PAYROLL COMPARISON - 2025

Proposer Name: Kelvin Drake

Evaluator Printed Name: Miles J. Gvillibt

Loc. 4	<u>Loc. 5</u>	Loc. 6
4		

PERSONAL EVALUATION (2025)

Kelvin Drake 18-K / 25034 Cuyahoga County, Independence 6901 Rockside Rd.

Evaluation Team Number:	
Location(s) Proposed: (#1)	
Proposed as 2 nd Location	
Verify Proposer's Full Name: (#2) telvin Maurile 6	owers Druke
Proposer's County of Residence (NPC Operation):	MANUA
Verify Proposer's Driver's License Number: (#6) _	
Proposing as Minority: (#9) Yes X No	
V	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):
PERSONAL EVALUATION, Page 5	(Max. 28 Points):
PERSONAL EVALUATION, Page 6	(Max. 17 Points):
PERSONAL EVALUATION, Page 7	(Max. 27 Points):
PERSONAL EVALUATION, Page 8	(Max. 15 Points):
TOTAL POINTS	(Max. 258 Points): 255
TOTALTORIO	(Max. 2001 Offics)
Comments:	
	×
	-
Evaluators' Signatures Evaluators' Pri	inted Names Date
MICE THE B MICE	GNIL12 2.26.25
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WIIII
(2)	

ŢĮ.	PERSONAL EVALUATION	ок	NO
1.	Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	B	*
2.	Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract?	8	0
3.	Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	\$	*
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)	(F)	*
5.	Proposer is not a State of Ohio employee or will resign? (#19)	6	*
6.	Proposer is not an active insurance agent or is nonprofit? (#20)	6	*
7.	Proposer states no criminal conviction within the last 10 years? (#21)	6)	*
8.	Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	9	*
9.	Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	(3	*
10.	Proposer can meet bond requirements? (#24 and acceptable proof)	(5)	*
11.	Acceptable educational information OR nonprofit corporation? (#25)	(5)	0
12.	Proposer has computer training or experience? (#26)	(5	0
NO	PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points). TE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract continuous contract continuous contract contract continuous contract contra		
Con	nments:		

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called:	at t	elephone()	_
Company:			
Relationship:			
Verified experience as: Deputy Registra	ar 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:	
		Length:	
		telephone()	
Company:			_
Relationship:	=		
Verified experience as: Deputy Registra	ar 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 =	_
		telephone ()	
Company:			_
Relationship:			
Verified experience as: Deputy Registra	r 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 EM	PLC	MYC	EN.	T EXI	PER	RIEN	CE	CAL	CUL	ATION	
13. DEPUTY REGISTRAR AGENCY	OW	NER	Ехр	erienc	e, F	orm 3	.2				
ITEM AGENCY/COMPANY	Н	OURS	= F	ACTO	RXY	EARS	x l	POINTS	s =	SCORE	VERIFIED
A.	#	NA	=	1.0	Χ		Χ	50	=		
B.	#	NA	=	1.0	X		Х	50	=		
C.	#	NA	=	1.0	Χ		Χ	50	=		
		S	ubt	otal of	13-	A, 13	-B 8	13-C	= 1		
14. OTHER BUSINESS OWNERSHIP	Ex	perie	nce,	Form	3.2						
ITEM AGENCY/COMPANY	H	ours	= F	ACTO	RXY	EARS	ХI	POINTS	s =	SCORE	VERIFIED
A.	#		=		Χ		Х	34	=		
B.	#		=		Χ		Χ	34	=		
C.	#		=		Χ		Χ	34	=		
		S	ubto	otal of	14-	A, 14	-B 8	14-C	-		
15. SUPERVISORY / MANAGEMENT	1A)	NY B	USI	NESS	– IN	CLUE	OINC	DR)	Ехр	erience, Fo	rm 3.2
ITEM AGENCY/COMPANY	Н	ours	= F	ACTO	RXY	EARS	x	POINTS	s =	SCORE	VERIFIED
A. FrideRendece Wie Ce Retrong	#	40	=		Χ	4	Х	25	=	125	×
В.	#		=	•	Χ		X	25	=		
C.	#		=		Χ		Х	25	==		
		S	ubto	otal of	15-	A, 15-	B 8	15-C	=		

ITEM	AGENCY	HOUF	RS = FACTOR	R X YEARS	X P	OINTS		SCORE	VERIFIE
Α.,		#	=	X	Χ	23	=		
B.		#	=	Χ	Х	23	=		
C.		#	=	X	Х	23	=		
Ď.		#	=	Χ	Х	23	=		
		Subto	tal of 16-A,	16-B, 16-	C &	16-D	=		

