

PAYROLL COMPARISON – 2025

Proposer Name: Winfield O'Neal

Evaluator Printed Name: Miles Grilliot

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	25-6					
Highest Rate	\$18/h					
Lowest Rate	\$12/h					
Number of Hours Recommended	295					
Number of Hours Proposed	332					
Total Monthly Wages	\$15,840					

Comments:

PERSONAL EVALUATION (2025)

Winfield O'Neal
25-G / 25109
Franklin County, Gahanna
415 Agler Rd.

Evaluation Team Number: _____

Location(s) Proposed: (#1) 25-6 _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Winfield O'Neal _____

Proposer's County of Residence (NPC Operation) _____

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

Proposing as Minority: (#9) Yes ☒ No _____

Proposing as: (#10) Individual ☒ Clerk of Courts _____ Co. Auditor _____ Nonprofit Corp. _____

SCORING SUMMARY

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

TOTAL POINTS (Max. 258 Points): 258

Comments: _____

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u>Miles J. Ziller</u>	<u>Miles J. Ziller</u>	<u>05-05-25</u>
(2)	_____	_____	_____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	0	0	
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	5	*	
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	5	*	
5. Proposer is not a State of Ohio employee or will resign? (#19)	5	*	
6. Proposer is not an active insurance agent or is nonprofit? (#20)	6	*	
7. Proposer states no criminal conviction within the last 10 years? (#21)	5	*	
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	5	*	
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	5	*	
10. Proposer can meet bond requirements? (#24 and acceptable proof)	5	*	
11. Acceptable educational information OR nonprofit corporation? (#25)	6	0	
12. Proposer has computer training or experience? (#26)	5	0	

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

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

Comments: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone ()

Company: Mac-Licias

Relationship: Business owner

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

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

Hours per week: _____

From (date): 2020 To (date): 2021 Length: 1 year

Verified Hours _____ = Factor 1 x Years 1 x Points 34 = 34

Person called: Verified at telephone ()

Company: Hilton Garden Inn Hotel

Relationship: Food and beverage Manager

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

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

Hours per week: _____

From (date): 2012 To (date): 2018 Length: 1 year

Verified Hours _____ = Factor 1 x Years 1 x Points 25 = 25

Person called: Verified at telephone ()

Company: Advantage Food+ beverage

Relationship: Cake Manager

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

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

Hours per week: _____

From (date): 2011 To (date): 2015 Length: 4 years

Verified Hours 4 = Factor 1 x Years 4 x Points 25 = 100

BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS	=	FACTOR	x	YEARS	x	POINTS	=	SCORE	VERIFIED
A.		#	NA	=	1.0	x		x	50	=	
B.		#	NA	=	1.0	x		x	50	=	
C.		#	NA	=	1.0	x		x	50	=	
Subtotal of 13-A, 13-B & 13-C =											

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS	=	FACTOR	x	YEARS	x	POINTS	=	SCORE	VERIFIED
A.	Mac-Licious	#	=	1	x	1	x	34	=	34	X
B.		#	=		x		x	34	=		
C.		#	=		x		x	34	=		
Subtotal of 14-A, 14-B & 14-C =											

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

ITEM	AGENCY/COMPANY	HOURS	=	FACTOR	x	YEARS	x	POINTS	=	SCORE	VERIFIED
A.	Hilton Garden Inn	#	=	1	x	1	x	25	=	25	1
B.	Advantage Food + Beverage	#	=	1	x	4	x	25	=	100	X
C.		#	=		x		x	25	=		
Subtotal of 15-A, 15-B & 15-C =											

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

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

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

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

17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience

Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?

2

0

19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)

A. Are funds in acceptable financial institution and verified with bank/teller stamp?

5

*

B. Are funds in proposer's or proposer's business name or joint with spouse?

5

*

20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)

Did proposer mark "NO" for every category, every year?

(For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)

5

*

21. Form 3.6 – Personnel Policy Summary

Does proposer agree to provide/maintain a written personnel policy covering the following:

A. Hiring employees with deputy registrar agency experience?

B. Equal Employment Opportunity?

C. Employee training by the deputy registrar?

D. Participation in BMV provided training?

E. Evaluation of employee performance?

F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?

