

# PAYROLL COMPARISON – 2020

**Proposer Name: Nancy Apking**

Evaluator Printed Name: Tiffany Crawford

## 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>
	13-B					
Highest Rate	\$ 20					
Lowest Rate	\$ 15					
Number of Hours Recommended	255					
Number of Hours Proposed	256					
Total Monthly Wages	\$4,000					

Comments:

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# PERSONAL EVALUATION (2020)

Nancy Apking  
13-B / 20152  
Clermont County, Loveland  
641 Loveland Madeira Rd.

Evaluation Team Number: 2

Location(s) Proposed: (#1) 13-B

Proposed as 2<sup>nd</sup> Location \_\_\_\_\_

**Verify** Proposer's Full Name: (#2) Nancy Marie Apking

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

**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>Tiffany Crawford</u>	<u>Tiffany Crawford</u>	<u>3/9/2020</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: Loveland 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: 40-55

From (date): 6/1/1991 To (date): Present Length: 29 yrs

Verified Hours 40+ = Factor 1 x Years 29 x Points 50 = 1450

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.	LoveLand License Bureau	# NA	=	1.0	x	29	x	50	=	1450	✓
B.		# NA	=	1.0	x		x	50	=		
C.		# NA	=	1.0	x		x	50	=		
<b>Subtotal of 13-A, 13-B &amp; 13-C =</b>										1450	

### 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	=		
<b>Subtotal of 14-A, 14-B &amp; 14-C =</b>											

### 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	=		
<b>Subtotal of 15-A, 15-B &amp; 15-C =</b>											

**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	=		
<b>Subtotal of 16-A, 16-B, 16-C &amp; 16-D =</b>											

**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	=		
<b>Subtotal of Lines 17-A, 17-B, 17-C &amp; 17-D =</b>											

**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)

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)	(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

<b>24. Form 3.9 – Involved and Invested in Your Business</b>		
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
<b>25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation</b>		
A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	③	*
B. Is it the affidavit duly signed and notarized?	②	*
<b>26. Local Law Enforcement Report / Articles of Incorporation (AOI)</b>		
A. No disqualifying convictions for individual / AOI for nonprofit corporation?	③	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	②	0
<b>27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation</b>		
No disqualifying convictions for individual / AOI for nonprofit corporation?	⑤	*

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





### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Nancy Marie Apking

Proposer Number (BMV use only) \_\_\_\_\_

**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	<input checked="" type="checkbox"/>	BMV	COUNTY AUDITOR OR CLERK OF COURTS	<input checked="" type="checkbox"/>	BMV	NONPROFIT CORPORATION	<input checked="" type="checkbox"/>	BMV
Form 3.0 Personal Checklist (this form)	<input checked="" type="checkbox"/>		Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	<input checked="" type="checkbox"/>		Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	<input checked="" type="checkbox"/>		Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	<input checked="" type="checkbox"/>		Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience		
Form 3.4 Start-Up Cost Funds on Deposit	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	<input checked="" type="checkbox"/>	1	N/A	<input checked="" type="checkbox"/>	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	<input checked="" type="checkbox"/>		Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	<input checked="" type="checkbox"/>		Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	<input checked="" type="checkbox"/>		Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	<input checked="" type="checkbox"/>		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	<input checked="" type="checkbox"/>		Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2020 Credit Report	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>	1	2020 Certificate of Good Standing		
2020 Local Law Enforcement Report	<input checked="" type="checkbox"/>		2020 Local Law Enforcement Report			Articles of Incorporation		
2020 WebCheck Receipt	<input checked="" type="checkbox"/>		2020 WebCheck Receipt			N/A	<input checked="" type="checkbox"/>	1
Pre-approval Statement for \$25,000 Bond	<input checked="" type="checkbox"/>		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:

13B

2. Full legal name of proposer Nancy Marie Apking
3. Proposer's street address [REDACTED]
- City [REDACTED] State OH Zip code 45069
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) Ken Apking
8. Spouse's home street address (nonprofit corporation N/A) [REDACTED]
- City [REDACTED] State OH Zip code 45069
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? 06-27-2020

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 _____	_____

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 Archbishop McNicholas High School

City Cincinnati State OH Zip 45230

College name University of Cincinnati

City Cincinnati State OH Zip 45219

Major Business Degree awarded None

College name Institute of Medical and Dental Technology

City Fairfield State OH Zip 45014

Major Surgical Dental Technician Degree awarded Associates

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.

Accounting or Financial use: (home/business) - Quick Books and Excel

-Quick Books allows me to keep track of all business expenditures, income, and payroll.