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

ITEM AGENCY/COMPANY	HOU	RS = FAC	TOR X YEA	RS X	POINTS	s =	SCORE	VERIFIED
A.	#	=	X	X	20	=		
B.	#	=	Х	X	20	=		
C.	#	=	X	Х	20	=		
D.	#	=	X	X	20	=		
	Subtotal of	Lines 17	'-A, 17-B,	17-C &	17-D	=		

ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = 0

7 12 2	PERSONAL EVALUATION	OK	l NO
TOTAL S		ОК	NO
18. F	orm 3.3 – Customer Service Experience		
re	old proposer provide acceptable list of ideas to improve customer service at a deputy egistrar agency or provide an example of something done as part of a job or business improve services for customers?	(2)	0
19. Fc	orm 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Cou	ırts)	
	Are funds in acceptable financial institution and verified with bank/teller stamp?	5	*
B.	Are funds in proposer's or proposer's business name or joint with spouse?	(5)	*
20. Fo	orm 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
	d proposer mark "NO" for every category, every year? or Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	[5]	*
04 5			
	orm 3.6 – Personnel Policy Summary		
	oes proposer agree to provide/maintain a written personnel policy covering the follow	/ing: T	_
	thing employees that departs regional agency experience.		
B.	,		
C	and the state of t		
D.	Frank and the second		
E.			
F.	Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?	*	
G	. Progressive disciplinary steps?	(11)	0
H.	Dress code with list of acceptable attire?		
Ī.	Dress code with list of unacceptable attire?		
J.	A policy for maintaining the professional appearance of all staff at all times?		
K.	Fringe benefits (beyond those required by law or contract)?		

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



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

Comments:					

	7/18	PERSONAL EVALUATION	ок	NO
22.	Fo	rm 3.7 – Security Plan Summary - Did proposer agree to provide:		
	<u>A.</u>	An electronic alarm system? (Mandatory)		
	<u>B.</u>	Alarm system monitored 24 hours, off-site? (Mandatory)		
	<u>C.</u>	Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
	<u>D.</u>	Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
	E.	Motion detectors connected to alarm system? (Mandatory)		
	<u>F,</u>	Alarm monitored contacts on all exterior doors? (Mandatory)		
	<u>G.</u>	Alarm monitored contacts on all exterior windows? (Mandatory)		
	<u>H.</u>	Video recording camera surveillance system? (Mandatory)		
	l.	Safe or secured locking cabinet? (Mandatory)	63	
	J.	Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)	(13	
	K.	Cross cut shredder to be made available to destroy customer copy records? (Mandatory)		
	L.	All doors and all windows will be securely locked when license agency is closed? (Mandatory)		
	M.	Smoke, fire, and carbon monoxide detection devices (Mandatory)?		
	N.	Interior/Exterior motion activated security lights? (Suggested) - Check OK or NO	ØK	NO
23.	For	m 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
	<u>A.</u>	Indoor/Outdoor maintenance and cleaning?		0
	В.	Prompt snow and ice removal?	0	0
	<u>C.</u>	Carpet and/or floor cleaning (if appropriate)?	P	0
	D.	Repainting?	G	0
NOT	E: S	PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) == core indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract conti	17 ngency	
Com	men	ts:		_
8				

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

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

	PERSONAL EVALUATION	ОК	NO							
28.	Credit Report (issued in 2025) / Certificate of Good Standing for Nonprofit Corporation *Credit Reports are not required for County Auditors and County Clerks of Courts	1								
	A. Credit report submitted contains credit score?	(2)	0							
	B. No tax liens (state or federal)?	ð	0							
	C. No judgments for the past 36 months?*	3	0							
	D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	2	0							
	E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	2	Ò							
	F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	1	0/							
<u> </u>	* 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)	3	0							
NOTE	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.									
Comn	ments:									
9										

OPERATIONAL EVALUATION (2025)

Kelvin Drake 18-K / 25034 Cuyahoga County, Independence 6901 Rockside Rd.

FORIM	DESCRIPTION	OK	NO					
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	X						
4.1	Appointment of Agency Managers							
	A. Deputy to Work at Least Twenty (20) Hours Per Week	6						
	Proposed Work Hours Per Week	6	*					
	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: 188 Proposed: 200	(4)	*					
	B. Work Hours and Pay Calculated Correctly	2	0					
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)	1	*					
4.4								
	A. Adequate and Accurate Personnel Costs	3	6					
	B. Adequate and Accurate Site Preparation Costs	Ø	0					
	C. Adequate and Accurate Rental Payments	9	0					
	D. Total Required: \$ Warsh On Deposit (Form 3.4): \$ 1,000	5	*					
4.5	Deputy Registrar Contract							
	A. Filled Out Completely and Properly	02	0					
	B. Signed and Properly Notarized	3	0					
NOTE: Score	OPERATIONAL EVALUATION POINTS (Max. 40 Points) e indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract	35 continger	ncy.					
	: Moth in "experience I employees" line is	Ň						
INO	Weet.							
Evalua	ators' signatures Printed names	Date						
(1) Mil	les Trillist Tomber John	2:20	5.35					
(2)								

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Kelvin Maurice Owens Drake

Proposer Num	ber (BMV)	use only)	

INSTRUCTIONS: You must submit one original of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original of these forms are required. Please submit via email in accordance with the RFP instructions.

