# PAYROLL COMPARISON – 2022

**Proposer Name:** Adeline Griffin  
**Evaluator Printed Name:** Robert A. Fragale

## PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

<table>
<thead>
<tr>
<th>Location Number(s)</th>
<th>Loc. 1</th>
<th>Loc. 2</th>
<th>Loc. 3</th>
<th>Loc. 4</th>
<th>Loc. 5</th>
<th>Loc. 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Rate</td>
<td>$ 11.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest Rate</td>
<td>$ 9.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hours Recommended</td>
<td>188</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hours Proposed</td>
<td>192</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Monthly Wages</td>
<td>$5,984</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

[Blank lines for comments]

[Blank lines for comments]

[Blank lines for comments]
**PERSONAL EVALUATION (2022)**

Adeline Griffin  
67-C / 22010  
Portage County, Streetsboro  
1280 State Route 303, Unit 2

Evaluation Team Number: [ ]

Location(s) Proposed: (#1) 67-C (67-C)

Proposed as 2nd Location

Verify Proposer's Full Name: (#2) Adeline Marie Griffin

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

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

Proposing as Minority: (#9) Yes [ ] No [X]

Proposing as: (#10) Individual [X] Clerk of Courts [ ] Co. Auditor [ ] Nonprofit Corp. [ ]

### SCORING SUMMARY

<table>
<thead>
<tr>
<th>Category</th>
<th>(Max.)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 3.0, PERSONAL CHECKLIST</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 2</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 5</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 6</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 7</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 8</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

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

Comments:

---

<table>
<thead>
<tr>
<th>Evaluators' Signatures</th>
<th>Evaluators' Printed Names</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) A. Feragale</td>
<td>Robert A. Feragale</td>
<td>3/2/2023</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personal Evaluation, Page 1 of 8 (2022)
<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 &amp; 12)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 &amp; 16)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>5. Proposer is not a State of Ohio employee or will resign? (#19)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>6. Proposer is not an active insurance agent or is nonprofit? (#20)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>7. Proposer states no criminal conviction within the last 10 years? (#21)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>10. Proposer can meet bond requirements? (#24 and acceptable proof)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>11. Acceptable educational information OR nonprofit corporation? (#25)</td>
<td>5 0</td>
<td></td>
</tr>
<tr>
<td>12. Proposer has computer training or experience? (#26)</td>
<td>5 0</td>
<td></td>
</tr>
</tbody>
</table>

**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:

- 
- 
- 
- 
- 
- 

Personal Evaluation, Page 2 of 8 (2022)
BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Dawn Zwetzig at telephone (614) 205-8355

Company: BMU

Relationship: D1 Chief

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

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

Hours per week: 40

From (date): 6/16 To (date): Present Length: 6 yrs

Verified Hours 40 = Factor 1 x Years 6 x Points 25 = 150

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS =</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># NA = 1.0 x x 50 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># NA = 1.0 x x 50 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># NA = 1.0 x x 50 =</td>
<td>Subtotal of 13-A, 13-B &amp; 13-C =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS =</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># = x x 34 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># = x x 34 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 34 =</td>
<td>Subtotal of 14-A, 14-B &amp; 14-C =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS =</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Ohio State License Services # 40 = 1 x 6 x 25 = 150</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>B.</td>
<td># = x x 25 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 25 =</td>
<td>Subtotal of 15-A, 15-B &amp; 15-C = 150</td>
<td></td>
<td></td>
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</table>

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

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY</th>
<th>HOURS = FACTOR x YEARS x POINTS =</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># = x x 23 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># = x x 23 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 23 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td># = x x 23 =</td>
<td>Subtotal of 16-A, 16-B, 16-C &amp; 16-D =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

17. OTHER EMPLOYMENT Experience, Form 3.2

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS =</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># = x x 20 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># = x x 20 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 20 =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td># = x x 20 =</td>
<td>Subtotal of Lines 17-A, 17-B, 17-C &amp; 17-D =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, Page 4 of 8 (2022)
### PERSONAL EVALUATION

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Form 3.3 – Customer Service Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Are funds in acceptable financial institution and verified with bank/teller stamp?</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>B. Are funds in proposer's or proposer's business name or joint with spouse?</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did proposer mark &quot;NO&quot; for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)</td>
<td>5 *</td>
<td></td>
</tr>
<tr>
<td>21. Form 3.6 – Personnel Policy Summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does proposer agree to provide/maintain a written personnel policy covering the following?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Hiring employees with deputy registrar agency experience?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>B. Equal Employment Opportunity?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>C. Employee training by the deputy registrar?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>D. Participation in BMV provided training?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>E. Evaluation of employee performance?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>F. Grounds for discipline or dismissal/termination (list)?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>G. Progressive disciplinary steps?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>H. Dress code with list of acceptable attire?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>I. Dress code with list of unacceptable attire?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>J. A policy for maintaining the professional appearance of all staff at all times?</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>K. Fringe benefits (beyond those required by law or contract)?</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

**PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points)**

**Note:** Score indicated "*" may lead to disqualification or contract contingency. Score "0" may lead to contract contingency.