G. Progressive disciplinary steps?

H. Dress code with list of acceptable attire?

I. Dress code with list of unacceptable attire?

J. A policy for maintaining the professional appearance of all staff at all times?

K. Fringe benefits (beyond those required by law or contract)?

11

0

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

28

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

Comments: _____

PERSONAL EVALUATION

OK NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:

- | | | |
|--|----|----|
| A. An electronic alarm system? (Mandatory) | 13 | * |
| B. Alarm system monitored 24 hours, off-site? (Mandatory) | | |
| C. Alarm system reports off-site if wires cut or tampered with? (Mandatory) | | |
| D. Adequate alarm monitored panic/hold-up buttons? (Mandatory) | | |
| E. Motion detectors connected to alarm system? (Mandatory) | | |
| F. Alarm monitored contacts on all exterior doors? (Mandatory) | | |
| G. Alarm monitored contacts on all exterior windows? (Mandatory) | | |
| H. Video recording camera surveillance system? (Mandatory) | | |
| I. Safe or secured locking cabinet? (Mandatory) | | |
| J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory) | | |
| K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory) | | |
| L. All doors and all windows will be securely locked when license agency is closed? (Mandatory) | | |
| M. Smoke, fire, and carbon monoxide detection devices (Mandatory)? | | |
| N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO | OK | NO |

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

- | | | |
|---|---|---|
| A. Indoor/Outdoor maintenance and cleaning? | 1 | 0 |
| B. Prompt snow and ice removal? | 1 | 0 |
| C. Carpet and/or floor cleaning (if appropriate)? | 1 | 0 |
| D. Repainting? | 1 | 0 |

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

17

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

Comments: _____

PERSONAL EVALUATION

OK NO

24. Form 3.9 – Involved and Invested in Your Business

1. How do you plan to manage, be responsible, and be accountable for this business at all times?	(1)	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	(1)	0
3. What measures will you put in place to detect, deter, and prevent fraud?	(1)	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	(1)	0
5. How will you demonstrate good leadership to your employees?	(1)	0
6. How will you maintain a high level of professionalism each day in this business?	(1)	0
7. How do you intend to recruit and retain high quality employees?	(1)	0
8. How will you provide a safe, clean, and friendly place to do business?	(1)	0
9. How would you deal with an irate customer?	(1)	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	(1)	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	(1)	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	(1)	0

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

A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful ?	(3)	*
B. Is it the affidavit duly signed and notarized?	(2)	*

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

A. No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	(2)	0

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

No disqualifying convictions for individual / AOI for nonprofit corporation?	(5)	*
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PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)

27

PERSONAL EVALUATION

OK 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

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

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

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

2 0

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

15

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

Comments: Credit score 106, but no disqualifying marks.

OPERATIONAL EVALUATION (2025)

Winfield O'Neal
25-G / 25109
Franklin County, Gahanna
415 Agler Rd.

FORM	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 Proposed Work Hours Per Week <u>40</u>	(5)	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	(3)	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	(2)	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>285</u> Proposed: <u>332</u>	(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	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	(3)	0
	B. Adequate and Accurate Site Preparation Costs	(2)	0
	C. Adequate and Accurate Rental Payments	(2)	0
	D. Total Required: \$ <u>28,778</u> On Deposit (Form 3.4): \$ <u>29,953.16</u>	(5)	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	(2)	0
	B. Signed and Properly Notarized	(3)	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points)

40

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

Comments:

	Evaluators' signatures	Printed names	Date
(1)	<u>Miles J. Grilliot</u>	<u>Miles J. Grilliot</u>	<u>05.05.25</u>
(2)			

Operational Evaluation (2025)

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Winfield O'Neal

Proposer Number (BMV use only) _____

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

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

MINORITY BUSINESS ENTERPRISE QUESTIONNAIRE (2025)

Proposer's name: Winfield O'Neal

Instructions. The Director and Registrar will review all proposals submitted for available locations, with contracts being awarded to the individual, nonprofit corporation, county auditor, or eligible clerk of court who submitted the best proposal. If applicable, proposers qualifying as a minority business enterprise (MBE) are strongly encouraged to include applicable paperwork, including this document, with any/all proposals submitted. An MBE designation is taken into consideration for every contract award throughout the State. If you are, or want to become MBE certified, please refer to RFP Section 1.16, Minority Business Enterprise (MBE) Proposers. This questionnaire should be included with the Personal Forms, Form 3.0 through 3.11, in your proposal package.