INDIVIDUAL	4	BMV	COUNTY AUDITOR OR CLERK OF COURTS	•	BMV	NONPROFIT CORPORATION	4	виу
Form 3.0 Personal Checklist (this form)	1		Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	✓		Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	✓		Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	✓		Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience	į	
Form 3.4 Start-Up Cost Funds on Deposit	✓		N/A	х	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	✓		N/A	х	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	x	1	N/A	Х	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	✓		Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	√		Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	✓		Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	✓		Form 3.9 Involved and Invested in Your Business			Form 3.9 Involved and Invested in Your Business		
Form 3.10(A) Affidavit of Individual	✓		Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2025 Credit Report	√		N/A	х	1	2025 Certificate of Good Standing		
2025 Local Law Enforcement Report	✓		2025 Local Law Enforcement Report			Articles of Incorporation		
2025 WebCheck Receipt	√		2025 WebCheck Receipt			N/A	х	1
Pre-approval Statement for \$25,000 Bond	1		Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond		
INDIVIDUAL			COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

2025 FORMS

AND

INSTRUCTIONS

3.1 PERSONAL QUESTIONNAIRE

1.	Check the box underneath if proposing the location as a second site in addition to a current agency: 18-K
2.	Full legal name of proposer Kelvin Maurice Owens Drake
3,	Proposer's street address
	City _ State OH Zip code 44120
4.	County of residence (nonprofit corporation county of operation) Cuyahoga
5.	Daytime telephone (
6.	Proposer's driver's l
	Spouse's name (non
	Spouse's home street address (nonprofit corporation N/A)
ο.	City State Zip code
_	_
	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 (2025)

11. A.	Are you currently serving in Auditor, either by election or app					
				Yes	No \	_
B.	If YES, in what elective office a	re you serving?				
C.	If YES, date that you plan to lear	ve this office? _				
12. A.	Are you currently running for an (including precinct committee po			Yes	No	_
В.	If YES, what office?					
13. A.	Are you currently a deputy regis	trar?		Yes	No	
B.	If YES, on what date does your	contract expire?				
C.	If YES, have you served as a depsince January 1, 1992?	outy registrar cor	ntinuously	No	Yes	
14. A.	Is your spouse currently a deput	y registrar? (NPC	CN/A)	Yes	No	_
В.	If YES, on what date does your	spouse's contract	expire?			
daught	e following three questions, externer, father-in-law, mother-in-law,	brother-in-law, s	ister-in-law, so	on-in-law, or d	aughter-in-lav	v :
15. A.	Does any member of your extension N/A)	ended family cu	rrentiy noid a		No	
B.	If YES, list their name, relation their contract expires here:	nship to you, wl	nether you sha	are the same h	ousehold, and	date
Na	ime	Relationship	Same	Household	Contract Ex	pires
Ste	phanie Ann Drake	Mother	Yes	No		
			Yes	No No		
				No		
16. A.	To the best of your knowledge, submit a proposal in response to		of your extend			

r chara tha cama b	ougobold.
ubdivision of the (Ohio Denartmen
	•
Yes	No
y became so empl	oyed:
ip F	Employment Da
m 3.5?	,
.) No	Yes ✓
uditor? No	Yes
Yes	No_ ✓
ance? Yes	No ✓
en convicted with	in the nast ten w
of one year (fel-	
Vac	No_ ✓
165	140
•	
federal governmer	
Yes	No √
	y became so emple to yes

Form 3.1, Personal Questionnaire, Page 3 of 6 (2025)

23. Is Proposer willing and able, if apper policy of business liability property hold the Department of Public Safety and the Registrar of Motor Vehicles	damage, a , the Direc harmless	and theft insurance sati ctor of Public Safety, the upon claims for dama	isfactory to he Bureau	the Regisof Motor \	strar and /ehicles,
Revised Code 4503.03(C)? (County A	luaitor/Cie	erk of Courts N/A)	No	Yes_	√
24. Is Proposer bondable as outlined in O 4501:1-6-01(B)?	hio Admir	nistrative Code	No	Yes_	✓_
25. Please provide the following information for the					
High school diploma?			No	Yes_	✓
High school name Warrensv	ille He	ights High Sc	hool		
City Warrensville Hts				Zip_44	128
College name	·				
City	State _			Zip	
Major		Degree awarded			
College name					**************************************
City	State _			Zip	
Major		Degree awarded	() tan		
26. Computer experience. Does Propose computers? (Incumbent deputy regist nonprofit corporations, this question the nonprofit corporation's activities.)	strars may should be	take credit for oper	ating BMV r systems o	/ compute	rs. For used in

