

PAYROLL COMPARISON – 2020

Proposer Name: Karen Anderson

Evaluator Printed Name: Robert A. Frugole

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>
	22-A					
Highest Rate	\$23.00					
Lowest Rate	\$12.25					
Number of Hours Recommended	228					
Number of Hours Proposed	286					
Total Monthly Wages	\$14,464					

Comments:

PERSONAL EVALUATION (2020)

Karen Anderson
22-A / 20049
Erie County, Sandusky
1050 Cleveland Rd.

Evaluation Team Number: Team 1

Location(s) Proposed: (#1) 22-A

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Karen E. Anderson

Proposer's County of Residence (NPC Operation): (#3) _____

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

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

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

SCORING SUMMARY

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>Robert A. Fragole</u>	<u>Robert A. Fragole</u>	<u>3/2/20</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)	(5)	*	
7. Proposer states no criminal conviction within the last 10 years? (#21)	(5)	*	
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	(5)	*	
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	(5)	*	
10. Proposer can meet bond requirements? (#24 and acceptable proof)	(5)	*	
11. Acceptable educational information OR nonprofit corporation? (#25)	(5)	0	
12. Proposer has computer training or experience? (#26)	(5)	0	

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

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

Comments: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: verified at telephone () _____

Company: Sandusky License Bureau

Relationship: _____

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

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

Hours per week: 36-40

From (date): 10/1983 To (date): 6/2020 (current) Length: 37 yrs

Verified Hours 36+ = Factor 1 x Years 37 x Points 50 = 1,850

Person called: _____ at telephone () _____

Company: _____

Relationship: _____

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

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

Hours per week: _____

From (date): _____ To (date): _____ Length: _____

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

Person called: _____ at telephone () _____

Company: _____

Relationship: _____

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

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

Hours per week: _____

From (date): _____ To (date): _____ Length: _____

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

BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS =	FACTOR	X YEARS	X POINTS =	SCORE	VERIFIED
A.	Sandusky License Bureau	# NA =	1.0	x 37	x 50 =	1,850	✓
B.		# NA =	1.0	x	x 50 =		
C.		# NA =	1.0	x	x 50 =		
Subtotal of 13-A, 13-B & 13-C =						1,850	

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

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

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

ITEM	AGENCY/COMPANY	HOURS =	FACTOR	X YEARS	X POINTS =	SCORE	VERIFIED
A.		# =		x	x 25 =		
B.		# =		x	x 25 =		
C.		# =		x	x 25 =		
Subtotal of 15-A, 15-B & 15-C =							

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

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

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

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

17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	(2)	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	(5)	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	(5)	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	(5)	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	(1)	0
B. Equal Employment Opportunity?	(1)	0
C. Employee training by the deputy registrar?	(1)	0
D. Participation in BMV provided training?	(1)	0
E. Evaluation of employee performance?	(1)	0
F. Grounds for discipline or dismissal/termination (list)?	(1)	0
G. Progressive disciplinary steps?	(1)	0
H. Dress code with list of acceptable attire?	(1)	0
I. Dress code with list of unacceptable attire?	(1)	0
J. A policy for maintaining the professional appearance of all staff at all times?	(1)	0
K. Fringe benefits (beyond those required by law or contract)?	(1)	0

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

JG

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

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
A. Indoor/Outdoor maintenance and cleaning?	1	0
B. Prompt snow and ice removal?	1	0
C. Carpet and/or floor cleaning (if appropriate)?	1	0
D. Repainting?	1	0

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

17

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

Comments: _____

PERSONAL EVALUATION

OK | NO

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

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

27

PERSONAL EVALUATION

OK | NO

28. Credit Report (issued in 2020) / 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?	0	0
B. No tax liens (state or federal)?	3	0
C. No judgments for the past 36 months?*	3	0
D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	2	0
E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	2	0
F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	1	0
* Exclude minor medical judgments and disputed items with good cause explanation.		
29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)		2 0

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

15

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

Comments: _____

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Karen E. Anderson

Proposer Number (BMV use only) 22-A/20049/POS

INSTRUCTIONS: You must submit one original and one copy 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 and one copy of these forms are required. Please place these forms in a separate envelope marked "Personal Documents."