1. Are you proposing as the owner of a minority business enterprise (MBE)? No ☐ Yes ☒
2. Are you a citizen of the United States? No ☐ Yes ☒
3. Are you a resident of the State of Ohio? No ☐ Yes ☒
4. Are you a member of any of the following economically disadvantaged groups:
 - a. Blacks? No ☐ Yes ☒
 - b. American Indians? No ☒ Yes ☐
 - c. Hispanics? No ☒ Yes ☐
 - d. Asians? No ☒ Yes ☐
5. Are you an owner of a business at least fifty-one percent (51%) of which is owned and controlled by members of economically disadvantaged groups? No ☐ Yes ☒
6. Have you owned and operated the business for at least one year? No ☐ Yes ☒
7. Have you applied, or will you apply by February 7, 2025, to the Ohio Department of Administrative Services (DAS), Equal Opportunity Division (EOD), for certification as an owner of a minority business enterprise (MBE)? No ☒ Yes ☐

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 Winfield O'Neal

3. Proposer's street address _____

City _____

4. County of residence _____

5. Daytime telephone _____

6. Proposer's driver's license _____

7. Spouse's name (nonprofit) _____

8. Spouse's address _____

City _____

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

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

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

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

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

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

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

Yes _____ No ☒

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

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

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

Yes _____ No ☒

B. If YES, what office? N/A

13. A. Are you currently a deputy registrar?

Yes _____ No ☒

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

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

No _____ Yes _____

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

Yes _____ No ☒

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

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

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

Yes _____ No ☒

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

Name	Relationship	Same Household		Contract Expires
N/A		Yes _____	No _____	
		Yes _____	No _____	
		Yes _____	No _____	
		Yes _____	No _____	

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

Yes _____ No ☒

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

Name	Relationship	Same Household
N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (NPC N/A)

Yes ☐ No ☒

B. If YES, list their name, relationship to you, and the date they became so employed:

Name	Relationship	Employment Date
N/A		

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.)

No ☐ Yes ☒

B. If "NO," are you applying as a Clerk of Courts or County Auditor? No ☐ Yes ☐

19. A. Are you an employee of the State of Ohio? (NPC N/A)

Yes ☐ No ☒

B. If "YES," will you resign, if appointed? No ☐ Yes ☐

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A)

Yes ☐ No ☒

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

Yes ☐ No ☒

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

Yes ☐ No ☒

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

No _____ Yes ☒

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

No _____ Yes ☒

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma?