daytime business hours and who will serve as a character reference for you. Do not list relative 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	ystems.	
daytime business hours and who will serve as a character reference for you. Do not list relative 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	My previous exper	ence includes: Word ,Excel, Quickbooks and the BMV systems.
daytime business hours and who will serve as a character reference for you. Do not list relative 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		
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B	daytime but political counable to comay be even the nonproved	isiness hours and who will serve as a character reference for you. Do not list related to tacts, or employees of the Department of Public Safety (including BMV). If we contact at least one person or that person is unable to serve as a character reference, aluated unfavorably. Nonprofit corporations should list references who are familiar

Form 3.1, Personal Questionnaire, Page 5 of 6 (2025)

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.

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

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 Kelvin M, Dra	ake	_ Company name	Independence L	icense Bureau
Company address 6901 Rocks	ide Road	City _	Independence)
State_OHIO	Zip44131	Telephone (21	642	?-3137
Type of business (deputy registra	ar, retail grocery, etc.) _	Deputy Registr	rar	
Management/supervisory duties governmental licensing functions on behalf of the	I am a Supervisor that works closers			
MANAGER OR SUPERVISOR	- Job title: Supervisor	<u> </u>		
1. Title of position Office I	Manager	Но	ours worked wee	kly? 40
2. Dates this position was he				
3. Do/did you directly hire, e				
4. Do/did you directly manag				
If you answered yes to que	estion number 4, how m	nany employees de	o/did you manag	e?19
5. Have you ever developed				
List at least one person, not a re least one person to verify this e registrar or deputy registrar emp	lative of yours, who car experience, you will not	n verify this expert t receive any cred	rience. If we can lit for it. (If you	nnot contact at u are a deputy

Form 3.2(B), Management and/or Supervisory Experience, Page 3 of 4 (2025)

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 Kelvin M. Drake	Company name Shaker Heights License Bureau
Company address 16945 Chagrin Blvd	City Shaker Heights
State OHIO Zip 44120	Telephone (216)
Type of business (deputy registrar, retail grocery, etc.)	Deputy Registrar
EMPLOYEE - Job title: Assistance Office Manager	ſ
Hours worked weekly 40 Job duties	rform governmental licensing functions on behalf of the Registrar and
State of Ohio such as Ohio DL/ID's, vehicle registration	
Dates of this employment: From: month 6 year	2010 To: month 6 year 2020
Describe how and to what extent you provided high qua	ality customer service at this position:
I provided great customer service and assistance to	customers while being in a fast paced work
environment. I went above and beyond the call of du	ty to try and help customers to the best of my
ability while following all of the bureaus guideline	98.
List at least one person, not a relative of yours, who can least one person to verify this experience, you will not registrar or deputy registrar employee, you may list BMV	t receive any credit for it. (If you are a deputy

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 Kelvin IVI. Drake	Company name All Pro Cleaning Services
Company address 29500 Aurora Rd # 14	City Solon
State OH Zip 44139	Telephone (440)519-0055
Type of business (deputy registrar, retail grocery, etc.)	Cleaning Service
EMPLOYEE - Job title:Janitor	
Hours worked weekly 40 Job duties 1	provided janitorial services, window cleaning,
carpet cleaning and floor care services to the Grea	
Dates of this employment: From: month4 year	r 2011 To: month 5 year 2013
Describe how and to what extent you provided high qu	uality customer service at this position:
I took pride in my work and I worked well with other	ers to make sure that every task
given was done to the best of my ability. I was very	y knowledgeable, flexible and created a
very positive work environment.	
List at least one person, not a relative of yours, who ca least one person to verify this experience, you will no registrar or deputy registrar employee, you may list BM	t receive any credit for it. (If you are a deputy

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 Kelvin M. Drake		Company name	American Seaway F	oods Inc
Company address10000 Hist Ave		CityE	Bedford Heights	
State OH Zip	44440	Telephone (216)292-700	00
Type of business (deputy registrar, re	tail grocery, etc.) _	Wholesale Foods	s Agency	
EMPLOYEE - Job title: High Lift N	Machine Operato	r		
Hours worked weekly40	Job duties Iv	vas responsible for pic	king/pulling orders from	high rise
shelves using a tow motor. I used a hi	gh lift machine ope	rator to pull packagi	ng off hard-to-reach	areas.
I worked the packaging line and h	elped with loadin	g & unloading tru	cks.	
Dates of this employment: From: mo	nth 8 year	. 2008 To: m	onth 10 year	2010
Describe how and to what extent you	provided high qu	ality customer ser	vice at this position:	:
I was able to follow instructions and ex	ecute tasks prompt	ly, and to handle pro	olonged shifts with ex	cellent
physical strength. I did not work with	customers direct	ly; however, I work	ed extremely well w	ith my
coworkers and supervisors.				
List at least one person, not a relative least one person to verify this experi registrar or deputy registrar employee	ence, you will not	t receive any credit	t for it. (If you are	a deputy

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):

This is a list of ideas I have to improve my customer service:

I will make sure that my staff greet the customer in a friendly and timely manner, and that we are courteous and respectful throughout the customer service interaction.

