PAYROLL COMPARISON – 2022

Proposer Name: Michael Malone

Evaluator Printed Name: Tiffany Crawford

<table>
<thead>
<tr>
<th>PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation</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>25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest Rate</td>
<td>11.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hours Recommended</td>
<td>415</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hours Proposed</td>
<td>508</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Monthly Wages</td>
<td>22,424</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
PERSONAL EVALUATION (2022)

Evaluation Team Number: 2
Location(s) Proposed: (#1) 25-G
Proposed as 2nd Location
Verify Proposer's Full Name: (#2) Michael E. Malone
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 Clerk of Courts Co. Auditor Nonprofit Corp.

SCORING SUMMARY

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

TOTAL POINTS (Max. 258 Points): 258

Comments:

Evaluators' Signatures Evaluator's Printed Names Date
(1) Tiffany Crawford
(2) ____________________________

Personal Evaluation, Page 1 of 8 (2022)
## PERSONAL EVALUATION

<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</td>
<td>0</td>
</tr>
<tr>
<td>12. Proposer has computer training or experience? (#26)</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

### PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 

**SS**

**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 2 of 8 (2022)
BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone

Company: Bahama License Agency

Relationship:

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

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

Hours per week: 48

From (date): 7/1/91 To (date): 6/21 Length: 30 yrs

Verified Hours 48 = Factor 1 x Years 30 x Points 50 = 1500

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 =
<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>Bahama License Agency</td>
<td>NA = 1.0 x 30 x 50 =</td>
<td>1500</td>
<td>✓</td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>NA = 1.0 x x 50 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td>NA = 1.0 x x 50 =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal of 13-A, 13-B & 13-C = 1500**

<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></td>
<td>= x x 34 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>= x x 34 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td>= x x 34 =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal of 14-A, 14-B & 14-C =**

<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></td>
<td>= x x 25 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>= x x 25 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td>= x x 25 =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal of 15-A, 15-B & 15-C =**

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

<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></td>
<td>= x x 23 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>= x x 23 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td>= x x 23 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td>= x x 23 =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal of 16-A, 16-B, 16-C & 16-D =**

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

<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></td>
<td>= x x 20 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>= x x 20 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td>= x x 20 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td>= x x 20 =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal of Lines 17-A, 17-B, 17-C & 17-D =**

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

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

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

#### Form 3.3 – Customer Service Experience
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?  
- Yes: 2
- No: 0

#### Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)
A. Are funds in acceptable financial institution and verified with bank/teller stamp?  
   - Yes: 5
   - No: *

B. Are funds in proposer's or proposer's business name or joint with spouse?  
   - Yes: 5
   - No: *

#### Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)
Did proposer mark "NO" for every category, every year?  
(For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)  
- Yes: 5
- No: *

#### Form 3.6 – Personnel Policy Summary
Does proposer agree to provide/maintain a written personnel policy covering the following:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Hiring employees with deputy registrar agency experience?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B.</td>
<td>Equal Employment Opportunity?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C.</td>
<td>Employee training by the deputy registrar?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D.</td>
<td>Participation in BMV provided training?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E.</td>
<td>Evaluation of employee performance?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F.</td>
<td>Grounds for discipline or dismissal/termination (list)?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>G.</td>
<td>Progressive disciplinary steps?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H.</td>
<td>Dress code with list of acceptable attire?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I.</td>
<td>Dress code with list of unacceptable attire?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J.</td>
<td>A policy for maintaining the professional appearance of all staff at all times?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>K.</td>
<td>Fringe benefits (beyond those required by law or contract)?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