Comments: ________________________________________________________________

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Personal Evaluation, Page 5 of 8 (2022)
PERSONAL EVALUATION

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)
   K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)
   L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)
   M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?
   N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO

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

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, Page 6 of 8 (2022)
24. Form 3.9 – Involved and Invested in Your Business

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do you plan to manage, be responsible, and be accountable for this business at all times?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3. What measures will you put in place to detect, deter, and prevent fraud?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5. How will you demonstrate good leadership to your employees?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6. How will you maintain a high level of professionalism each day in this business?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7. How do you intend to recruit and retain high quality employees?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8. How will you provide a safe, clean, and friendly place to do business?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>9. How would you deal with an irate customer?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10. What training or advice do you, or will you, give to your employees for dealing with irate customers?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful?</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>B. Is it the affidavit duly signed and notarized?</td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

26. Local Law Enforcement Report / Articles of Incorporation (AOI)

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. No disqualifying convictions for individual / AOI for nonprofit corporation?</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>B. No convictions (except minor traffic) / AOI for nonprofit corporation?</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disqualifying convictions for individual / AOI for nonprofit corporation?</td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)  27
### PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points)

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>
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:

67-C

✓

2. Full legal name of proposer: Adeline Marie Griffin

3. Proposer’s street address:

City
State Ohio
Zip code

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

5. Daytime telephone: Home telephone:

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

7. Spouse’s name (nonprofit corporation N/A): William Griffin

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

City
State Ohio
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.

Form 3.1, Personal Questionnaire, Page 1 of 6 (2022)
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?  

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:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Same Household</th>
<th>Contract Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes  No</td>
<td></td>
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<td>Yes  No</td>
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<td>Yes  No</td>
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<tr>
<td></td>
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<td>Yes  No</td>
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<td></td>
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<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes  No</td>
<td></td>
</tr>
</tbody>
</table>

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  

Form 3.1, Personal Questionnaire, Page 2 of 6 (2022)
B. If YES, list their name, relationship to you, and whether you share the same household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Same Household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Employment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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? Yes ✔

   High school name  East High School
   City  Youngstown  State  Ohio  Zip  44506

   College name  Central State University
   City  Wilberforce  State  Ohio  Zip  45384
   Major  Elementary Education  Degree awarded n/a

   College name  Youngstown State University
   City  Youngstown  State  Ohio  Zip  44555
   Major  Prekindergarten Education  Degree awarded n/a

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.
Sixteen years of daily experience with Ohio BMV computers.
Daily experience with the following programs: Microsoft Office including Word, Excel, PowerPoint,
Outlook, TEAMS
Zoom
Adobe PDF
ADP Payroll Services

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

A. Name: Crystal Robinson
   Daytime telephone number ________________________________
   City __________________________ State Ohio Zip ____________

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

B. Name: Stacia Brown
   Daytime telephone number ________________________________
   City __________________________ State Ohio Zip ____________

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

C. Name: Carol Oliver
   Daytime telephone number ________________________________
   City __________________________ State Ohio Zip ____________

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

Form 3.1, Personal Questionnaire, Page 5 of 6 (2022)
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.
3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

Proposer's name  Adeline M. Griffin  Company name  Ohio State License Services

Company address 2750 Mahoning Ave NW #9  City  Warren

State  Ohio  Zip  44483  Telephone ( 330 )  898-3998

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

Management/supervisory duties  Supervision of staff and overall delegation of work, training of clerks on Ohio BMV rules and regulations, leading staff in all areas of customer service, overseeing agency in absence of Deputy Registrar

MANAGER OR SUPERVISOR - Job title: Manager

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

2. Dates this position was held: From: month  June  year  2016  To: month  Present  year 

3. Do/did you directly hire, evaluate, train, and discipline employees?  No  Yes  

4. Do/did you directly manage/supervise employees on a daily basis?  No  Yes  

If you answered yes to question number 4, how many employees do/did you manage?  8

5. Have you ever developed a comprehensive business plan?  No  Yes  

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thresa Hamilton</td>
<td></td>
<td>Missouri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrea Nagle</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stephanie Lemon</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 3.2(B), Management and/or Supervisory Experience, Page 3 of 4 (2022)
3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

Proposer's name: Adeline M. Griffin
Company name: SanDee's Childcare Services

Company address: 1061 Lyden Ave
City: Youngstown
State: Ohio Zip: 44505
Telephone: (330) 743-0911

Type of business (deputy registrar, retail grocery, etc.): Child care center (no longer in business)

Management/supervisory duties: Administration of child care center in accordance with State rules and regulations; maintenance and management of client, staff, and facility records; supervision, scheduling, and evaluation of staff

