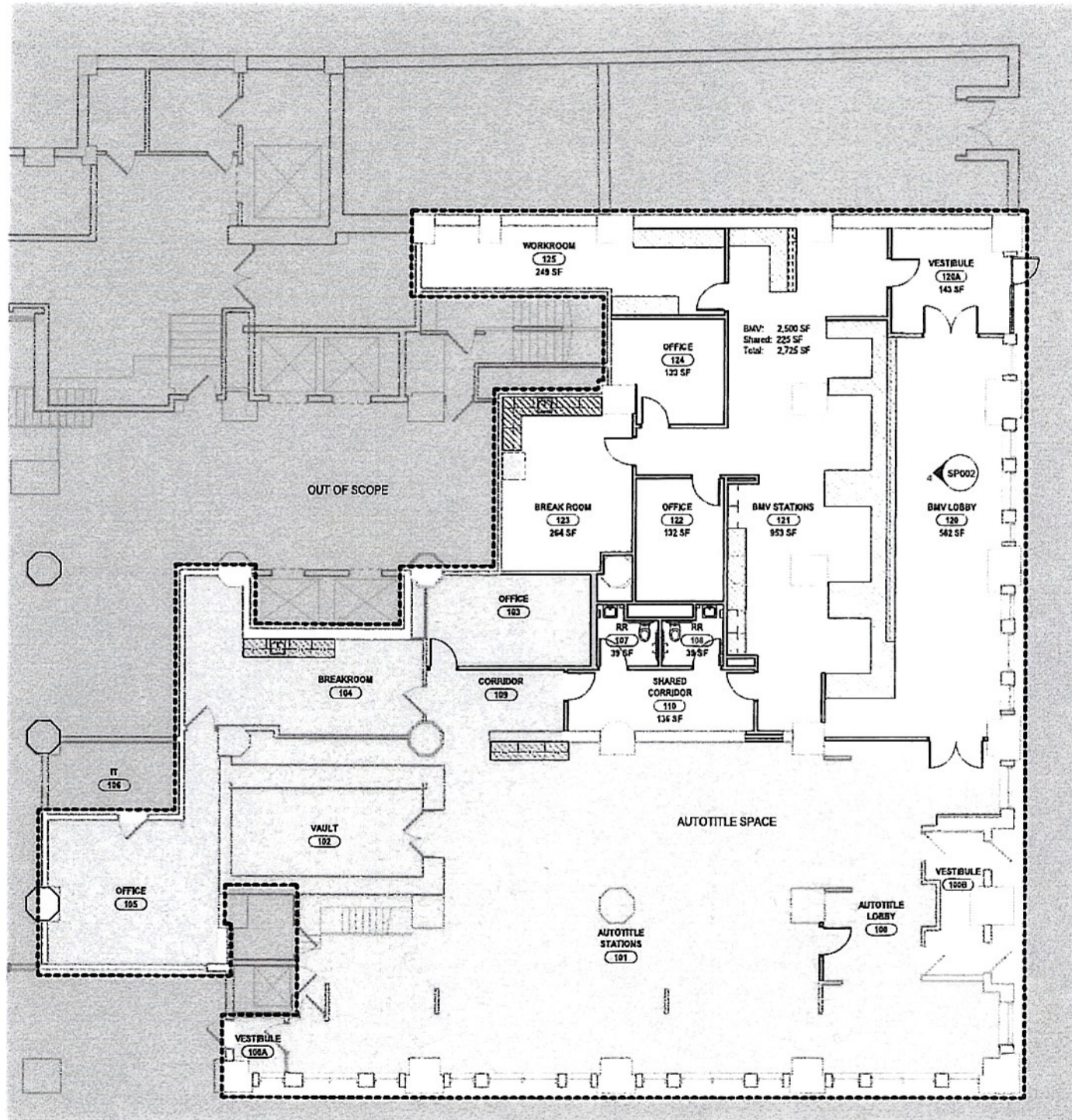
3960 Redbank Road #250
Cincinnati, OH 45227
Tel: 513.561.2271



TODD B PORTUNE
BMV RENOVATION
1015 MAIN STREET
CINCINNATI, OH 45202

ISSUANCES

No.	Description	Date
1	CONFORMANCE	7/11/23
2	BULLETIN #1	9/27/23
3	CASEWORK ASI	10/4/23