-I use Excel to organize the data from Quick Books

Word Processing use: (home/business) - Microsoft Word 2010, Excel, Adobe Reader

-Microsoft Word documents are used to keep employees up to date on recent Policy and schedule changes.

-Adobe Reader allows us to download necessary documents/attachments.

Email/messaging use: (home/business) - Microsoft Outlook, Google Mail

-Microsoft Outlook is used for all business related emails and schedule notifications.

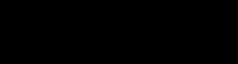
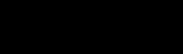
-Google mail is used on personal devices to communicate with our truck fleet companies.

Tax Preparation use: (home/business) - Excel and Microsoft 2010

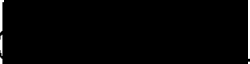

-Excel is used to organize overall business dollars while also organizing employee specific numbers.

-This information is then translated into Microsoft Word documents.

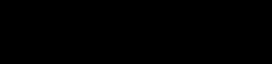

27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to 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 Stephanie Adler Daytime telephone number (   
City  State OH Zip 45236

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

B. Name Susan Rodgers Daytime telephone number (   
City  State OH Zip 45242

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

C. Name Belinda Harley Daytime telephone number   
City  State OH Zip 45255

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 Nancy Marie Apking Company name Nancy M Apking Dep.R  
 Company address 641 Loveland Madeira Rd. City Loveland  
 State Ohio Zip 45140 Telephone ( 513 ) 6833454  
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar Agency

Company's products and/or services Issuance of vehicle registrations, Oh dl/id's, voter registration, notarial services, reinstatement services and vehicle inspections.

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 40-55
  3. Dates you operated this business: From: month 06 year 1991 To: month 00 year 00
  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.)

Name	City	State	Zip	Daytime Phone
Kathleen Hord	[REDACTED]	OH	45140	[REDACTED]
Ashly Kissick	[REDACTED]	OH	45152	[REDACTED]
Stephanie Adler	[REDACTED]	OH	45236	[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 Nancy Marie Apking Company name Milford License Bureau  
 Company address 24 E Cemetery Rd. City Milford  
 State OH Zip 45150 Telephone ( 513 ) 2480500  
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar Agency

Management/supervisory duties Managed all aspects of daily operations including front line customer service, finances, payroll, inventory and employee hiring, training and evaluation

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 50
  2. Dates this position was held: From: month 04 year 1988 To: month 06 year 1991
  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.)

Name	City	State	Zip	Daytime Phone
Stephanie Adler		OH	45236	( )
				( )
				( )

### 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 Nancy Marie Apking Company name Milford License Bureau  
 Company address 24 E Cemetery Rd. City Milford  
 State Ohio Zip 45150 Telephone ( 513 ) 2480500  
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar Agency

EMPLOYEE - Job title: clerk  
 Hours worked weekly 25 Job duties customer service and data input

Dates of this employment: From: month 05 year 1984 To: month 04 year 1988

Describe how and to what extent you provided **high quality customer service** at this position:  
Greeted customers walking in the door, processed their vehicle registrations and  
drivers licenses and id cards, processed voter registrations and performed general  
office duties.

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
Stephanie Adlerf		Ohio	45236	( )
				( )
				( )

### 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):

I offer fax and phone services to customers who do not have access to them readily at home. I also assist customers in obtaining documents they need to complete transactions by phoning doctors offices, out of state license agencies, title offices and car dealerships in effort to expedite the process and to prevent a repeat visit to agency to accomplish their transactions.

I have employees working the line of customers to pre-check their documents and paperwork in effort to streamline the process and to keep them from waiting for service only to be turned away to gather the documents needed. I strive to offer services in the most efficient and competent manner while maintaining a positive and friendly atmosphere.

I train employees to direct customers to the BMV website in order to download the forms necessary for their various transactions and fill them out as much as they are able to in order to cut down their time at the counter. I have found that having the forms filled out prior to their visit, minus signatures, cuts their processing time down dramatically.

I will continue to offer the best customer service that I have performed in the past while always striving for improvement.

**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: Nancy Marie Apking

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: Nancy Marie Apking

(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: LCNB National Bank

Bank Address: 500 Loveland Madeira Rd Bank City: Loveland

Bank State: Ohio Bank Zip: 45140 Bank Phone: (513) 677-2203

Account Number: XXXXXXXXXX Total Funds on Deposit: \$ 21,000.00

(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.)