MANAGER OR SUPERVISOR - Job title: Administrator

1. Title of position: Administrator
Hours worked weekly: 40

2. Dates this position was held: From: month Jan year 1998 To: month Feb year 2006

3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓

4. Do/did you directly manage/supervise employees on a daily basis? No Yes ✓

If you answered yes to question number 4, how many employees do/did you manage? 25

5. Have you ever developed a comprehensive business plan? No Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Robinson</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stacia Brown</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carol Oliver</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 3.2(B), Management and/or Supervisory Experience, Page 3 of 4 (2022)
3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

Proposer's name Adeline M. Griffin Company name Ohio State License Services

Company address 2750 Mahoning Ave NW #9 City Warren

State Ohio Zip 44483 Telephone (330) 898-3998

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

Management/supervisory duties Assisting in supervision of staff and overall delegation of work, training of clerks on Ohio BMV rules and regulations, leading staff in all areas of customer service, overseeing agency in absence of Deputy Registrar

MANAGER OR SUPERVISOR - Job title: Assistant Manager

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

2. Dates this position was held: From: month May year 2008 To: month June year 2016

3. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes _____

4. Do/did you directly manage/supervise employees on a daily basis? No _____ Yes _____

If you answered yes to question number 4, how many employees do/did you manage? 7

5. Have you ever developed a comprehensive business plan? No _____ Yes _____

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throsea Hamilton</td>
<td></td>
<td>Missouri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrea Nagle</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stephanie Lemon</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 3.2(B), Management and/or Supervisory Experience, Page 3 of 4 (2022)
3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. Please make additional copies of this form as necessary.

Proposer's name  Adeline M. Griffin  Company name  Trumbull License Bureau
Company address  2750 Mahoning Ave NW #9  City  Warren
State  Ohio  Zip  44483  Telephone ( 330 )  898-3998
Type of business (deputy registrar, retail grocery, etc.)  Deputy Registrar

EMPLOYEE - Job title:  Clerk

Hours worked weekly  40  Job duties Issuing vehicle registrations, driver licenses, and State issued ID cards to qualified applicants. Providing quality customer service to the general public. Distribution of Ohio BMV rules and regulations to the public. Performs visual and oral testing on customers.

Dates of this employment: From: month  Nov year  2005  To: month  May  year  2008

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

I often helped my customers understand the BMV's rules and regulations and how the rules pertained to their situation. I helped senior citizens or disabled to their cars and would assist in putting their stickers on their plates.

I would take the time to contact the help desk or other offices for those who may have made mistakes with transactions.

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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thresea Hamilton</td>
<td></td>
<td>Missouri</td>
<td>63961</td>
<td></td>
</tr>
<tr>
<td>Andrea Nagle</td>
<td></td>
<td>Ohio</td>
<td>44509</td>
<td></td>
</tr>
<tr>
<td>Sharrise Baker</td>
<td></td>
<td>Ohio</td>
<td>44137</td>
<td></td>
</tr>
</tbody>
</table>

Form 3.2(C), Employee Experience, Page 4 of 4 (2022)
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):

<table>
<thead>
<tr>
<th>I plan to improve customer service for my customers by implementing the following examples of what I have done at my agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upselling and educating the customers on all BMV services, including the benefit of multi-year registrations, 8 year DL/ID's, what services are available online.</td>
</tr>
<tr>
<td>Escorting disabled customers to their vehicles if/when needed.</td>
</tr>
<tr>
<td>Greeting customers with a pleasant, welcoming attitude. Thanking them for coming and visiting our agency.</td>
</tr>
<tr>
<td>Paying attention and addressing customer by name; allowing them to feel like they are not just a number.</td>
</tr>
<tr>
<td>Treating all customers in a courteous, considerate, and friendly manner.</td>
</tr>
<tr>
<td>Assisting senior citizens and the disabled with putting stickers and/or plates on their vehicles.</td>
</tr>
<tr>
<td>Taking the time to listen and hear customer issues or concerns to be able to better serve them.</td>
</tr>
<tr>
<td>Having a clerk to greet upon entrance to the agency to welcome customers and prequalify them to make sure they have the documents they need in order to be served. This will cut down on wait time and stop the customer from waiting unnecessarily.</td>
</tr>
<tr>
<td>Offering help at the sign in kiosk when needed.</td>
</tr>
<tr>
<td>Helping customers over the phone navigate the Ohio BMV website to help them find what they are looking for.</td>
</tr>
</tbody>
</table>

Form 3.3, Customer Service Experience (2022)
3.4 START-UP COST FUNDS ON DEPOSIT
(Not required for County Auditors or Clerks of Court)

Proposer's Name: Adeline M. Griffin

I certify that the following funds are now on deposit in a bank, savings and loan or credit union. (Brokerage accounts, mutual funds, stocks, lines of credit, credit cards, etc. are not acceptable.) The deposit amount must be equal to or exceed the amount listed as your total start-up costs on Form 4.4.

Account Owner's Name: Adeline M. Griffin

(Account must be owned by the Proposer in the Proposer's individual or business name. No other person's name, except the Proposer's spouse, if any, may appear on the account.)