No _____ Yes ☒

High school name Eastmoor Sr. High

City Columbus State Ohio Zip 43213

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

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

No _____ Yes ☒

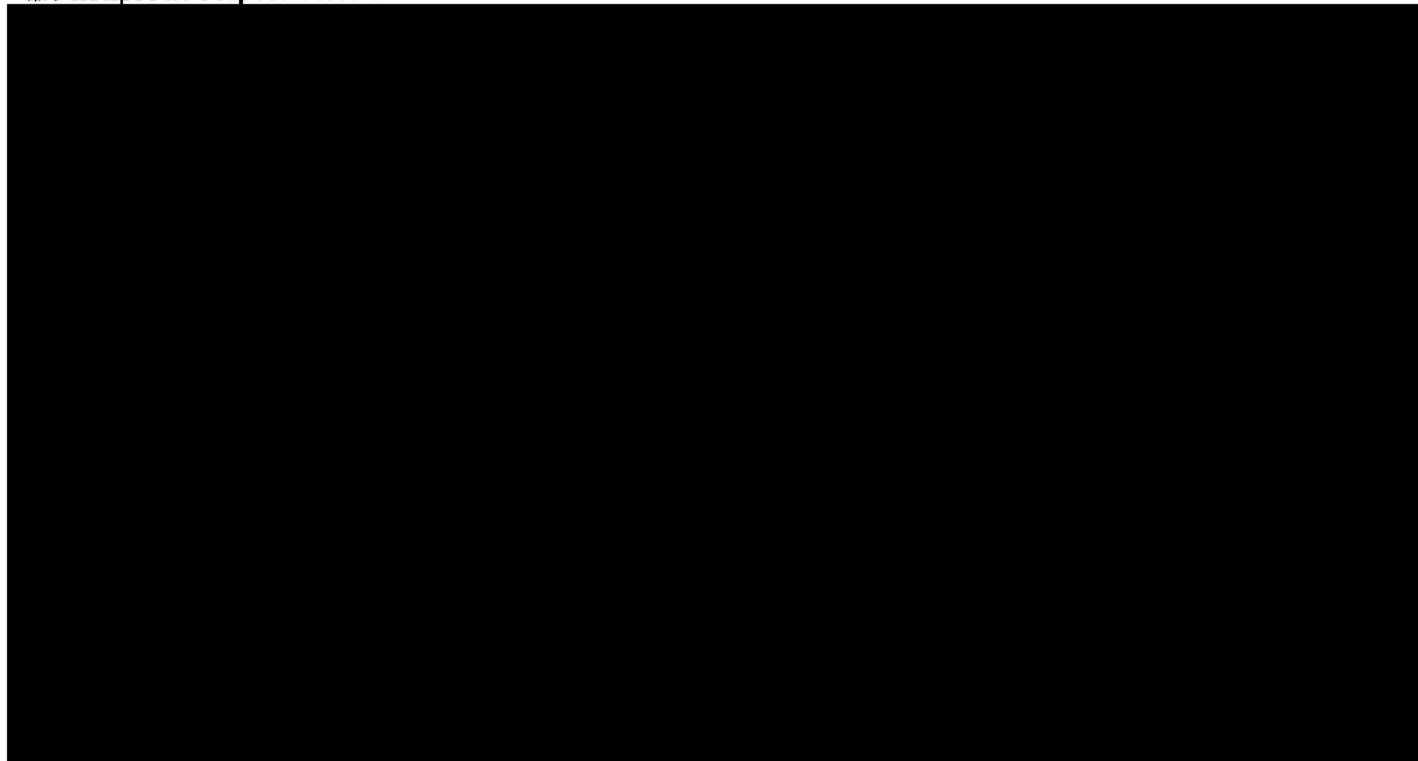
If "YES" please explain all computer experience in detail.

P.O.S., Micros, Aloha - All used in hospitality Industry for use of tracking sales, inventory, cash and credit card transactions, scheduling and employee data input.

Bass/Queflow - Working as an employee at the Great Southern Shopping center Bmv, I have have become sufficient in utilizing vehicle registrations, drivers license, State ID, reinstatements, med-certifications and imagins system.

Microsoft Word, Excel, Publisher, Powerpoint, Access and Adobe programs utilizing these software programs helped manage and document necessary areas of maintaining computer compliances in Apple, and on PC

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.



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 Winfield O'Neal Company name Desserts Rolled A-La-Mode
Company address 2026 Walnut Hill Park Drive City Columbus
State Ohio Zip 43232 Telephone (614) 537-9530
Type of business (deputy registrar, retail grocery, etc.) Ice Cream Shop

Company's products and/or services Gourmet Rolled Ice Cream, Milk Shakes
Home Made Desserts

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 50 % Hours worked weekly 55
3. Dates you operated this business: From: month 3 year 2021 To: month 4 year 2022
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
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.)

[REDACTED]

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Winfield O'Neal Company name Mac-Licious
Company address 2026 Walnut Hill Park Drive City Columbus
State Ohio Zip 43232 Telephone (614) 537-9530
Type of business (deputy registrar, retail grocery, etc.) Food Service

Company's products and/or services Prepared and served food for delivery/take out using delivery services Grub Hub and Urber Eats

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 25
3. Dates you operated this business: From: month 9 year 2020 To: month 3 year 2021
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? 3
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.)