I will make sure that we listen to the customer and clarify any questions or concerns that they may have. I will close by asking "Is there anything else I can help you with?" We will thank the customer for their patronage!

This is an example of somethings I have done as part of my job:

I apply stickers to the customers plates, even putting the plates directly on the vehicle for the elderly/handicap customers vehicles. I do drop-off service for our fleet customers.

I work the terminals with the staff and try to make sure everyone is doing what needs to be done so that the agency runs smoothly and without incident.

I have learned how to organize and conduct the training classes and hold the staff accountable for reviewing and signing the broadcast, deposit reporting, opening and closing the bureau, signing off on BMV5745 and other important documents. I do this job in the capacity of a Deputy Registrar.

Form 3.3, Customer Service Experience (2025)

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

<u>Instructions</u> 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.

<u>County Auditors and Clerks of Court are exempt</u> 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	 sammanation itself and one for its

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

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

RECIPIENT			JAN 1 - DEC 31 2024	2025 To Date	
	Yes No	Yes No	Yes No	Yes No	
Democratic Party including PACs and Associations	✓	✓	1	✓	
Republican Party including PACs and Associations	✓	✓	✓	1	
Any other Party including PACs and Associations	✓	✓	✓	✓	
Governor, Candidate and Committee	✓	√	/	1	
Attorney General, Candidate and Committee	✓	✓	✓	✓	
Secretary of State, Candidate and Committee	✓	✓	√	✓	
Treasurer of State, Candidate and Committee	✓	✓	✓	✓	
Auditor of State, Candidate and Committee	1	✓	1	✓	
State Senator, Candidate and Committee	√	√	✓	✓	
State Representative, Candidate and Committee	✓	1	/	✓	

Form 3.5, Political Contributions Report (2025)

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_	<u> </u>

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

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

Yes V	No

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

If you are awarded a contract, do you agree to be responsible for the through your lease or sublease, or by separate contract:	following eith	er on your own,
	No	Yes
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	G (MIN. OF O	NCE A YEAR)
PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES	· · ·	

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

nee	eded 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 know first hand the importance of being available and accountable as a Deputy Registrar, I work in the agency in every position. This allows me to have working knowledge of what is going on daily.
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?
	Training is the key to insure all laws, rules, guidelines and procedures are followed at all times. We will thoroughly train the new employees and they will not work alone until I'm confident in their abilities. Employees know and are frequently reminded of the steep consequences of issuing outside the set perimeters. Applications are reviewed daily for accuracy.
3.	What measures will you put in place to detect, deter, and prevent fraud?
	I will select employees that I feel are trustworthy. Their training is my first line of defense. We do not hesitate to review instance of employees that have crossed the line. Security cameras are strategically placed throughout the agency to thwart crime from customers and employees Each use of black light and a magnifying glass is still used to detect erasures and smudges due to alterations. Employees tills are spot checked for accuracy.
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?
	New broadcast and emails are immediately reviewed and initialed by each employee acknowledging that they have read and understand the information. If it requires immediate attention than all employees are briefed on the change at once.

5. How will you demonstrate good leadership to your employed	5.	How will you	demonstrate go	od leadership to	vour employees?
--	----	--------------	----------------	------------------	-----------------

I demonstrate and feel that the most important qualities of being a good leader include integrity, accountability, empathy, humility, resilience, listening, being trustworthy and open-minded. I will strive to inspirer my employees and help them to positively interact with their co-workers. I treat the employees as I would like to be treated, and always being mindful of my attitude and my actions.

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

Professionalism starts with a good attitude, We treat each customer and transaction as an opportunity to hone our customer service skills. With every transaction, we endeavor to use good judgment and polite behavior in reminder that we are representing the Bureau of Motor Vehicles. Our dress code is designed to encourage employees to give a professional appearance.

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

When I have an opening, I will hire someone familiar with the license bureau operations: however, I would be willing to hire someone with no experience and I would be willing to train them thoroughly. All applications will be reviewed in a thorough manner, double checking employment history and contacting references. At the moment, I have a loyal and knowledgeable staff and have been employed here for many years.