Bank Name: Huntington Bank
Bank Address: 822 W. Market St. Bank City: Warren
Bank State: Ohio Bank Zip: 44814 Bank Phone: (330) 314-1290

Account Number: [redacted] Total Funds on Deposit: $20,050.27
(The total funds on deposit amount must be equal to or exceed the amount listed as your total start-up costs on Form 4.4.)

Bank or Teller's Official Stamp: JAN 28 '22

Teller's Signature: [signature] 78-12999 03 Date: 1-28-21
(Not valid without official stamp of financial institution and signature of teller.)

Form 3.4, Start-up Cost Funds on Deposit (2022)
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: ____________________________

Title (if officer of nonprofit corporation): ____________________________

(A nonprofit corporation must submit two separate reports: one for the nonprofit corporation itself, and one for its chief executive officer)

Did you and your immediate family together give more than $100.00 to any of the following during any one of the years listed? You must place a check mark "✓" in the appropriate box, "yes" or "no" for each category and year separately.

<table>
<thead>
<tr>
<th>RECIPIENT</th>
<th>JAN 1 - DEC 31 2019</th>
<th>JAN 1 - DEC 31 2020</th>
<th>JAN 1 - DEC 31 2021</th>
<th>2022 To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Democratic Party including PACs and Associations</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Republican Party including PACs and Associations</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Any other Party including PACs and Associations</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Governor, Candidate and Committee</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Attorney General, Candidate and Committee</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Secretary of State, Candidate and Committee</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Treasurer of State, Candidate and Committee</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Auditor of State, Candidate and Committee</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>State Senator, Candidate and Committee</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>State Representative, Candidate and Committee</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Form 3.5, Political Contributions Report (2022)
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 |

Form 3.6, Personnel Policy Summary (2022)
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____

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

**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:

<table>
<thead>
<tr>
<th>Yes ☑</th>
</tr>
</thead>
</table>

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

Form 3.8, Facility Maintenance Plan Summary (2022)
3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

   I plan to be involved in every aspect of my business. I have been a clerk, assistant manager, and manager so I am well versed on all positions and have studied under my Deputy Registrar for 16 years. I plan to work closely with my clerks, oversee the work area, and monitor transactions daily. I will continue to review all VR and DL/ID transactions to ensure they are properly done. I will listen to my clerks as they interact with the customers, encouraging a high level of customer service at all times. I strongly believe in budgeting and take the responsibility of overseeing the BMV's money seriously. I plan to strictly monitor all banking transactions as well as putting into place accountability standards for my staff.

2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver's licenses, identification cards, and vehicle registrations?

   By continuing to review as well as overseeing my staff daily. I plan to be hands on at my agency. We will consistently review the BMV manuals and broadcasts. I will review VR and DL/ID applications. I will oversee customer transactions including reviewing customer documents and signing off on BMV5745's. I will ensure customers provide the proper credentials for issuance.

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

   All employees will be given the policy handbook and required to review and understand it contents, including that on theft and fraud. Employees will be monitored daily, cash drawers audited and counted at various unannounced times. Cameras will be installed to monitor the office as a whole. Clerks will receive the fraudulent document trainings to ensure they understand the importance of acceptable documents.

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?

   Staff will be required to read, review, and understand then initial each broadcast when transmitted. I will ask/inquire of the staff their interpretation of what they have read and we will discuss so that they have the proper understanding. Clerks and management will read and initial all emails printed, as the Deputy and manager will read and review emails twice daily. We will continuously implement rules and regulation changes as they are issued.
5. How will you demonstrate good leadership to your employees?
I intend on leading by example, especially during peak times. I will show my employees that teamwork indeed works when we do it together. One person can not achieve alone but when we work as one unit, we can achieve great things. I will show my employees what great customer service looks like by going above and beyond to help customers in need. I will read the customer (voice, tone, body language) and remain calm during customer transactions, especially stressful times. I will display a positive attitude.

6. How will you maintain a high level of professionalism each day in this business?
By continuing the exemplary customer service I have been taught and known for. My customers know me as the problem solver and I plan to continue that. Starting from the top down, I will have an expectation of my office to conduct business one way. The right way, with integrity and professionalism. We will follow the guidelines set before us and do so with a can do/will do attitude with the ultimate goal of helping and serving the BMV public.

7. How do you intend to recruit and retain high quality employees?
I would like to work with other Deputy Registrars and share part time workers that need more hours but are not able to get them at the agency they are currently working for. This can benefit both agencies, as both agencies get access to experienced clerks and the clerk gets more hours. I intend on opening with two experienced full time employees and consistently search for BMV experience with the goal to hire a minimum of 2-3 employees with BMV knowledge. We will hire those knowledgable in customer service and will provide BMV training to all other employees.