[REDACTED]

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Winfield O'Neal Company name Do You Publications
Company address 2026 Walnut Hill Park Drive City Columbus
State Ohio Zip 43232 Telephone (614) 537-9530
Type of business (deputy registrar, retail grocery, etc.) Publishing company

Company's products and/or services Publish and sale of books

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 25
3. Dates you operated this business: From: month 8 year 2007 To: month 8 year 2011
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? 3
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.)

[REDACTED]

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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

Proposer's name Winfield O'Neal Company name First English Lutheran Church
Company address 1015 E. Main Street City Columbus
State Ohio Zip 43232 Telephone (614) 252-3191
Type of business (deputy registrar, retail grocery, etc.) Church

Management/supervisory duties Implemented and provided social services for the community. Responsible for feeding, clothing, and housing the unsheltered population. Oversee food and clothing drives for community.

MANAGER OR SUPERVISOR - Job title: Pastor Lorin Darst

1. Title of position Community Outreach Director Hours worked weekly? 20
2. Dates this position was held: From: month 6 year 21 To: month year current
3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
4. Do/did you directly manage/supervise employees on a daily basis? No Yes ✓
If you answered yes to question number 4, how many employees do/did you manage? 7
5. Have you ever developed a comprehensive business plan? No Yes ✓

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

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 Winfield O'Neal Company name Great Southern License Agency

Company address 3833 S High Street City Columbus

State Ohio Zip 43207 Telephone (614) 497-8247

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

Management/supervisory duties Prepared daily cash balance, nightly deposits, open and closed agency, ran daily open and closing reports, monthly inventory

MANAGER OR SUPERVISOR - Job title: Deputy Registrar

1. Title of position Supervisor Hours worked weekly? 40

2. Dates this position was held: From: month 6 year 2022 To: month 9 year 2023

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? 4-5

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.)

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 Winfield O'Neal Company name Advantage Food & Beverage
Company address 648 N. Cassady Ave City Columbus
State Ohio Zip 43219 Telephone (614) 253-7200
Type of business (deputy registrar, retail grocery, etc.) Vending Company

Management/supervisory duties Prepared daily cash balance, created new menu, trained staff, daily deposits, weekly inventory, cashier

MANAGER OR SUPERVISOR - Job title: District Manager

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

2. Dates this position was held: From: month 3 year 2011 To: month 9 year 2013

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? 4-5 ppl

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.)

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 Winfield O'Neal Company name Great Southern License Agency
Company address 3833 South High Street City Columbus
State Ohio Zip 43207 Telephone (614) 497-8247
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Supervisor

Hours worked weekly 40 Job duties Issued Driver's License, Ohio ID,
vehicle registrations, prepared daily open and closing reports and deposits
learned the requirements of full agency operations.

Dates of this employment: From: month 6 year 2022 To: month 9 year 2023

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

Using basic common courtesy with greeting and thanking the customer for their
patronage, and going above and beyond their expectations. Also, provided
customer with additional information they would need to complete transactions.

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

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 Winfield O'Neal Company name AC Hotel

Company address 517 Park Street City Columbus

State Ohio Zip 43215 Telephone (614) 227-6100

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

EMPLOYEE - Job title: Breakfast/Banquet Server

Hours worked weekly 20 Job duties Setting up and serving breakfast and banquet events

Dates of this employment: From: month 9 year 2022 To: month 1 year 2023

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

Anticipated the needs of the dining guest before the guest had to ask, also accomidating guest special dietary needs.

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.)

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 Winfield O'Neal Company name Nordstrom Cafe
Company address 4000 Worth Ave City Columbus
State Ohio Zip 43219 Telephone (614) 416-7111
Type of business (deputy registrar, retail grocery, etc.) Cafe

EMPLOYEE - Job title: Lead Server

Hours worked weekly 40 Job duties Provided great dining experience in a high volume cafe. Explained food and bar menu to guest. Accurately recorded food orders to kitchen, and also cashier

Dates of this employment: From: month 3 year 2016 To: month 8 year 2018

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

Provided great dining experience to guest through bar and menu knowledge.
Recommending daily features, and drink specials. Made sure to thank guest for dining with us and inviting them to come back and dine with us again.

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.)