**Comments:** ____________________________________________________________

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

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. An electronic alarm system? (Mandatory)</td>
<td>≤1</td>
<td>*</td>
</tr>
<tr>
<td>B. Alarm system monitored 24 hours, off-site? (Mandatory)</td>
<td>≤1</td>
<td>*</td>
</tr>
<tr>
<td>C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)</td>
<td>≤1</td>
<td>*</td>
</tr>
<tr>
<td>D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)</td>
<td>≤1</td>
<td>*</td>
</tr>
<tr>
<td>E. Motion detectors connected to alarm system? (Mandatory)</td>
<td>≤1</td>
<td>*</td>
</tr>
<tr>
<td>F. Alarm monitored contacts on all exterior doors? (Mandatory)</td>
<td>≤2</td>
<td>*</td>
</tr>
<tr>
<td>G. Alarm monitored contacts on all exterior windows? (Mandatory)</td>
<td>≤1</td>
<td>*</td>
</tr>
<tr>
<td>H. Video recording camera surveillance system? (Mandatory)</td>
<td>≤4</td>
<td>*</td>
</tr>
<tr>
<td>I. Safe or secured locking cabinet? (Mandatory)</td>
<td>≤0</td>
<td>*</td>
</tr>
<tr>
<td>J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)</td>
<td>≤4</td>
<td>*</td>
</tr>
<tr>
<td>K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)</td>
<td>≤4</td>
<td>*</td>
</tr>
<tr>
<td>L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)</td>
<td>≤1</td>
<td>*</td>
</tr>
<tr>
<td>M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?</td>
<td>≤4</td>
<td>*</td>
</tr>
<tr>
<td>N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO</td>
<td>≤4</td>
<td>NO</td>
</tr>
</tbody>
</table>

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Indoor/Outdoor maintenance and cleaning?</td>
<td>≤1</td>
<td>0</td>
</tr>
<tr>
<td>B. Prompt snow and ice removal?</td>
<td>≤0</td>
<td>0</td>
</tr>
<tr>
<td>C. Carpet and/or floor cleaning (if appropriate)?</td>
<td>≤0</td>
<td>0</td>
</tr>
<tr>
<td>D. Repainting?</td>
<td>≤4</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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)
### PERSONAL EVALUATION

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Form 3.9 - Involved and Invested in Your Business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How do you plan to manage, be responsible, and be accountable for this business at all times?</td>
<td>1</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>1</td>
<td>0</td>
</tr>
<tr>
<td>3. What measures will you put in place to detect, deter, and prevent fraud?</td>
<td>1</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>1</td>
<td>0</td>
</tr>
<tr>
<td>5. How will you demonstrate good leadership to your employees?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. How will you maintain a high level of professionalism each day in this business?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. How do you intend to recruit and retain high quality employees?</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8. How will you provide a safe, clean, and friendly place to do business?</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9. How would you deal with an irate customer?</td>
<td>0</td>
<td></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>0</td>
<td></td>
</tr>
<tr>
<td>11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Form 3.10(A) (B) or (C) - Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2. Is it the affidavit duly signed and notarized?</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Local Law Enforcement Report / Articles of Incorporation (AOI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. No disqualifying convictions for individual / AOI for nonprofit corporation?</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>2. No convictions (except minor traffic) / AOI for nonprofit corporation?</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No disqualifying convictions for individual / AOI for nonprofit corporation?</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

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

Personal Evaluation, Page 7 of 8 (2022)
### PERSONAL EVALUATION

| Credit Reports are not required for County Auditors and County Clerks of Courts |
| A. Credit report submitted contains credit score? | 2 | 0 |
| B. No tax liens (state or federal)? | 4 | 0 |
| C. No judgments for the past 36 months?* | 5 | 0 |
| D. *No bankruptcy filed or trusteeship imposed for the past 36 months? | 2 | 0 |
| E. *No other negative items (charge-offs, collections, etc.) for the past 36 months? | 2 | 0 |
| F. *No negative items (pattern of delinquencies, etc.) for the past 60 months? | 4 | 0 |

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

| 29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1) | 2 | 0 |

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

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

Comments: ____________________________________________
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__________________________________________
__________________________________________
__________________________________________

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Personal Evaluation, Page 8 of 8 (2022)
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: 25-G

2. Full legal name of proposer ____________________________

3. Proposer’s street address______________________________
   City __________________________ State __________ Zip code ________

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

5. Daytime telephone __________________ Home telephone ( )

6. Proposer’s driver’s license number (nonprofit corporation N/A) AINSLEY M. MALONE

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

8. Spouse’s home street address (nonprofit corporation N/A) OHIO
   City __________________________ State __________ Zip code ________

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

10. Proposer is (check one and follow instructions):
    ☑️ An individual person. These forms are designed to be self-explanatory for Proposers proposing as individual persons. Answer all questions as they apply to you personally. If a question does not apply to you, enter “N/A” or “Not applicable;