8. How will you provide a safe, clean and friendly place to do business?
Throughout the day cleaning and sanitizing counters, vision screeners, PODS, terminal, and chairs. We will keep walkways neat, clean, and swept. We will vacuum the lobby daily while removing garbage/clutter daily, picking up in the lobby throughout the day. We will have a schedule for cleaning/sanitizing the bathrooms to keep germs at bay. Windows will be cleaned weekly. Customers care about and pay attention to the agency they frequent. Good friendly customer service leads to customers who appreciate the environment and treat it accordingly.

9. How would you deal with an irate customer?
My first goal is to always to be helpful and of service. When I have a difficult customer, I try to listen first and try to calm them down. Most problems are easily fixed once the customer comes out of "panic mode" and sees that you are attempting to create a resolution for them. I am a straight shooter. I can usually tell a customer how the BMV’s requirements are and even when they disagree and still may have to pay or they dislike the outcome, they usually take it pretty well and even thank me afterwards. Most often, I find they just want someone to take their concerns seriously and try to help them. When given a proper understanding (while upholding the BMV’s requirements), the customers usually will respect honesty, integrity, and straightforwardness and will comply without an issue. I tell my staff not to go back and forth with customers, it leads to an atmosphere of strife which does not accomplish anything.

Form 3.9, Involved and Invested in Your Business, Page 2 of 3 (2022)
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?

As I said earlier, I believe in leading by example. Teaching my staff to listen first, look for ways to fix what is wrong when you can, and always remain calm. Listen to what the customers say, and not the way they are saying it. Disregard the way it comes out or across. If we have exhausted all methods listed above and the customer is still irate, clerks will be instructed to call the manager or the Deputy to attempt to deal with the customer. If the manager and Deputy do not have success helping the customer, we will unfortunately have to ask them to leave the agency or have them removed by law enforcement as a last resort.

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

I will meet the expectations of the BMV by being present in my agency;
I will monitor the Ohio BMV stock and money;
I will display integrity, honesty, and trustworthiness daily;
I will follow the rules and guidelines set before me;
I will work with my field office to become a better, more successful Deputy Registrar each day;
I will do everything in my capability to grow the agency and take it to the next level.

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

I should be a Deputy Registrar and receive a license agency contract because I am a person with integrity. I respect the State of Ohio, as well as the BMV and I take the job seriously. I am knowledgeable with 16 years of experience and have worked in all areas of the job. I enjoy helping people and look for ways to be of service to those in need. I am naturally a problem solver so I see challenges as puzzles and I won't stop searching until I find a solution. I have a commitment to doing things the right way. I do not skip steps or try to cheat the system; I am a rule follower and that is how I intend to operate my agency. I enjoy watching those grow around me, in knowledge and understanding and will help my staff in whatever capacity I can so that they may succeed. I want to help develop them as my current Deputy has helped me increase to the next level. Ultimately, I want to grow the agency even more and have even more success.
3.10(A) AFFIDAVIT OF INDIVIDUAL
(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of Trumbull

State of Ohio

I, ___________, being first duly sworn, depose and say that:

1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;

2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;

3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar’s responsibilities to any other person or persons without the advance written consent of the Registrar;

4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;

5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,

6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: ____________________________
Printed/typed name of proposer: Adeline M. Griffin

Sworn to and subscribed in my presence by the above named Adeline Griffin
on this 1st day of February, 2022

Notary Public

Printed name of Notary Public: Cheryl Parks
My commission expires: 10-30-24

Form 3.10(A), Affidavit of Individual (2022)
<table>
<thead>
<tr>
<th>FORM</th>
<th>DESCRIPTION</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
</table>
| 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 **40** | 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: **180**  
          Proposed: **192** | 4  | *  |
|      |  
      B. Work Hours and Pay Calculated Correctly | 2  | 0  |
|      |  
      C. Meets Minimum Wage Requirement  
          (2022 Ohio Minimum Wage Rate = $7.25 or $9.30 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: $16,717.00 On Deposit (Form 3.4): $20,050.37 | 5  | *  |
| 4.5  | **Deputy Registrar Contract**  
      A. Filled Out Completely and Properly | 2  | 0  |
|      |  
      B. Signed and Properly Notarized | 3  | 0  |

**OPERATIONAL EVALUATION POINTS (Max. 40 Points)** **40**

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

**Comments:**

**Evaluators' signatures**

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blut A. Fragale</strong></td>
<td><strong>Robert A. Fragale</strong></td>
</tr>
</tbody>
</table>

**Printed names**

**Date** 2/2/22

**Operational Evaluation (2022)**
4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name  Adeline Marie Griffin

Location Number  67-C

Proposer Number (BMV use only)  22010

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

<table>
<thead>
<tr>
<th>FORM</th>
<th>DESCRIPTION</th>
<th>X</th>
<th>BMV</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>Operational Checklist (this form)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4.1</td>
<td>Appointment of Agency Managers</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4.2</td>
<td>Experienced Employees Summary</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4.3</td>
<td>Staffing and Personnel Costs Calculation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4.4</td>
<td>Start-Up Costs Calculation Amount: $16717.00</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4.5</td>
<td>Deputy Registrar Contract (2 pages only)</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Form 4.0, Operational Checklist (2022)
4.1 APPOINTMENT OF AGENCY MANAGERS

Adeline M. Griffin

Proposer's name: __________________________ Location number: 67-C

(A) Deputy Registrar: As deputy registrar, I agree to work in the agency at least ______ hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open to the public for business. This twenty-hour requirement does not apply to County Auditors, Clerks of Courts, or nonprofit corporations.