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):

Since working at a BVM, i've learned how important it is for the customer to have all necessary documents to sometime complete their transaction. During peak times, and when there are perhaps long lines, I would have an employee walk through the line of customers and make sure they have everything they need so that they won't have to wait in line only to find out that they don't have everything or even at the wrong place to have something done, this would help to alleviate long lines and wait time for the other customers. Continued training and updates with new policy and procedures would be a priority. Because of the diversity of customers that we get in, it would be a goal of mine to employ employees that speak the language of some of the population that we serve to help maintain great customer service to all. If space allows, I would also like to have an express lane for perhaps quick transactions like vehicle registration renewals. Also, make sure to have a friendly, knowledgeable manager to help lead the team and provide great customer service.

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

Instructions You must report on the following page whether you and your immediate family together gave more than \$100.00 to any political party or to certain individual candidates during any one of the last three calendar years and so far this year.

"Immediate family" means you, a spouse residing with you, and any dependent children. You must add together all contributions you, your spouse, and your dependent children made to each separate party or each separate candidate during each calendar year.

"Political party" means each separate political party and includes any political action committee (PAC) and any "continuing association" which are connected to that political party. "Political party" includes all levels of that party, federal, state, county, and local.

"Candidate" includes both the candidate and any of that candidate's campaign committees. You must report only for candidates for the following offices: Ohio governor, attorney general, secretary of state, treasurer of state, auditor of state, state senator or state representative. You are not required to report any contributions to federal, county, local, or judicial candidates.

"More than \$100.00" means any amount exceeding \$100.00, starting with \$100.01. A contribution of exactly \$100.00 or less is acceptable. Contributions include the value of any "in-kind" contributions.

County Auditors and Clerks of Court are exempt from this requirement and need not file this Report of Political Contributions.

Nonprofit Corporations must submit one report for the nonprofit corporation itself and one report for the chief executive officer (C.E.O.) who has, or will have, primary responsibility for the nonprofit corporation's operation of the deputy registrar agency. There is only one copy of this report in this package. Nonprofit corporations must make a second copy and submit one copy for the nonprofit corporation itself and one for the C.E.O. who will be responsible for the operation of the deputy registrar agency.

Name: N/A

Title (if officer of nonprofit corporation): _____

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

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

RECIPIENT	JAN 1 - DEC 31 2022		JAN 1 - DEC 31 2023		JAN 1 - DEC 31 2024		2025 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

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 ✓

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

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

Yes ☒ No ☐

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

If you are awarded a contract, do you agree to be responsible for the following either on your own, through your lease or sublease, or by separate contract:

No _____ Yes ☒

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

Because this would be my first Deputy Registrar, to manage, be responsible and accountable for would mean being present. Knowing it perhaps isn't possible to be there all the time, also having the right manager/supervisor in my absence would be key. I would have a manager there to reflect my vision of how the agency should be ran. Continued seeking knowledge of the business by means of updates from the BMV and team meetings are definitely key.

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

By closely monitoring staff and daily reports would be key. Stay up to date with new policies and procedure from BMV. Make sure that staff is properly trained, and are following and understanding the laws, rules, guidelines and procedures.

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

Because fraud prevention is at the top of priority, unscheduled money drops from employees and cash balances, and keep low amounts of cash drawers low. Being a hands on Deputy and working with employees let employees know that I am always present. Also, having cameras throughout the agency would be helpful.

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?

I would keep and maintain a log book of those emails and broadcasts and have all staff including management to sign off on it that they have read and understood the revised policy and procedure changes.

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

I would lead by example, this would be done through following all policy and procedures, and guidelines set forth by the BMV. Also, being on time, how I dress, engage with customers, all would demonstrate good leadership.

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

Maintaining a high level of professionalism would be at the top of my list to do. I would make sure that every customer is greeted properly, handling the customer needs, and thanking the customer. I believe on how one dress and present themselves is very important and is a reflection of the agency.

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

When awarded the Registrar, I plan on introducing myself to those who may have already worked there and still interested in staying with a BMV agency, and of course interviewing and vetting those new hires who seek a career. Once hired, training, training, training. Staying aware of all new changes will also be key.