     _____ The Clerk of Courts of __________________________ County;

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

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

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</td>
<td>No</td>
</tr>
<tr>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
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<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</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>
<td></td>
<td></td>
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</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? No _____ Yes ✔
   THE COLUMBUS ACADEMY
   High school name ____________________________________________
   GAHANNA OHIO 43230
   City __________________________ State ___________________________ Zip __________
   MIAMI UNIVERSITY
   College name _________________________________________________
   OXFORD OHIO 45056
   City __________________________ State ___________________________ Zip __________
   MARKETING
   Major __________________________ Degree awarded __________________________
   COLUMBUS STATE COMMUNITY COLLEGE
   College name _________________________________________________
   COLUMBUS OHIO 43215
   City __________________________ State ___________________________ Zip __________
   REAL ESTATE
   Major __________________________ Degree awarded __________________________

26. Computer experience. Does Proposer have any training or experience working with or using computers? (Incumbent deputy registrars may take credit for operating BMV computers. For nonprofit corporations, this question should be answered for computer systems operated or used in the nonprofit corporation's activities.)
   No _____ Yes ✔

Form 3.1, Personal Questionnaire, Page 4 of 6 (2022)
if “YES” please explain all computer experience in detail.

1970's Math calculators moved from slide rules to pocket calculators in high school.

- Miami University computer programming class required stacks of IBM punch cards
- that were turned in to the Computer lab to run basic programs.

1980's IBM personal Computers used for home and business applications replacing

- electric typewriters
- Early generation computer system put into place by BMV
- 1990's to present: Continued evolution of computer Operating Systems and equipment
- Experience with each system upgrade with regard to operation, use and training
- employees in the use of these systems.

Accounting and Financial program experience / tax preparation
Word Processing
Email and Messaging


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 __________________________ Daytime telephone number ( ) __________

- City __________________________ State __________ Zip __________

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

______________________________

B. Name __________________________ Daytime telephone number ( ) __________

- City __________________________ State __________ Zip __________

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

______________________________

C. Name __________________________ Daytime telephone number ( ) __________

- City __________________________ State __________ 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.
FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE
FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE
FORM 3.2(C) EMPLOYEE EXPERIENCE

Instructions

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

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

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

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

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

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

Proposer's name ___________________________ Company name ___________________________
Company address ___________________________ City ___________________________
State ___________________________ Zip ______ Telephone ( _______ ) ________

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

Company's products and/or services ___________________________

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

1. Federal Tax ID Number: ___________________________

2. Percentage of business you owned: __________ %

3. Dates you operated this business: From: month _______ year _______ To: month _______ year _______

4. Is/was this business profitable? __________

5. Is/was this business your primary source of income and support? __________

6. Do/did you directly hire, evaluate, train, and discipline employees? __________

7. Do/did you directly manage employees on a daily basis? __________

   If you answered yes to question number 6, how many employees do/did you manage? _______

8. Have you ever developed a comprehensive business plan? __________

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>Marsha Jacobs</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrew Livingston</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas Foley</td>
<td></td>
<td>Ohio</td>
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</tr>
</tbody>
</table>

Form 3.2(A), Business Ownership Experience, Page 2 of 4 (2022)
FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name ___________________________ Company name ___________________________

Company address ___________________________ City ___________________________

Ohio ___________________________ Zip 43054 Telephone (614) 855-1002

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

Company's products and/or services ___________________________________________________________________________________________

BUSINESS OWNER - Form of ownership (sole proprietorship, corporation, partnership) ____________________________________________________________________________

1. Federal Tax ID Number: ____________________________________________

2. Percentage of business you owned: __________________ %

3. Dates you operated this business: From: month ___ year ___ To: month ___ year ___

4. Is/was this business profitable? No ____ Yes ___

5. Is/was this business your primary source of income and support? No ___ Yes ___

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

7. Do/did you directly manage employees on a daily basis? No ___ Yes ___

If you answered yes to question number 6, how many employees do/did you manage? ______

8. Have you ever developed a comprehensive business plan? No ____ Yes ___

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

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone</th>
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</thead>
<tbody>
<tr>
<td>Mary DeCola-accountant</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrew Livingston</td>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 3.2(A), Business Ownership Experience, Page 2 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 Michael E. Malone Company name 3.2(B) does not apply

Company address __________________________ City __________________________

State __________ Zip __________ Telephone ( ) __________________________

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

Management/supervisory duties _________________________________________________________________

________________________________________

MANAGER OR SUPERVISOR - Job title: ____________________________________________

1. Title of position __________________________ Hours worked weekly? ______

2. Dates this position was held: From: month _____ year _____ To: month _____ 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? ______

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>
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</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 ________________________________ Company name ________________________________ 3.2(C) does not apply

Company address ________________________________ City ________________________________