(B) Office Manager: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:

✔ Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.

____ Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.

(C) Assistant Office Manager: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.

(D) Other Employees: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.

Adeline M. Griffin
Deputy registrar (proposer) signature

01/30/2022

Date:

Form 4.1, Appointment of Agency Managers (2022)
4.2 EXPERIENCED EMPLOYEES SUMMARY

Adeline M. Griffin

(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):

<table>
<thead>
<tr>
<th>Name of Experienced Employee</th>
<th>Length of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adeline Griffin</td>
<td>16 years</td>
</tr>
<tr>
<td>Sharon Williams</td>
<td>20 years</td>
</tr>
<tr>
<td>Stephanie Lemon</td>
<td>6 years</td>
</tr>
<tr>
<td>Sharrise Baker</td>
<td>5 years</td>
</tr>
</tbody>
</table>

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

Deputy registrar (proposer) signature

Date: 01/31/2022

Form 4.2, Experienced Employees Summary (2022)
4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Adeline M Griffin
Location number: 67-C

Instructions. Use this form to project the number of hours the deputy registrar, office manager, assistant office manager, and all other experienced (if known) and/or new hire employees will work, the projected hourly wages paid, and the weekly and monthly payroll costs.

The deputy registrar shall be regularly scheduled and on duty at the license agency at least twenty (20) hours per week, during regular business hours. This twenty-hour requirement does not apply to nonprofit corporations, county auditors, or clerks of court. The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

The projected total weekly work hours for the deputy registrar and all employees should equal or exceed the minimum staffing recommended for the Class Size Agency as prescribed in the Agency Specifications.

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of $7.25 per hour by businesses with gross receipts of less than $342,000 per year and $9.30 per hour by businesses with gross receipts of $342,000 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.

<table>
<thead>
<tr>
<th>EMPLOYMENT POSITION</th>
<th>PROJECTED HOURS PER WEEK</th>
<th>PROJECTED HOURLY RATE</th>
<th>PROJECTED WEEKLY PAY</th>
<th>PROJECTED MONTHLY PAY (weekly x 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Registrar</td>
<td>40.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Office Manager (leave blank if Deputy Registrar is also the Office Manager)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Office Manager</td>
<td>40.00</td>
<td>$11.00</td>
<td>$440.00</td>
<td>$1,760.00</td>
</tr>
<tr>
<td>Experienced Employees Total Number (combine Full-time &amp; Part-time) = 2</td>
<td>72.00</td>
<td>$9.50</td>
<td>$684.00</td>
<td>$2,736.00</td>
</tr>
<tr>
<td>New Hire Employees Total Number (combine Full-time &amp; Part-time) = 2</td>
<td>40.00</td>
<td>$9.30</td>
<td>$372.00</td>
<td>$1,488.00</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>192.00</strong></td>
<td><strong>N/A</strong></td>
<td><strong>$1,496.00</strong></td>
<td><strong>$5,984.00</strong></td>
</tr>
</tbody>
</table>

Form 4.3, Staffing and Personnel Calculation (2022)
4.4 START-UP COSTS CALCULATION

Proposer's name: Adeline M. Griffin  Location number: 67-C

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.

   $ 5984.00

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** $ 6000.00
   2. **Counter Costs** $ 4000.00
   3. **Other Costs** $ 4000.00
   4. **Total** $ 14000.00

   Total amortized over 60 month contract period (Divide line 4 by 60) = $ 233.00

   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: $ 3500 x 3 = $ 10500.00

**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] $ 16717.00

Form 4.4, Start-up Costs Calculation (2022)
STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES DEPUTY  
REGISTRAR CONTRACT - 2022

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 Adeline M. Griffin (deputy registrar, herein) whose home mailing address is ___________________________, Ohio (Zip) ___________________________, to operate a deputy registrar agency, Location No. 67-C, to be located as follows: in the State of Ohio, County of Portage City/Village/Township (indicate which) City of Streetsboro Street address: 1280 State Route 303 Unit 2 (City) Streetsboro, Ohio (Zip) 44241

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 2022 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 2022 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;

3. The term of this appointment and contract shall begin on the 26th day of June, 2022, and shall end on the 26th day of June, 2027, unless otherwise terminated as provided herein;

Form 4.5, Deputy Registrar Contract (2022)
4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:  

AN INDIVIDUAL

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2022 Deputy Registrar Contract Terms and Conditions incorporated herein.