INDIVIDUAL	✓	BMV	COUNTY AUDITOR OR CLERK OF COURTS	✓	BMV	NONPROFIT CORPORATION	✓	BMV
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	✓	1	Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	✓	1	Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	✓	1	Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience		
Form 3.4 Start-Up Cost Funds on Deposit	✓	1	N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	✓	1	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	✓	1	Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	✓	1	Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	✓	1	Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	✓	1	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	✓	1	Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2020 Credit Report	✓	1	N/A	X	1	2020 Certificate of Good Standing		
2020 Local Law Enforcement Report	✓	1	2020 Local Law Enforcement Report			Articles of Incorporation		
2020 WebCheck Receipt	✓	1	2020 WebCheck Receipt			N/A	X	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		16	COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations). Check the box underneath if proposing the location as a second site in addition to a current agency:

22-A

2. Full legal name of proposer Karen E. Anderson

3. Proposer's street address [REDACTED]

City [REDACTED] State Ohio Zip code 44870

4. County of residence (nonprofit corporation county of operation) [REDACTED]

5. Daytime telephone ([REDACTED] Home telephone ([REDACTED]

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

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

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

City [REDACTED] State Ohio Zip code 44870

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

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

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

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

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

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

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

Yes _____ No

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

C. If YES, date that you plan to leave this office? _____

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

Yes _____ No

B. If YES, what office? _____

13. A. Are you currently a deputy registrar?

Yes No _____

B. If YES, on what date does your contract expire? June 27, 2020

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

No _____ Yes

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

Yes _____ No

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

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

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

Yes _____ No

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

Name	Relationship	Same Household		Contract Expires
		Yes	No	
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____

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

Yes _____ No

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

Name	Relationship	Same Household	
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___

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

Yes _____ No

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

Name	Relationship	Employment Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

No _____ Yes

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

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

Yes _____ No

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

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

Yes _____ No

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

Yes _____ No

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

Yes _____ No

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

No _____ Yes

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

No _____ Yes

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

High school diploma?

No _____ Yes

High school name Norwalk High School

City Norwalk State Ohio Zip 44857

College name Terra State Community College

City Fremont State Ohio Zip 43420

Major Graphic Commnications Degree awarded Associate/Applied Business

College name Bowling Green State University

City Huron State Ohio Zip 44839

Major Accounting Degree awarded No

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.

I have 18 years experience using QuickBooks Enterprise financial software and Payroll for:

- * Accounting - Keeping accurate record of income and expenses
- * Budgeting - Reviewing the prior year budget and use it as a planning tool for the year ahead
- * Inventory - Keeping an accurate inventory of all sales items and office supplies
- * Payroll - Using the payroll feature in QuickBooks to pay my employees
- * Tax Preparation - Preparing and filing monthly, quarterly and yearly taxes in a timely manner
- * Sales - Keeping an accurate record of agency sales

I also utilize the following programs and systems for operating my agency:

- * Microsoft Word for drafting letters, creating training materials for employees and creating labels and envelopes
- * Excel for creating employee schedules, spreadsheets for budgeting and mailing lists
- * EFTPS, Ohio Business Gateway and RITA Ohio for filing and paying taxes
- * BASS, Microsoft Outlook, G-Mail and Yahoo Mail
- * Ohio Attorney General's WebCheck software
- * Ohio Division of Watercraft boat registration software
- * I have 36 years experience using Ohio BMV computers and I personally attend all training

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

A. Name Kristin Dail Daytime telephone number [REDACTED]
City [REDACTED] State Ohio Zip 44870

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

B. Name George Sortino (cell phone 419-357-5338) Daytime telephone number [REDACTED]
City [REDACTED] State Ohio Zip 44870

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

C. Name Ellen Supp (cell phone 419-515-8309) Daytime telephone number [REDACTED]
City [REDACTED] State Ohio Zip 44870

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

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 Karen E. Anderson Company name Sandusky License Bureau
 Company address 1050 Cleveland Rd City Sandusky
 State Ohio Zip 44870 Telephone (419) 625-1983
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Vehicle registrations, driver's license/ID cards, vision screening, collecting reinstatement fees, written driver's exams, voter registration, notary services, WebCheck, watercraft registrations,