State ________________ Zip ________________ Telephone (___ ) ________________

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

EMPLOYEE - Job title: __________________________________________

Hours worked weekly ____________ Job duties __________________________________________

______________________________________________________________

Dates of this employment: From: month _____ year _____ To: month _____ year _____

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

______________________________________________________________

______________________________________________________________

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>
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</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>Over the past 30++ years, I have invested in expanding both my agency facilities and services. The original space in 1991 was 1200 square feet. It was increased to 1600 square feet and currently includes 2400 square feet with expanded ADA counters and an ADA restroom.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded services to customers include:</td>
</tr>
<tr>
<td>- Out-of-state and Ohio title transfer services</td>
</tr>
<tr>
<td>- Watercraft registration</td>
</tr>
<tr>
<td>- Fishing and hunting licenses</td>
</tr>
<tr>
<td>- FBI/BCI background checks</td>
</tr>
<tr>
<td>- The number of terminals has increased from 3 in 1991 to a current total of 8.</td>
</tr>
<tr>
<td>- Separate services areas are available which decrease wait times for other services.</td>
</tr>
</tbody>
</table>

I continually evaluate processes for managing customer service and revise those to improve efficiency and provide the customer with the best possible experience.

As requirements and responsibilities of the Deputy Registrar continue to grow and expand, it is vital to maintain a knowledgable and well trained staff of associates. I will continue to focus on attracting and retaining quality associates and maintain an environment that promotes positive thinking, respect, kindness and goodwill. High quality customer service begins with high quality associates.

My investment in personnel and facilities allow us to face the challenges ahead.

---

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

MICHAEL E. MALONE
Proposer’s Name: _____________________________________________

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.

MICHAEL E. MALONE DEPUTY REGISTRAR
Account Owner’s Name: _________________________________________

(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.)

J P MORGAN CHASE BANK N A
Bank Name: ________________________________________________

130 N HAMILTON RD
Bank Address: _______________________________________________

GAHANNA
Bank City: __________________________________________________

OHIO
Bank State: _________ Bank Zip: _________ Bank Phone: (_____)_______

43230
614 248 2475

Account Number: ______________ Total Funds on Deposit: $15,808.89
(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 13 2022

Teller’s Signature: ____________________ Date: 1-13-22

(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

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.

MICHAEL E. MALONE

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?

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:

| Yes ☑ |

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

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 remain active as a full time working Deputy Registrar. To remain active and current in all policies and procedures, and to surround myself with a capable and competent Manager and Assistant Managers, and associates that are well trained, motivated and positive.

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?

Of course, all BMV sponsored Roundtable meetings will be attended by the Deputy and staff. All updated information, policies and procedures are shared with staff and associates. We take advantage of training sessions and presentations by our Field Staff and BMV Investigators and consult the License Control help desk. Each BMV form 5745 transaction is an opportunity to preview documentary requirements.

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

Management constantly reviews transactions and documentary requirements with operations staff. We take advantage of training by Investigators, Broadcasts and Roundtable training. We have equipment such as black lights, lighted magnifiers and light table available for document verification. We also have upgraded video security to monitor both customers and employees.

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

Broadcasts and emails are printed and circulated among staff to review and sign to verify receipt of the information. Transactions that require management intervention and approval are reviewed and checked-off with the clerk, as a constant review of documentary requirements.

Form 3.9, Involved and Invested in Your Business, Page 1 of 3 (2022)
5. How will you demonstrate good leadership to your employees?
I have always lead by example. I do not and will not ask anything of my employees that I would not do myself. I work alongside my employees, helping them in any area, when needed. I also strive to empower my employees to perform at a high level, allowing them to excel and grow. I believe this philosophy leads to positive experiences and therefor an inspiration to provide the best service.

6. How will you maintain a high level of professionalism each day in this business?
I ask my employees to follow the guiding principles of Respect, Honesty, Accountability and Trust. In doing so, I strive to provide a highly professional environment where communication is respectful and open. Everyone is accountable for their actions. All are supportive of one another and we work toward a primary goal of excellent customer service.

7. How do you intend to recruit and retain high quality employees?
I strive to maintain a fun, positive work environment, and to be supportive, and to be a positive role model. We offer a competitive wage and incentives (raises and bonuses). We provide perks (paid lunch time, birthday celebrations and birthday lunches). Communicate expectations.