[Signature]  01/31/2022  
Deputy Registrar signature  Date

STATE OF OHIO

COUNTY OF Trumbull

Before me, a notary public in and for said county and state, personally appeared the above named [Name], 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 31 day of January, 2022.

[Signature]  
NOTARY PUBLIC

Printed name of Notary Public: CHERYL PARKS

My commission Expires: 10-30-24

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY:  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

Form 4.5, Deputy Registrar Contract (2022)
5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name  
**Adeline Marie Griffin**

Location Number  
67-C

Proposed Site Address  
1280 State Route 303 Unit 2

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

Proposal Number (BMV use only)

**INSTRUCTIONS:** You must submit one original and one copy 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 and a complete set of copies **FOR EACH LOCATION,** you will not be evaluated for those locations.

**ATTENTION:** Incumbent deputy registrars 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 the 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.

<table>
<thead>
<tr>
<th>FORM</th>
<th>DESCRIPTION</th>
<th>BMV</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0</td>
<td>Deputy Provided Site Checklist (this form)</td>
<td>✔</td>
</tr>
</tbody>
</table>
| 5.1  | Site Questionnaire  
      (page 1 only if incumbent deputy registrar proposing existing license agency site) | ✔ |
| 5.2  | ADA Checklist  
      (leave blank if incumbent deputy registrar 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 incumbent deputy registrar proposing existing license agency site) | ✔ |

**Proposer provided**

| Site Plan  
      (leave blank if incumbent deputy registrar proposing existing license agency site)  
      - on 8½ x 11-inch paper  
      - with complete dimensions | ✔ |
| Counter Plan  
      (leave blank if incumbent deputy registrar proposing existing license agency site)  
      - on 8½ x 11-inch paper  
      - with complete dimensions | ✔ |
| Map  
      (leave blank if incumbent deputy registrar proposing existing license agency site)  
      - with site clearly marked | ✔ |

Form 5.0, Deputy Provided Site Checklist (2022)
5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 67-C

   Street address of site: 1280 State Route 303 Unit 2

   City: Streetsboro, Ohio, Zip Code: 44241

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 an incumbent deputy registrar applying for a contract at an existing license agency site that was approved under your last 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?  
   If so, name of city or village
   Streetsboro  
   City
   If not, name of township in which it is located
   Portage

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?  
    200+ spaces

14. How many other businesses share the parking facilities?  
    7 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?  
    50 feet

16. How many of the parking spaces are off-street (in a lot or garage)?  
    200 spaces

17. How many of the parking spaces are paved?  
    200 spaces

18. How many of the parking spaces are free (no charge for parking)?  
    200 spaces

19. How many of the parking spaces are reserved exclusively for the use of deputy registrar customers?  
    0 spaces

Form 5.1, Site Questionnaire, Page 2 of 5 (2022)
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 larger than 8-½ x 11 inches, you must also provide a reduced size copy that will fit on one or more 8-½ inch by 11-inch pages. 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?  
500 square feet

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

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

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

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

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

29. Total square footage of agency?  
2068 square feet

*Submission of a counter plan is mandatory. If your original drawings are larger than 8-½ x 11 inches you must also provide a reduced size copy that will fit on one or more 8-½ x 11-inch pages. 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 ______

Form 5.1, Site Questionnaire, Page 3 of 5 (2022)
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): 20 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: 30 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: 30    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? 2 ________ signs

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

<table>
<thead>
<tr>
<th>Location of signs</th>
<th>Dimensions of signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marquee above entrance</td>
<td>38 X 13</td>
</tr>
<tr>
<td>window signage</td>
<td>18 X 12</td>
</tr>
</tbody>
</table>

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 _____

Form 5.2, ADA Checklist, Page 1 of 7 (2022)
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. Ramps are not necessary

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.

<table>
<thead>
<tr>
<th>Total spaces</th>
<th>Accessible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1 space</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2 spaces</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3 spaces</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4 spaces</td>
</tr>
</tbody>
</table>

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 = 50 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?

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

No N/A 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 N/A 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. 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._____________________________________________________________
February 1, 2022

Lease Option Notification

I have been working with the property manager, Michael Nolan of The Gilbert Group, who manage the Streetsboro Crossing location at 1280 State Route 303 Unit #2. There have been communication delays between the owner and property manager which have prohibited me from obtaining the lease option, even though I have expressed I was under a specified time frame. They are currently still working with me and I hope to have the final lease option in time to return with written response and comments. I have included Mr. Nolan’s contact information.

Michael Nolan [Redacted]
mnolan@gilbertgrouprealestate.com

Thank you,

[Signature]
Adeline M. Griffin
B. Operator Stand-up

The equipment support counter must be a minimum height of 37" and a maximum height of 39" from the floor.

The customer service counter must be a minimum height of 46" and a maximum of 48" from the floor.