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 36-40
3. Dates you operated this business: From: month Dec year 1983 To: month June year 2020
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? 10
8. Have you ever developed a comprehensive business plan? No ✓ Yes

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

Name	City	State	Zip	Daytime Phone
Jayme Sparks	[REDACTED]	Ohio	45840	[REDACTED]
Shannon Crow	[REDACTED]	Ohio	45840	[REDACTED]

3.3 CUSTOMER SERVICE EXPERIENCE

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

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

As a rule I schedule additional staff during peak times. I have hired two additional employees so that I have sufficient staff at all times including lunch breaks, personal days and vacations. I also request staff to work overtime during peak times or to cover for another employee who is sick or on vacation. I like to open early and stay open late in order to provide exceptional customer service. I provided special assistance seating for those customers that have difficulty standing. My staff serves the customer while they are seated so they do not have to stand in line or at the counter. We assist customers that are elderly or in need with the installation of license plates and stickers. I offer pick-up and delivery service to auto dealers and fleets. I consistently staff my agency above the BMV minimum staffing requirements and plan to do so in the future. In 2019 my agency averaged 313 hours worked per week. This is 85 hours per week over the 228 staffing hours required in the 2019 RFP.

I plan to designate a vehicle registration-only line during busy times to move customers through the agency as quickly as possible. I will continue to employ energetic individuals that possess excellent customer service skills. I will continue my active membership in the Ohio Deputy Registrar Association to share my input with the BMV administration and for networking and customer service ideas with other deputies. I will maintain high levels of training for myself and agency staff. I will solicit ideas and suggestions from my customers, employees and BMV staff, and I will continue current practices while remaining flexible to changing customer service needs.

2020 will bring many changes and challenges to agencies with the implementation of Q-Flow and the deadline for federally-compliant driver's licenses in October. I plan to work closely with the BMV and my district office to make sure that these changes go smoothly. Once the Q-Flow is installed, I will re-evaluate my agency configuration to determine if any modifications are needed to accommodate the new system. At 2,487 square feet, my current agency location has 1,147 square feet over the 1,340 required in the RFP. This allows more than enough space for any modifications that may be needed.

Form 3.3, Customer Service Experience (2020)

3.4 START-UP COST FUNDS ON DEPOSIT
(Not required for County Auditors or Clerks of Court)

Proposer's Name: Karen E. Anderson

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

Account Owner's Name: Karen E. Anderson

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

Bank Name: PNC Bank

Bank Address: 3902 Milan Rd. Bank City: Sandusky

Bank State: Ohio Bank Zip: 44870 Bank Phone: (419) 621-2980

Account Number  Total Funds on Deposit: \$ 25,000.00

(The total funds on deposit amount must be equal to or exceed the amount listed as your total start-up costs on Form 4.4.)

PNC BANK, N.A.
ABA 041000124
070-0488-04

Bank or Teller's Official Stamp: _____

Teller's Signature: 

Date: 1-16-2020

(Not valid without official stamp of financial institution and signature of teller.)

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: Karen E. Anderson

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 2017		JAN 1 - DEC 31 2018		JAN 1 - DEC 31 2019		2020 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

3.6 PERSONNEL POLICY

A comprehensive personnel policy must be readily available and presented upon request. Items needing covered within the agency's comprehensive personnel policy are listed below.

Do you agree to provide a comprehensive personnel policy, if requested, that covers the listed items?

No _____ Yes

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

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

Yes No

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No _____ Yes

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

I will be responsible and accountable for the business by having an active role in the daily agency operations, as I have for the past 36 years. I will monitor and assume accountability for employees transactions and actions. Employees will be aware that I am ultimately responsible for everything they do; therefore, I will ensure that support staff is well trained and capable of handling any situation that arises. If I am out of the office I am always available by cell phone.

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?