8. How will you provide a safe, clean and friendly place to do business?
Our current cleaning plan includes daily workstation cleaning and counter area cleaning after each customer visit. Floors and carpets and windows are regularly cleaned by staff and contractors. Friendliness among employees and customers is essential in high performing agencies. This is an important hallmark of my customer service approach and is one that I highlight with my employees. We follow all government advisories and directives related to maintaining a safe COVID environment. We control and restrict entry to avoid overcrowding. We have place markers on the floor to designate appropriate social distancing. We require mask wearing and coach proper mask use.

9. How would you deal with an irate customer?
The most important effort with an irate customer is to acknowledge their concern in a calm and patient manner, demonstrate that you understand their concern and that you will do all you can to assist them. Define the issue and then provide enough information to find a resolution of the issue.
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?
Staff meetings are used to discuss ways to diffuse problem issues as a case study. Management and Assistant Managers are always available to assist in problem transactions. Most interventions occur proactively to put out fires before they escalate. In most cases it is a matter of providing more information to the customer so that they gain a clearer understanding, and resolution of their issue.

11. How will you meet the expectations of the Bureau of Motor Vehicles?
To provide staffing with capable, motivated, well trained personnel, with positive attitude. To maintain a positive nurturing environment. To keep staff current with all policies and procedures. To provide leadership and to ensure all rules, guidelines and procedures are followed at all times. To maintain professionalism each day with high quality employees in a safe, clean, and friendly environment.

12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?
It will remain our mission to maintain a commitment to provide the highest level of customer service to our existing and future clients. And to carry out and fulfill all contractual requirements, expectations and responsibilities. We would effect this through all items laid out in this RFP.
3.10(A) AFFIDAVIT OF INDIVIDUAL
(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of: FRANKLIN

State of Ohio

MICHAEL E. MALONE

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: MICHAEL E. MALONE

Sworn to and subscribed in my presence by the above named __________________________

on this _______ day of __________________________, 2022

Patience Martin

Notary Public

Printed name of Notary Public: __________________________

My commission expires: __________________________
# OPERATIONAL EVALUATION (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 **20** | 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: **415**  
   Proposed: **508** | 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: **$33,524**  
   On Deposit (Form 3.4): **$115,007.89** | 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**

1. 

2. 

**Printed names**

1. Tiffany Crawford

2. 

**Date**

1. 3/2/22

---

Operational Evaluation (2022)
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: $33,324.00</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

MICHAEL E. MALONE

Proposer's name: ___________________________ Location number: ______

20

(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.

[Signature]

Deputy registrar (proposer) signature

Date: 1-29-22

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

MICHAEL E. MALONE

Proposer's name: ____________________________ Location number: ________

(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>Michael E. Malone</td>
<td>31 years</td>
</tr>
<tr>
<td>Marsha Jacobs</td>
<td>23 years</td>
</tr>
<tr>
<td>Patience Martin</td>
<td>5 years</td>
</tr>
<tr>
<td>Stella Smith</td>
<td>7 years</td>
</tr>
<tr>
<td>Edward Wakefield</td>
<td>7 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.

[Signature]

Date: 1-2-9-22

Deputy registrar (proposer) signature

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

MICHAELE. MALONE

Location number: 25-G

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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Registrar</td>
<td>36</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Office Manager</td>
<td>36</td>
<td>19.50</td>
<td>702.00</td>
<td>2808.00</td>
</tr>
<tr>
<td>(leave blank if the Deputy Registrar is also the Office Manager)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Office Manager</td>
<td>36</td>
<td>14.00</td>
<td>504.00</td>
<td>2016.00</td>
</tr>
<tr>
<td>Experienced Employees</td>
<td>13</td>
<td>11.00</td>
<td>4400.00</td>
<td>17,600.00</td>
</tr>
<tr>
<td>Total Number (combine Full-time &amp; Part-time) = _______</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hire Employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number (combine Full-time &amp; Part-time) = _______</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>508</td>
<td>N/A</td>
<td>5606.00</td>
<td>22,424.00</td>
</tr>
</tbody>
</table>

Form 4.3, Staffing and Personnel Calculation (2022)
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.