(TYPICAL 2 TERMINAL COUNTER)

Appendix 2.1, Page 9 of 15 (2022)
Disability Accessible Counter Requirements and Digital Photo Workstation Counter Recommendations

The drawing below illustrates a counter, which accommodates individuals with disabilities and serves as the digital photo workstation. It must be a minimum of 72" wide (90" width preferred), 30" high (34" maximum height), and 30" to 36" deep. If the vision screener is located on this counter, this counter's width must be 90" to accommodate the 18" space requirement for the vision screener.

The counter used to provide service to individuals with disabilities must have a knee hole opening with at least 27" minimum clearance height, 30" width, and 19" depth. At least one terminal service area shall be readily accessible for use by individuals with disabilities. In addition, vision screening must be provided to individuals with disabilities and individuals of short stature. The terminal service area and the vision screening area for individuals with disabilities shall be conveniently located at the same or adjacent locations.

The workstation counter used to take digital photos for driver licenses and identification cards will accommodate the computer equipment needed to process digital photos and must be located within proximity to where digital camera mount is installed.

(OPERATOR'S VIEW)

(CUSTOMER'S VIEW)

Provide end panel at last station overhang

NOTE: A clear space of 60" is required in front of ADA Service Counter to comply with turning requirements.

Appendix 2.1, Page 10 of 15 (2022)
Supplemental Counter Plans

The following counter plans are used by the DPS Facilities Section and include the general specification requirements that are supplied to contractors for building counters at BMV Controlled license agency sites. These specifications include Operator Sit-Down Counter, Operator Stand-Up Counter, Disability Accessible Counter, Rear Counter, Counter Supports Information and General Notes. Additionally, these counter plans are included only as a suggested alternative and are supplemental to the required counter specifications contained on pages 1-10 of Appendix 2.1.

Operator Sit-Down Counter – DPS Facilities Specifications

CROSS SECTION

TYPICAL WORKSTATION

CASEWORK (SIDE)

CASEWORK OPENINGS

CASEWORK WITH DRAWERS

Appendix 2.1, Page 11 of 15 (2022)
Supplemental Counter Plans (Continued)

Operator Stand-Up Counter – DPS Facilities Specifications

CROSS SECTION

TYPICAL WORKSTATION

CASWORK (SIDE)

CASWORK OPENINGS

CASWORK WITH DRAWERS

Appendix 2.1, Page 12 of 15 (2022)
Supplemental Counter Plans (Continued)

Disability Accessible Counter – DPS Facilities Specifications

Appendix 2.1, Page 13 of 15 (2022)
Supplemental Counter Plans (Continued)

Rear Counter – DPS Facilities Specifications

REAR COUNTER – TOP VIEW

REAR COUNTER – FRONT VIEW

* TYPICAL COUNTER HEIGHT AND CABINET CONFIGURATION SHOWN
ACTUAL CONFIGURATION TO BE DETERMINED BY USER

REAR COUNTER – SIDE VIEWS

Appendix 2.1, Page 14 of 15 (2022)
Supplemental Counter Plans (Continued)

Counter Supports Information and General Notes

GENERAL NOTES:

1. ALL DIMENSIONS TO BE FIELD VERIFIED.
2. PROVIDE SHOP DRAWINGS ON ALL CASEWORK FOR APPROVAL BY OWNER BEFORE FABRICATION.
3. ALL CABINETS AND TOPS TO BE CONSTRUCTED TO MEET ANY "CUSTOM" STANDARDS, EXCEPT WHERE MORE STRINGENT THAN INDICATED.
4. ALL EXPOSED SURFACES SHALL BE LAMINATED EXCEPT WHERE OTHERWISE NOTED.
5. PLASTIC LAMINATE TO BE DETERMINED.
6. COUNTERTOPS: ALL TOPS TO BE CONSTRUCTED FROM 3/4" INDUSTRIAL GRADE 45# DENSITY PARTICLE BOARD IV BACKER SHEET: (.1/8" FINISH DIMENSION)
7. RADIUS (.1" RADIUS) ALL EXPOSED CORNERS.
8. PROVIDE PLASTIC T-MOULD ON ALL COUNTER EDGES.
9. FILE DRAWERS: ACCURIDE FULL EXTENSION SLIDES.
10. MISC. PULLS, "HAFELE" # 11691.446 5 1/2" BRUSHED ALUM. FINISH.
11. LEG Levelers, CAMAR Model 8430-10-P2.
12. Grommets, "DOUS HOCKETT SERIES" WHERE APPLICABLE.
13. CONTRACTOR TO LEVEL ALL COUNTER UNITS UPON INSTALLATION.
14. UPON INSTALLATION, ALL CASE WORK MUST BE CLEANED WITH A PRODUCT (SUCH AS MINERAL SPIRITS) TO REMOVE ALL RESIDUE AND LEAVE A CLEAN APPEARANCE.

Appendix 2.1, Page 15 of 15 (2022)
Streetsboro Crossing
1280 OH-303 | Streetsboro, OH 44241

Negotiable