I will make sure that all employees are thoroughly trained with regard to issuing driver's licenses, identification cards, and vehicle registrations. All employees will be required to follow the statute set forth in the ORC, the OAC, BMV policies and procedures, the Deputy Registrar Manual, the deputy registrar contract, the RFP, and all directives from the BMV and the Registrar of Motor Vehicles. I will use supervisors to verify and sign, and later review the transactions to ensure that all laws, rules, policies and procedures are being followed. I will check my employees' work and monitor their performance throughout the day.

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

All employees of the agency will be required to attend fraud training in accordance with BMV policy. Documents will be verified for authenticity and system images and signatures will also be checked and compared. A supervisor will also be required to check the documents to ensure that they are authentic. If fraud is suspected, then fraudulent document procedures will be followed per BMV policy and the documents will be confiscated and held for the BMV investigator. A daily review of previously scanned documents will be a secondary check to detect, deter and prevent fraud. Employee activities will be closely monitored, and video surveillance is always recording.

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?

E-mail broadcasts are printed on a daily basis and kept in a 3-ring binder. If the broadcast refers to a manual update, the manual update is also printed and attached to the broadcast. Employees are required to read and sign each broadcast daily. I have one employee in charge of the broadcast binder who checks the initials to make sure that all employees have read and understand the broadcast. If there are questions about the broadcast or new procedures, they will be addressed at that time.

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

I will continue to demonstrate good leadership to my employees by maintaining a constant presence at the agency. I will set the tone of my agency with hard work and a positive attitude every day. I will continue to demonstrate good leadership by participating in all tasks to promote teamwork. It is my responsibility to set forth the example of my expectations. Positive leadership promotes positive, successful employees. I have an open-door policy with my employees to discuss any matters or concerns that they may have.

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

I will continue to maintain a high level of professionalism, starting with my employees. If employees are treated like professionals, they will act like professionals. Management will lead by example of the proper conduct at the agency. The expected employee standards of behavior are outlined in my agency personnel policy. I require that my employees treat every customer and each other with respect, courtesy, and professionalism.

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

While recruiting and retaining high quality employees can be challenging, I have been able to accomplish this in a variety of ways. In recruiting, I utilize personal recommendations and references. In addition to BCI and FBI background checks, I also utilize local online court records. Retaining quality employees is accomplished by a professional work atmosphere that also takes into consideration employees needs. I offer a flexible schedules to accommodate special situations. I will continue to offer competitive wages and benefits as I have in the past. My agency is known in the community as a quality place to work. I will continue to maintain these high standards to retain my current employees and recruit additional quality employees if necessary.

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

A safe environment for employees and customers is essential. We have panic buttons as part of the agency security system, and video recording system and a great working relationship with the local police. We maintain regular cleaning in the morning and at closing as well as during slow times. I clean and provide routine maintenance at the agency on weekends when we are closed. I contract with an individual to maintain the floors as needed. Keeping employees happy is key to a friendly customer experience. The agency will continue to be a friendly place to do business by working together as a team. We take an interest in every customer's situation and find a solution to best serve their needs.

9. How would you deal with an irate customer?

There is a skill in adhering to laws and policies while trying to provide options for the customer. Customer anger is often caused by frustration and because they feel they are not being heard. We try to diffuse frustration by showing empathy to the situation and listening to what they have to say. We then offer options to solve their dilemma. If the situation warrants a phone call, we will call the BMV to try to resolve the issue. We will also call the title office and exam station to get more information and provide options for the customer. Going the extra mile for a customer usually diffuses a challenging situation.

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

Employees are trained to stay calm and try to relate to the customer on a personal level. They are trained to show empathy and listen patiently to allow the customer to voice their concerns while assuring them that they are trying to help in any way they can. They are to help the customer resolve their problem by offering them options to help them feel they have some control over the situation. If they are unable to resolve the issue, they are required to ask for a manager for assistance. The objective is to have the customer leave the agency with a positive attitude towards the BMV and the agency.