22,424.00

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  $ 0.00
2. Counter Costs  $ 0.00
3. Other Costs  $ 6,000.00
4. Total  $ 6000.00

Total amortized over 60 month contract period
(Divide line 4 by 60)  $ 100.00

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:  $ 3600.00 x 3  =  $ 10,800.00

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]  $ 33,324.00
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 MICHAËL E. MALONE, (deputy registrar, herein) whose home mailing address is _________________, Ohio (Zip) _________________, to operate a deputy registrar agency, Location No. 25-G _________________, to be located as follows: in the State of Ohio, County of FRANKLIN

City/Village/Township (indicate which) _________________ of _________________

Street address: _________________

(City) _________________, Ohio (Zip) _________________

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"]:

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]  
Deputy Registrar signature  
31 JAN 22  
Date

STATE OF OHIO

COUNTY OF [Name]

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 [Date] day of [Month], 2022.

[Signature]  
Notary Public

Printed name of Notary Public: [Name]

My commission Expires: [Date]

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

MICHAEL E. MALONE

Proposer's Full Legal Name
25-G

Location Number
415 AGLER ROAD GAHANNA, OHIO 43230

Proposed Site Address

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>
<tr>
<td>5.1</td>
<td>Site Questionnaire (page 1 only if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td>5.2</td>
<td>ADA Checklist (leave blank if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td>5.3</td>
<td>Lease Option (required for all proposers, which includes incumbent deputy registrars)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- filled out, including complete address</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- signed and notarized</td>
<td>✓</td>
</tr>
<tr>
<td>5.4</td>
<td>Proximity Attachment [for “Proximity” sites only] (leave blank if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td>Proposer provided</td>
<td>Site Plan (leave blank if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- on 8½ x 11-inch paper</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- with complete dimensions</td>
<td>✓</td>
</tr>
<tr>
<td>Proposer provided</td>
<td>Counter Plan (leave blank if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- on 8½ x 11-inch paper</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- with complete dimensions</td>
<td>✓</td>
</tr>
<tr>
<td>Proposer provided</td>
<td>Map (leave blank if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- with site clearly marked</td>
<td>✓</td>
</tr>
</tbody>
</table>

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

1. Location Number for which you are proposing (from Agency Specifications): ________________
   Street address of site _____________________________________________________________________
   GAHANNA ______________________________________________________________________________
   City ____________________________________________________________________________________
   , Ohio, Zip Code ______________

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.
5.3 LEASE OPTION
Snyder Development

1. I (we)(owners' complete names) ____________________________________________
   of (owners' complete address) ____________________________________________
   P.O. Box 21555
   Columbus, Ohio 43221

   HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION
   TO LEASE the following described property located in the State of Ohio, County of
   Franklin (state whether city, village or township)
   City __________________________, Ohio, Zip __________
   Property’s address: 411/415 Agler Road
   Suite __________ City __________, Ohio, Zip __________
   To (proposer's name) ______________
   Of (proposer's address) __________________________
   City __________________________, Ohio, Zip __________

   for the operation of a deputy registrar agency under contract with the Ohio Bureau of Motor
   Vehicles, and for no other purpose.

2. THE TERM OF THE LEASE, if executed, shall begin no later than the 26th day of June, 2022 and
   shall not terminate before the 26th of June, 2027.

3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and
   shall be held open until the 31st day of May, 2022.

4. THE PARTIES AGREE AS FOLLOWS:
   A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar
      agency for the stated period of time to more than one proposer, provided that the premises are
      not subject to an existing lease for any portion of the term of lease as specified in paragraph 2,
      above.
   B. If the owners have granted or hereafter grant an option to the same described real estate to
      another person or entity for the operation of a deputy registrar agency it is understood and agreed
      by owners and proposer that only the option granted to the person or entity awarded a contract
      by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option. Owners
      have indicated below by initialed whether this option is exclusive or not exclusive.

Form 5.3, Lease Option, Page 1 of 2 (2022)
C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.

D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

The owner(s) shall initial one of the following:

☐ This option is exclusive. No similar option has been or will be granted to any other person.

☐ This option is not exclusive. A similar option has been or may be granted to another person or other persons.

Owner(s)' signature(s):  

Janet Snyder Knab

Snyder Development Company, President

Owner(s)' printed name(s):  

Janet Snyder Knab  

STATE OF  

OHIO

COUNTY OF  

FRANKLIN

The foregoing instrument was acknowledged before me on this __________ day of __________, 2022, by the owners, Janet Snyder Knab.

Patience Martin

Notary Public

Printed name of Notary Public: Patience Martin

My commission expires on __________

January 16, 2023

I hereby accept this option. 

14 JAN 2022

Optionee signature, Deputy Registrar Proposed:  

Form 5.3, Lease Option, Page 2 of 2 (2022)