Lebanon Citizens National Bank  
Lebanon, Ohio  
Loveland Office

DEM

Bank or Teller's Official Stamp: \_\_\_\_\_

Teller's Signature: Deanna Mergle

Date: 1.30.2020

(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: Nancy Marie Apking

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

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

### 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?

In order to continuously manage as well as hold responsibility and accountability for my business I plan to do what I've always done. I plan to work at my agency full-time with majority of that time being out front at my designated terminal providing customer service along with my clerks.

Being at my terminal sitting closely to my clerks allows me to monitor and mentor my employees and their interactions with our customers. Additionally, spending the majority of my time out front in the customer service area gives me the opportunity to see clerk/customer interactions first hand so I'm able to teach and supervise my staff as I've done in the past.

I've found that being a hands-on active member of my time leads to a successful agency and enjoyable work environment.

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?

To ensure that all laws, rules, guidelines and procedures are followed I will continue to be an active presence out front in the customer service area along side my staff. I will continue ongoing education and training for myself and my employees in order to stay current with the ever-changing procedures. Lastly, I will ensure that each of my clerks have access to the tools that are in place to facilitate an accurate and honest transaction.

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

I have found that a dedicated staff is key to my agency's success. Providing continuous training on the detection and prevention of fraud is important for the overall success of my agency and the protection of each of our customers who walk through our door. Each of my employees attend required fraud trainings and are continuously updated on our fraud table and the policies we have in place to detect fraud in everyday transactions.

Unfortunately, we know that fraud can also take place inside the business itself. This is why I've always been active in the 'front line' with my employees and have disciplinary policies in place to deter any fraudulent activities that may take place within the agency. Being a hands-on Deputy Registrar is the best deterrent to fraud.

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 currently have a dedicated staff member responsible for maintaining the broadcast books. She shares each broadcast with our entire staff, having them read through the broadcast on their own and initially when completed.

I personally check my email several times a day and pass along any information as needed. I train my staff on current procedures on a daily basis and will continue doing so.

Clear communication is a key proponent to a successful agency and as the rules and regulations change in our business, so must we.

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

Working out front along with my employees allows me to set a standard for how the customers should be treated. I strongly encourage my staff to follow the high level of customer service that I feel I have set in my agency. Treating every customer with respect not only reflects in my employees' interactions with their own customers but it ensures a safe and positive transactional experience for those customers leading to on-going business for our specific agency location.

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

The only way to maintain a high level of professionalism is by having a high level of respect and regard for everyone whether it be a difficult customer or simply an employee having a bad day. I will continue to showcase the highest regard for all and my staff while remaining professional, caring and conscientious as always.

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

Recruiting quality employees has traditionally been done by word of mouth through other Deputy Registrars and trusted business relationships. Additionally, online recruiting sites have been a good source of quality employees within the last two years.

I have several employees who have been with me for the past 10+ years. I attribute this to the level of respect and understanding we have for each other. I show them how much they contribute to a successful agency and I try to compensate them for their hard efforts especially during trying times, such as learning to navigate the Compliant DL/ID Act.

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

My agency has a trusted security system in place ensuring the safety of my employees and our customers. Ongoing safety training is also administered to my staff so they are equipped to handle situations they may face on any given day.

With customers walking in and out of our door multiple times a day, the customer service area can become unkempt quite quickly. Our agency has a 'chore' system in place to ensure each employee is active and responsible for the cleanliness of both their individual work station and the customer service area.

9. How would you deal with an irate customer?

I listen attentively, do not interrupt and refrain from any judgments or belittling. A customer has a problem and it is my job to either solve the issue right then and there or lead them in the right direction to solve the issue. I train my staff to be passive and not to confront irate customers as confrontation only makes the situation worse. I do, however, stress the importance of their safety and in recognizing when a customer's behavior has crossed the line.

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

I have attended training in the past associated with the BMV in regards to this specific issue. I taught my employees what I had learned from that training and posted reminders on our break room wall for them to refer to.

As I sit out front with each of my clerks I monitor these situations and step in only when necessary as I encourage my staff to handle these situations in a manner that leaves the customer satisfied with our efforts on their behalf. They are encouraged to treat them with respect and patience as I have found that this generally defuses the situation.

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

I will continue to meet and exceed the Bureau of Motor Vehicles expectations as I have done since my first day as a BMV clerk; by doing my job to the best of my ability each and every day. I will continue to demonstrate my professionalism and dedication to the citizens of Ohio.

I truly enjoy my role as Deputy Registrar and in being the positive and helpful "BMV lady" to which I am known in our agency's city of Loveland.

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

The Bureau of Motor Vehicles should consider me for another contract based on the high level of service and professionalism I have achieved as a Deputy since 1991. I stand behind my past record of service and I am very proud of my agency's exemplary staff as the Loveland BMV could not have succeeded without them by my side.