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

I will meet the expectations of the BMV by continuing to follow the laws, policies and procedures outlined in the ORC, the OAC, the RFP, the Deputy Registrar Manual, the deputy registrar contract and any other directives issued by the authority of the Registrar. I will continue to provide excellent customer service by employing only well-trained, professional individuals who are diligent in their work ethic and empathetic to the customer's needs. Staffing will be geared to anticipate customer flow based on this location's history. I will continue to provide a safe, clean and friendly atmosphere for both agency customers and agency staff. I will continue to adapt to changes in BMV policies and procedures and identify the best way to implement those changes. I will always be available to the BMV for meetings, pilot programs and testing new procedures and equipment. I will keep high standards for myself and my employees, ensuring that customer service is a top priority.

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

The BMV should consider me for the renewal of my contract because I have been an extraordinary deputy registrar for over 36 years. During those years I have grown by implementing many positive changes for both the BMV and my agency. My agency has grown from two terminals and two employees in 1983 to my current six terminals and two DX terminals, with ten employees. I have successfully moved my agency 4 times to adapt to the growing needs of my customers. I was one of the first deputy registrar locations to successfully pilot a DX terminal in my agency, and I now have two. My past record proves my ability to succeed in the future. It is my belief that the changes and challenges of running a successful deputy registrar agency will continue to grow. I feel that I bring the experience, leadership, adaptability and drive to continue to grow with the changes and challenges that are in the future of deputy registrar agencies, as a whole. I am proud to have an agency that represents the values of the Bureau of Motor Vehicles and to serve the people of the Great State of Ohio.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Erie ■:

State of Ohio :

I, Karen E. Anderson, 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: *Karen E. Anderson*

Printed/typed name of proposer: Karen E. Anderson

Sworn to and subscribed in my presence by the above named Karen E. Anderson
on this 29th day of January, 2020

Hayleen Sharpe
Notary Public

Printed name of Notary Public: Hayleen Sharpe

My commission expires: Jan 3rd, 2023



OPERATIONAL EVALUATION (2020)

Karen Anderson
22-A / 20049
Erie County, Sandusky
1050 Cleveland Rd.

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</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>228</u> Proposed: <u>286</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2020 Ohio Minimum Wage Rate = \$7.25 or \$8.70 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>\$18,826.18</u> On Deposit (Form 3.4): <u>\$25,000.00</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>Robert A. Frigate</u>	<u>Robert A. Frigate</u>	<u>3/2/20</u>
(2)	_____	_____	_____

Operational Evaluation (2020)

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Karen E. Anderson

Location Number 22-A

Proposer Number (BMV use only) 22-A/20049/POS

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

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	1
4.1	Appointment of Agency Managers	✓	1
4.2	Experienced Employees Summary	✓	1
4.3	Staffing and Personnel Costs Calculation	✓	1
4.4	Start-Up Costs Calculation Amount: \$ <u>18,826.18</u>	✓	1
4.5	Deputy Registrar Contract (2 pages only)	✓	1
			6

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Karen E. Anderson Location number: 22-A

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

Karen E. Anderson
Deputy registrar (proposer) signature

Date: 1/15/2020

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Karen E. Anderson Location number: 22-A

(A) HIRING EXPERIENCED EMPLOYEES. I certify that if I am appointed as a deputy registrar under contract with the Registrar of Motor Vehicles, I will make every good faith effort to hire and retain qualified employees who have relevant experience working in a deputy registrar agency. I agree to make bona fide offers of employment at comparable wages and under comparable conditions to their most recent deputy registrar employment experience.

(B) CHECK WHICHEVER APPLIES:

I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant experience working in a deputy registrar agency. **Please do not contact any deputy registrar employees until after you have been awarded a contract.**

I AM OR HAVE BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have identified the following persons to whom I will make a bona fide offer of employment at comparable wages and under comparable conditions to their present employment. (A deputy registrar or a proposer who has deputy registrar employment experience may list himself or herself here):

Name of Experienced Employee	Length of Experience
Karen Anderson	36 years
Kayleen Sharpe	7.5 years
Melissa Swain	22 years
Jeanne Contreras	11 years
Nickole Shober	7.5 years

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

Karen E. Anderson
Deputy registrar (proposer) signature

Date: 1/15/2020

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Karen E. Anderson Location number: 22-A

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

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

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

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of \$319,000 or less per year and \$8.70 per hour by businesses with gross receipts of more than \$319,000 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	36	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36	23.00	828.00	3,312.00
Assistant Office Manager	36	14.00	504.00	2,016.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>6</u>	138	13.00	1,794.00	7,176.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>2</u>	40	12.25	490.00	1,960.00
TOTALS	286	N/A	3,616.00	14,464.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Karen E. Anderson Location number: 22-A

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.