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

We have video surveillance system throughout the building. The bureau is well lit with proper lighting. Childproof guards are installed-in the electrical outlets located in the customer service area to keep little fingers out. We have a cleaning schedule that we maintain and do spot cleaning throughout the day. Carpet cleaning is done three to four times a year. Walls are basically touched up as needed. Bathrooms and break area are well maintained and fully stocked. My staff is trained to greet each customer with a friendly smile and hello as they walk through the door and as well as answering the phone.

9. How would you deal with an irate customer?

We remain calm!! When a customer becomes irate, the 1st thing I do is try to alleviate any further escalation. Management will take over the situation immediately keeping their voices low and listen to their issue and show empathy. We then try to give all options to the customer in order to resolve their issues satisfactorily. If we feel their is a safety concern, we will contact law enforcement.

10.	What training or advice do you, or will you, give to your employees for dealing with irate customers?
	I will tell them not to argue back! Although customers take their frustrations out on you, they know that you are not the cause of the problem so I will tell the employee not to take it personal. I will let them know to be kind, patient and ready to apologize if necessary. If all else fails, notify a manager.
11.	How will you meet the expectations of the Bureau of Motor Vehicles?
Į.	I will continue to carry out the duties of our office as bestowed by my contract and assist the Bureau of Motor Vehicles by fulfilling the obligation as set fourth in the Motor Vehicle laws of the State of Ohio. I strive to continue to receive exceptional evaluations & performance scores.
12.	Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract
	The bureau has many reasons to appoint me to my position as a Deputy Registrar. I have held my position as a Supervisor for 5 years. I am a strong leader, trustworthy and have excellent customer service skills. I am a good, fair, honest, hard working and attentive employer who stays on top of my agency duties and financial obligations. I am very passionate about my job and my track record exceeds what I can do. I have been an asset to the BMV, and I feel that I embody what the BMV looks for in a Deputy Registrar.

Form 3.9, Involved and Invested in Your Business, Page 3 of 3 (2025)

3.10(A) AFFIDAVIT OF INDIVIDUAL (Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

	Kelvin Maurice Owens Drake, 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,
	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.
	nted/typed name of proposer: Kelvin Maurice Owens Drake
	forn to and subscribed in my presence by the above named KElviu Maurice Owe
	this 31ST day of January, , 2025
My	commission expres: Oct 11, 2029
	Form 3.10(A), Affidavit of Individual (2025)

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

SECTION 4

(2025)

OPERATIONAL FORMS

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name	Kelvin Maurice Owens Drake	
18-K Location Number		
Proposer Number (<i>BMV use o</i>	(y)	

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

FORM	DESCRIPTION	X BMV
4.0	Operational Checklist (this form)	✓
4.1	Appointment of Agency Managers	✓
4.2	Experienced Employees Summary	✓
4.3	Staffing and Personnel Costs Calculation	✓
4.4	Start-Up Costs Calculation Amount: \$	_
4.5	Deputy Registrar Contract (2 pages only)	✓

4.1 APPOINTMENT OF AGENCY MANAGERS

Prop	Kelvin Maurice Owens Drake ooser's name:	Location number:	18-K
(A)	DEPUTY REGISTRAR: As deputy registrar, I agree to work hours per week during the hours the agency is open to the puentire term of the contract. I understand that the minimum r is twenty (20) hours per week during the hours the agency is twenty-hour requirement does not apply to County Audit nonprofit corps., or deputy registrars operating multiple located	equirement for depution open for business. To ors/Clerks of Court	ougnout the ty registrars `his s,
(B)	OFFICE MANAGER: I understand and agree that I must a another reliable person to serve as the office manager for the manager must be scheduled to work at the agency at least the during the hours the agency is open to the public for business. Appoint myself as the office manager and work at during the hours the agency is open to the public for the during the hours the agency is open to serve as the office six hours per week during the hours the agency is open.	the agency, and that thirty-six (36) hours is. It is my intention to least thirty-six hours pusiness.	the office per week o: s per week least thirty-
(C)	ASSISTANT OFFICE MANAGER: I understand and agree person to be responsible for the management of the agency agency office manager during the hours the agency is open to	in the absence of my	self and the
(D)	OTHER EMPLOYEES: I agree to maintain an accurate a manager, assistant office manager, and all other employees a as my own work schedule, on file and available for inspectimes. I also agree to notify the BMV in writing immed appointment of the office manager or assistant office manager or complete and current.	nd their work schedu ction by BMV emple cdiately of any char	iles, as well oyees at all nges in the
Der	outy registrar (proposer) signature	Date: Jan 31,	2025