1 BMV SPACE PLAN
SP001 1/8" = 1'-0"

Drawn By
SH

Checked
MKM

Client No.
84

Project
8086

**PRELIMINARY
DRAWING
ONLY**

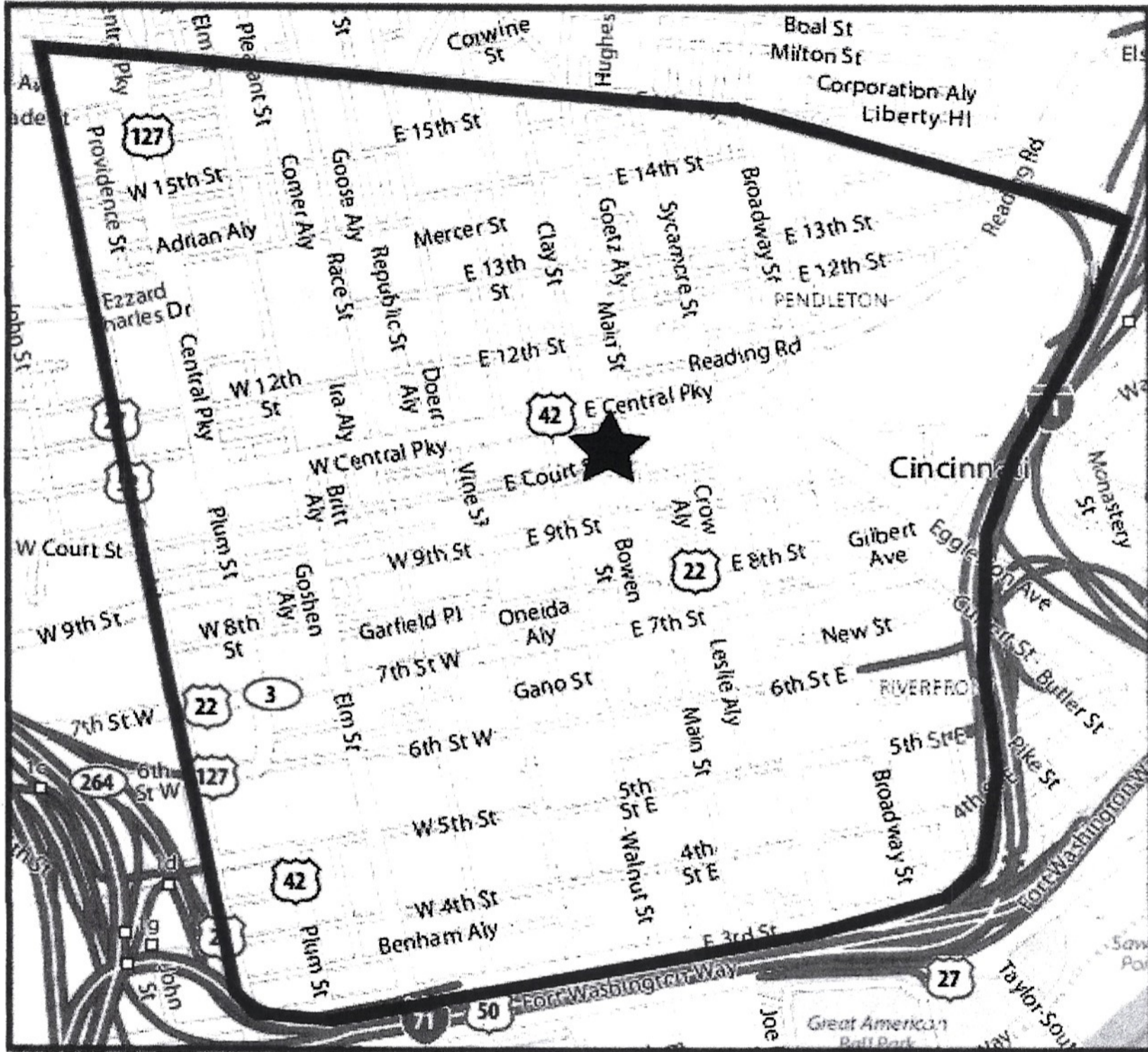
NOT TO BE
USED FOR
CONSTRUCTION

DRAWING TITLE
BMV SPACE PLAN

SHEET NO.
SP001

HAMILTON COUNTY CINCINNATI – LOCATION #31-A

GEOGRAPHIC AREA SHEET



The site chosen for this location shall be in close proximity (evaluated as received) or within the boundaries listed below:

- Northern Boundary – Liberty St.
- Eastern Boundary – I-71
- Southern Boundary – I-71
- Western Boundary – Central Ave.

NOTE: If proposing a location **OUTSIDE** the established boundaries, a location **WITHIN** the established boundaries must also be proposed. All proposed locations, inside and outside of set boundaries, are subject to BMV approval/disapproval.