I believe that my record speaks for itself and if given another contract I will continue providing the level of service expected by the Bureau of Motor Vehicles. I will strive to make the next 5 years as successful and beneficial to the State of Ohio and its citizens even better.

**3.10(A) AFFIDAVIT OF INDIVIDUAL**

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

County of Hamilton :

State of Ohio :

I, Nancy Marie Apking, being first duly sworn, depose and say that:

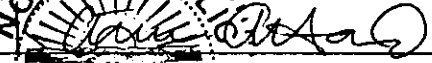
- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;
- 4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
- 5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: 

Printed/typed name of proposer: Nancy Marie Apking

Sworn to and subscribed in my presence by the above named Nancy Marie Apking

on the \_\_\_\_\_ day of February, 2020



Notary Public  
Printed name of Notary Public: Kathleen A. Horn

My commission expires: 5, 5 2021



# OPERATIONAL EVALUATION (2020)

Nancy Apking  
13-B / 20152  
Clermont County, Loveland  
641 Loveland Madeira Rd.

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	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	<b>Experienced Employees Summary</b> Gave Acceptable Statement OR Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>255</u> Proposed: <u>256</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	<b>Start-Up Costs Calculation</b>		
	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>20,796.66</u> On Deposit (Form 3.4): \$ <u>21,000</u>	5	*
4.5	<b>Deputy Registrar Contract</b>		
	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>Tiffany Crawford</u>	<u>Tiffany Crawford</u>	<u>3/9/2020</u>
(2) _____	_____	_____

Operational Evaluation (2020)

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Nancy Marie Apking

Location Number 13-B

Proposer 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 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)	✓	
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>20796.66</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	
			6



**4.1 APPOINTMENT OF AGENCY MANAGERS**

Proposer's name: Nancy Marie Apking Location number: 13-B

- (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.

  
Deputy registrar (proposer) signature

Date: 02/02/2020

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Nancy Marie Apking Location number: 13-B

(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
Nancy Marie Apking	35 years
Kathleen Ann Hord	27 years
Tabetha Christine McLoughlin	16 years
Ashly Renee Kissick	7 years
Paige Marcelle Apking	7 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.

  
Deputy registrar (proposer) signature

Date: 02/02/2020

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Nancy Marie Apking Location number: 13-B

**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	36.00	N/A	N/A	N/A
Office Manager <small>(leave blank if the Deputy Registrar is also the Office Manager)</small>				
Assistant Office Manager	40.00	\$ 20.00	\$ 800.00	\$ 3,200.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>6</u>	180.00	\$ 15.00	\$ 2,700.00	\$ 10,800.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u>				
<b>TOTALS</b>	<b>256.00</b>	<b>N/A</b>	<b>\$ 3,500.00</b>	<b>\$ 14,000.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Nancy Marie Apking Location number: 13-B

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.

\$ 14000.00

### 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>0.00</u>
2. Counter Costs	\$ <u>0.00</u>
3. Other Costs	\$ <u>1000.00</u>
4. Total	\$ <u>1000.00</u>

Total amortized over 60 month contract period  
(Divide line 4 by 60) = \$ 16.66

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: \$ 2260.00 x 3 = \$ 6780.00

### 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] \$ 20796.66

**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 Nancy Marie Apking, (deputy registrar, herein) whose home mailing address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (City) \_\_\_\_\_, Ohio (Zip) 45069, to operate a deputy registrar agency, Location No. 13-B, to be located as follows: in the State of Ohio, County of Hamilton City/Village/Township (indicate which) City of Loveland Street address: 641 Loveland Madeira Road (City) Loveland, Ohio (Zip) 45140

**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 28<sup>th</sup> day of June, 2020, and shall end no later than the 28<sup>th</sup> 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.

*Nancy Marie Apking*  
Deputy Registrar signature

02/02/2020  
Date

STATE OF OHIO :  
COUNTY OF Hamilton :

Before me, a notary public in and for said county and state, personally appeared the above named Nancy Marie Apking, 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 02 day of February, 2020.

*Kathleen A. Hord*  
NOTARY PUBLIC

Printed name of Notary Public: Kathleen A. Hord

My commission expires 5-5-2021

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

BY: \_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on \_\_\_\_\_

## 5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Nancy Marie Apking

Location Number 13-B

Proposed Site Address 641 Loveland Madeira Rd. Loveland 45140

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): 13-B  
Street address of site 641 Loveland Madeira Rd  
City Loveland, Ohio, Zip Code 45140
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.