4.2 EXPERIENCED EMPLOYEES SUMMARY

Prop	oser's nar	Kelvin Maurice Owens Drake	Location number:	18-K
(A)	registrar effort to deputy	EXPERIENCED EMPLOYEES. I certify that under contract with the Registrar of Motor Vehicle hire and retain qualified employees who have registrar agency. I agree to make bona fide offers and under comparable conditions to their most receive.	es, I will make every elevant experience we s of employment at	y good faith orking in a comparable
(B)	CHECK	WHICHEVER APPLIES: I HAVE NOT BEEN A DEPUTY REGISTRA EMPLOYEE. I have not yet identified any progression relevant deputy registrar experience. However, if every reasonable effort to identify and hire, if poshave relevant experience working in a deputy reontact any deputy registrar employees until a contract. I AM OR HAVE BEEN A DEPUTY REGISTRA EMPLOYEE. I have identified the following personate of their present employment. (A deputy registrar registrar employment experience may list himself	awarded a contract, ssible, qualified emplegistrar agency. Please of the you have been a Carlotte on the will represent the young and under comparable or a proposer who	s who have I will make loyees who ease do not awarded a EGISTRAR nake a bona e conditions
(C)		stand that failure to hire properly qualified and ees is grounds to withhold or terminate my deputy r	egistrar contract.	
Dep	utý regist	rar (proposer) signature	Date: Jan 31,	XU05

Form 4.2, Experienced Employees Summary (2025)

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name:	Kelvin M. Drake	Location number:	18-K
1 repeser e mame.			****

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

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

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

In accordance with the standards established by the Unites 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 \$394,000 per year and \$10.70 per hour by businesses with gross receipts of \$394,000 or more per year.

The deputy registrar need not list any salary or wages for the deputy's own service as deputy registrar or as the office manager.

Caution. For deputy registrars who also serve as the office manager, be careful not to duplicate hours worked.

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURIA RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	40.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40.00	\$ 18.00	\$ 720.00	\$ 2,880.00
Assistant Office Manager	40.00	\$ 16.50	\$ 660.00	\$ 2,620.00
Experienced Employees Total Number (combine Full-time & Part-time) =3	80.00	\$ 13.00	\$ 1,040.00	\$ 3,120.00
New Hire Employees Total Number (combine Full-time & Part-time) =	_			
TOTALS	200.00	N/A		\$ 8,620.00

4.4 START-UP COSTS CALCULATION

Propos	ser's n	ame:	Kelvin M. Drake	Location 1	number:	18-K
costs	of beg	innin	nis form is to assure the BM g a deputy registrar business s to cover your personnel, sit	. We need to know	that you l	nave enough
1.	PERSONNEL COSTS (FOUR WEEKS)					
	Use	Form	4.3 to calculate four (4) weel	cs' personnel costs for	this loca	tion.
				Ç	8620.0	00
2.	SIT	E PF	REPARATION COSTS	(AMORTIZED)		
	A.	costs	is is a Deputy Provided Si you will need to spend to strar agency in each of the fol	prepare the building		
		1.	Building Modifications	\$	_	
		2.	Counter Costs	\$		
		3,	Other Costs	\$		
		4.	Total	\$		
			l amortized over 60 month oride line 4 by 60)	contract period =	\$	
	B.	Age	nis is a BMV Controlled Soncy Specifications for this leads the Agency Specifications	ocation. Do not cha		
3.	AG	ENC	Y RENTAL PAYMEN	TS (3 MONTHS)		
	A.		is is a Deputy Provided Si or lease this site.	te, enter the actual ar	nount you	ı will pay to
B If this is a BMV Controlled Site, enter the estimated ren Agency Specifications for this site. Do not change the amou						
		One	month's rent: \$\frac{375}{2}	x 3 =	\$ 11250 	0.00
тот			RT-UP COSTS			
	site	prepa	ks' personnel costs, plus one tration costs (2.A total amount), plus three mo	ount or 2.B BMV	\$ <u>19870</u>	0.00

STATE OF OHIO

DEPARTMENT OF PUBLIC SAFETY

BUREAU OF MOTOR VEHICLES

DEPUTY REGISTRAR CONTRACT – 2025

This Agreement	is made	by and between	een the Registra	ar of M	lotor Vehicles, (Registrar,
herein), located Kelvin Maurice (·	r	Ohio 43223-1102 and v registrar, herein) whose
home mailing ad	dress is _				
(City)			, Ohio (Zip)	120	, to operate a deputy
registrar agency	, Location	No. 18-K		_, to be	located as follows: in the
State of Ohio, Co	ounty of	Cuyahoga			
City/Village/Tow	nship (inc	licate which)	City	of	Independence
Street address:	690 Rock	side Road			
(City) Independ	dence		, Ohio (Zip)	44131	

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:

- The Registrar hereby appoints the above named person as a deputy registrar subject to the 2025 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 2025 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
- 3. The term of this appointment and contract shall begin on the 29th day of June, 2025, and shall end on the 29th day of June, 2030, unless otherwise terminated as provided herein;

Form 4.5, Deputy Registrar Contract (2025)