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

I would provide a safe, clean, and friendly place by having security cameras installed. During the winter months and rainy days, I would make sure that there are wet floors signs up to caution the customers. Daily and weekly cleaning duties would be in place, especially with public restrooms. As far as friendliness, I would make sure that employees greet our guest with smiles and how may I help you. Also, make sure to thank the guest and welcome them back.

9. How would you deal with an irate customer?

It has been my experience that people just want to be heard, and not to take it personally. If a customer becomes irate, I would listen to the customer to see what their concerns are and make sure to address that particular issue. I would always speak in a low tone and even repeat what the customer's concerns were so that they know I was listening and they had my attention.

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

I would make sure that my employees listens to the customer concern(s). Don't ever yell at them or get into a debate with the customer. Make sure to let the know that you are there to help them with whatever problem or concern they may have had. Our goal is to help them find a solution. If after all that and the customer is still irate, I would instruct the employee to let the manager take over.

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

My goal is not to only meet the expectations of the BMV, but to exceed them. This in part would be accomplished by following the rules, regulations and guidelines set forth by the BMV. Continues training and maintaining updates of any changes made would also be crucial.

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

This is a great question, I stepped away from the hospitality industry of many years of management and ownership in some cases as well, to go work for so I could look and and learn this industry as a business opportunity. With well over 40 years of working in the public sector, I have come to really realize how much I enjoy serving and helping the community. Currently, I work with and help house, feed, and cloth the unshelter population, which is a great need in our city, this is something I enjoy doing. I have shown great leadership and have mentored others who have gone on with their lives and are now giving back and doing great things as well. As a business owner and manager, I have had the responsibility of overseeing budgets in the hundred of thousands to millions and have successfully maintained them. Because of my strong leadership, I believe I can bring to the table the same success to being a Deputy Registrar, while maintaining great customer service. I ask for this great opportunity. Thank you.

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 :

I, Winfield O'Neal, 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: *W/O'Neal*

Printed/typed name of proposer: Winfield O'Neal

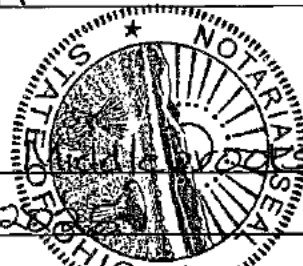
Sworn to and subscribed in my presence by the above named Winfield O'Neal

on this 25th day of April, 2025

Julie A. Reid
Notary Public

Printed name of Notary Public: Julie A. Reid

My commission expires: 6/17/2025



DEPUTY REGISTRAR
REQUEST FOR PROPOSALS

SECTION 4

(2025)

OPERATIONAL FORMS

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Winfield O'Neal

Location Number 25-G

Proposer Number (*BMV use only*) _____

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

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>28778.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Winfield O'Neal Location number: 25-G

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 40 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- ☒ Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- ☐ Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.


Deputy registrar (proposer) signature

Date: 4/25/2025

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Winfield O'Neal Location number: 25-G

- (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.

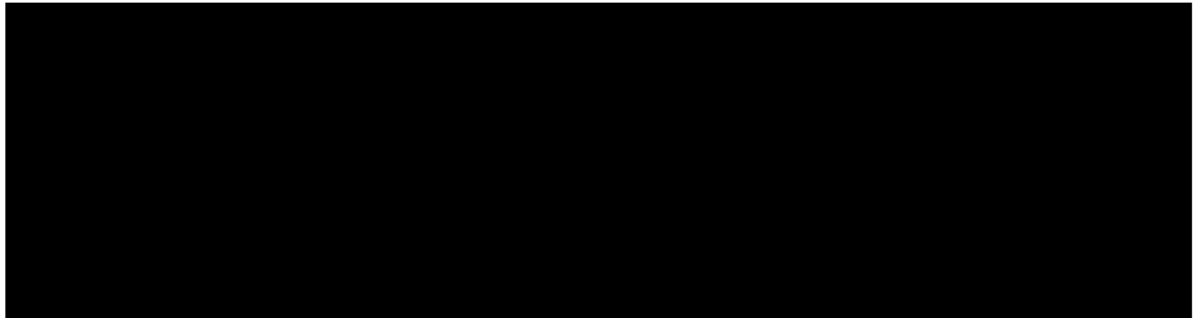
- (B) CHECK WHICHEVER APPLIES:

☐

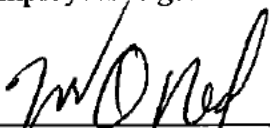
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant 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):



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


Deputy registrar (proposer) signature

Date: 4/25/2025

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Winfield O'Neal 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 corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

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

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$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 HOURLY 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)				
Assistant Office Manager	40.00	\$ 18.00	\$ 720.00	\$ 2,880.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u>	108.00	\$ 14.00	\$ 1,512.00	\$ 6,048.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>4</u>	144.00	\$ 12.00	\$ 1,728.00	\$ 6,912.00
TOTALS	332.00	N/A	\$ 3,960.00	\$ 15,840.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Winfield O'Neal Location number: 25-G

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.

\$ 15840.00

2. SITE PREPARATION COSTS (AMORTIZED)

A. If this is a Deputy Provided Site, calculate and enter the actual projected costs you will need to spend to prepare the building for use as a deputy registrar agency in each of the following categories:

1. Building Modifications	\$ <u>2000.00</u>
2. Counter Costs	\$ <u> </u>
3. Other Costs	\$ <u> </u>
4. Total	\$ <u>2000.00</u>

Total amortized over 60 month contract period
(Divide line 4 by 60) = \$ 33.33

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: \$ 3646.00 x 3 = \$ 10938.00

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]

\$ 28778.00

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2025

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 Winfield O'Neal _____, (deputy registrar, herein) whose

home mailing address is _____

(City) _____

registrar agency, Located _____

State of Ohio, County of _____

City/Village/Township (indicate which) _____

City _____

of Gahanna _____

Street address: 415 Agler Road _____

(City) Gahanna _____

, Ohio (Zip) 43230 _____

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 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;

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.

W O Neal
Deputy Registrar signature

4/25/2025
Date

STATE OF OHIO :

COUNTY OF Franklin :

Before me, a notary public in and for said county and state, personally appeared the above named Winfield O'Neal, 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 25 day of April, 2025.

Julie A. McReid
NOTARY PUBLIC



Printed name of Notary Public: Julie A. McReid

My commission Expires: 6/17/2025

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

DEPUTY REGISTRAR
REQUEST FOR PROPOSALS

SECTION 5

(2025)

DEPUTY PROVIDED SITES

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Winfield O'Neal

Location Number 25-G

Proposed Site Address 415 Agler Road Gahanna, Ohio 43230

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

Proposal Number (BMV use only) _____

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

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

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

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 25-G
Street address of site 415 Agler Road
City Gahanna, Ohio, Zip Code 43230
2. Is the site you are proposing currently in operation as a deputy registrar agency?
No _____ Yes ☒
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?
No ☒ Yes _____
4. Are you applying for a contract at an existing license agency site that was approved under a previous contract?
No _____ Yes ☒
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?
No ☒ Yes _____
6. A. If you answered "No" to question number 5, please print and submit this along with form 5.3 for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
- B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

5.3 LEASE OPTION

1. I (we)(owners' complete names) _____

_____ of (owners' complete address) _____

City _____, State _____, Zip _____

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)

_____ of _____ and commonly known as:

(property's address) 415 Agler Road

Suite _____ City Columbus, Ohio, Zip 43230

to (proposer's name) Winfield O'Neal

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 29th day of June, 2025 and shall not terminate before the 29th of June, 2030.
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, 2025.
4. THE PARTIES AGREE AS FOLLOWS:
 - A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.
 - B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.

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

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

Owner(s)' signature(s):

Owner(s)' printed name(s):

STATE OF Ohio:

COUNTY OF Franklin:

The foregoing instrument was acknowledged before me on this 24 day of April, 2025, by the owners, Sridhar Thamma

Notary Public

Printed name of Notary Public: J'Shon Johnson

My commission expires on 01-05-2027

I hereby accept this option.



J'SHON JOHNSON
Notary Public
State of Ohio
My Comm. Expires
January 5, 2027

4/25/2025
Date

Optionee signature, Deputy Registrar Proposer