\$ 14464.00

2. SITE PREPARATION COSTS (AMORTIZED)

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

1. Building Modifications	\$ <u>0</u>
2. Counter Costs	\$ <u>0</u>
3. Other Costs	\$ <u>0</u>
4. Total	\$ <u>0</u>

Total amortized over 60 month contract period
(Divide line 4 by 60) = \$ 0

B. If this is a BMV Controlled Site, enter the information contained in the Agency Specifications for this location. Do not change the information from the Agency Specifications.

\$

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

A. If this is a Deputy Provided Site, enter the actual amount you will pay to rent or lease this site.

B. If this is a BMV Controlled Site, enter the estimated rent listed in the Agency Specifications for this site. Do not change the amount listed.

One month's rent: \$ 1454.06 x 3 = \$ 4362.18

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] \$ 18,826.18

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2020

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 Karen E. Anderson (deputy registrar, herein) whose home mailing address is [REDACTED] (City) [REDACTED], Ohio (Zip) 44870, to operate a deputy registrar agency, Location No. 22-A, to be located as follows: in the State of Ohio, County of Erie City/Village/Township (indicate which) city of Sandusky Street address: 1050 Cleveland Road (City) Sandusky, Ohio (Zip) 44870

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 2020 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 2020 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 28th day of June, 2020, and shall end no later than the 28th day of June, 2025, 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"]:

an individual

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2020 Deputy Registrar Contract Terms and Conditions incorporated herein.

Karen E. Anderson
Deputy Registrar signature

1/29/2020
Date

STATE OF OHIO :
COUNTY OF Erie :

Before me, a notary public in and for said county and state, personally appeared the above named Karen E. Anderson, 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 29th day of January, 2020.

Kayleen Sharpe
NOTARY PUBLIC

Printed name of Notary Public: Kayleen Sharpe

My commission Expires: Jan 3rd, 2023



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

(2020)

DEPUTY PROVIDED SITES

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Karen E. Anderson

Location Number 22-A

Proposed Site Address 1050 Cleveland Road, Sandusky, Ohio 44870

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

Proposal Number (BMV use only) _____

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

ATTENTION: Incumbent deputy registrars applying for contracts at existing license agency locations designated as Deputy Provided Sites are not required to complete and submit all Section 5 forms if the site was approved under the previous RFP and if there have been no changes to the site since the last contract was approved and signed. Under this license agency site provision, page one (1) of the 5.1 Site Questionnaire form 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 incumbent deputy registrar proposing existing license agency site)	✓	
5.2	ADA Checklist (leave blank if incumbent deputy registrar proposing existing license agency site)		
5.3	Lease Option (leave blank if incumbent deputy registrar proposing existing license agency site)		
	– filled out, including complete address		
	– signed and notarized		
5.4	Proximity Attachment [for "Proximity" sites only] (leave blank if incumbent deputy registrar proposing existing license agency site)		
Proposer provided	Site Plan (leave blank if incumbent deputy registrar proposing existing license agency site)		
	– on 8½ x 11-inch paper		
	– with complete dimensions		
Proposer provided	Counter Plan (leave blank if incumbent deputy registrar proposing existing license agency site)		
	– on 8½ x 11-inch paper		
	– with complete dimensions		
Proposer provided	Map (leave blank if incumbent deputy registrar proposing existing license agency site)		
	– with site clearly marked		

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 22-A
Street address of site 1050 Cleveland Road
City Sandusky, Ohio, Zip Code 44870
2. Is the site you are proposing currently in operation as a deputy registrar agency?
No _____ Yes
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?
No Yes _____
4. Are you an incumbent deputy registrar applying for a contract at an existing license agency site that was approved under your last contract?
No _____ Yes
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?
No Yes _____
6. A. If you answered "No" to question number 5, stop here. Print and submit this page only 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.