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 2025 Deputy Registrar Contract Terms and Conditions incorporated herein. Deputy Registrar signature Date
STATE OF OHIO :
COUNTY OF <u>Cuyahoop</u> :
Before me, a notary public in and for said county and state, personally appeared the above Kelvin M. Drake
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 315 day of toward 2025. Value of toward t
Printed name of Notary Public: Tralisch Henry-Powel
My commission Expires: 400 94, 2009
My commission Expires: STATE OF OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES BY:
BY: REGISTRAR OF MOTOR VEHICLES
Done at Columbus, Ohio, on

Form 4.5, Deputy Registrar Contract (2025)

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

SECTION 5

(2025)

DEPUTY PROVIDED SITES

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Na	Melvin Maurice Owens Drake
Location Number18	3-K
Proposed Site Address	6901 Rockside Road Independence OH, 44131
	umber (number where BMV staff can reach you) (216) 642-3137
Proposal Number (<i>BMV</i>	

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

<u>ATTENTION:</u> Proposers applying for contracts at existing license agency locations designated as Deputy Provided Sites are not required to complete and submit all Section 5 forms if the site was approved under a previous RFP and if there have been no changes to the site since the last contract was approved and signed. Under this license agency site provision, form 5.0, page one (1) of form 5.1, and form 5.3 must be completed and submitted with all other required forms and documents.

FORM	DESCRIPTION		BMV
5.0	Deputy Provided Site Checklist (this form)	I	
5.1	Site Questionnaire (page 1 only if proposing existing license agency site)	✓	
5.2	ADA Checklist (leave blank if proposing existing license agency site)		
5,3	Lease Option (required for all proposers, which includes incumbent deputy registrars)	✓	
	- filled out, including complete address		
	- signed and notarized		
5.4	Proximity Attachment [for "Proximity" sites only] (leave blank if proposing existing license agency site)		
Proposer provided	Site Plan (leave blank if proposing existing license agency site)		
	- with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY) - with complete dimensions		
Proposer provided	Counter Plan (leave blank if proposing existing license agency site) - with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY) - with complete dimensions		
Proposer provided	Map (leave blank if proposing existing license agency site)		
	with site clearly marked		

Form 5.0, Deputy Provided Site Checklist (2025)

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications)				8-K			
	Stre	eet address of site 6901 Rockside Road					
	City	Independence	_, Ohio, Zip Code	441:	31		
2.	Is th	ne site you are proposing currently in operation as a deputy re	gistrar agency?				
			No	Yes_	<u>√</u>		
3.		you intend to perform construction or remodeling to prepare	this site for operation	on under	a new		
	dep	uty registrar contract?	No	Yes	✓_		
4.		Are you applying for a contract at an existing license agency site that was approved under a previous contract?					
	TT CLE	approved under a previous contract.	No	Yes	<u>✓</u>		
5. A. If you answered "No" to question number 4, skip to question number 7, and compinformation required for this form (5.1) and the remainder of Section 5 forms 5.2 to				-			
	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.	6. A. If you answered "No" to question number 5, please print and submit this along with for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.				rm 5.3		
	B.	If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.					

5.3 LEASE OPTION

1.	[(we)(owners' complete names)	Rockside Corners TIC	45/55 LTD			
	of (owners' complete address) The Dalad Group					
	City_Independence	, State OH	_{, Zip} 44131			
	HEREBY GRANT, upon due con	nsideration, receipt of which is her				
	Cuyahoga		ne State of Ohio, County of city, village or township)			
	City	of Independence	and commonly known as:			
	(property's address) 6901 F	Rockside Road				
			Ohio, Zip 44131			
	to (proposer's name) Kelvin	Maurice Owens Drake				
	of (proposer's address)	•				
	City		, Ohio, Zip 44120			
	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, is shall not terminate before the 29!	f executed, shall begin no later tha find of June, 2030.	on the <u>29th day of June, 2025</u> and			
3.	THE TERM OF THIS LEASE Of shall be held open until the 31st d	PTION shall begin on the date of a say of May, 2025.	its execution (signing) below and			
4.	THE PARTIES AGREE AS FOL	LOWS:	•			
	A The owners may in their cole	discretion grant a similar lease or	ntion to operate a deputy registror			

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

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

Owner(s)' signature(s):		
Owner(s)' printed name(s):	DAVID TSE	
STATE OF New YOU		
_	acknowledged before me on this 27th, 2025, by the owners, David Tse	day of
delass		
Notary Public		
Printed name of Notary Public:	Helen K. Pak	
My commission expires on	9/23/2027	
I hereby accept this option.	MELEN K PAK Notary Public, State of New York No. 01PAG398185 Outditied in New York County Commission Capicos Sept 23, 2027	
1/3/1/2025	HI	

Form 5.3, Lease Option, Page 2 of 2 (2025)

Date

Optionee signature, Deputy Registrar Proposer