

# PAYROLL COMPARISON – 2025

**Proposer Name: Georgia Draise**

Evaluator Printed Name: Miles J. Zbilist

	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>
	74-A					
Highest Rate	\$20/h					
Lowest Rate	\$15/h					
Number of Hours Recommended	188					
Number of Hours Proposed	36					
Total Monthly Wages	\$1814					

Comments:

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# PERSONAL EVALUATION (2025)

Georgia Draise  
71-A / 25021  
Ross County, Chillicothe  
BMV Site

Evaluation Team Number: \_\_\_\_\_  
Location(s) Proposed: (#1) 71-A \_\_\_\_\_  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  
**Verify** Proposer's Full Name: (#2) Georgia Ann Draise  
Proposer's County of Residence (NPC Operation): (#4) Ross  
**Verify** Proposer's Driver's License Number: (#6) [REDACTED]  
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>60</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

**TOTAL POINTS** (Max. 258 Points): 258

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u>Miles J. Zilliox</u>	<u>Miles J. Zilliox</u>	<u>03/03/25</u>
(2)	_____	_____	_____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	0	0	
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	5	*	
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	5	*	
5. Proposer is not a State of Ohio employee or will resign? (#19)	5	*	
6. Proposer is not an active insurance agent or is nonprofit? (#20)	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: Ross County BMU

Relationship: \_\_\_\_\_

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

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

Hours per week: \_\_\_\_\_

From (date): 2015 To (date): 2025 Length: 10 years

Verified Hours \_\_\_\_\_ = Factor 1 x Years 10 x Points 25 = 250

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.		# NA =	1.0	x	x	50	=		
B.		# NA =	1.0	x	x	50	=		
C.		# NA =	1.0	x	x	50	=		
Subtotal of 13-A, 13-B & 13-C =									

### 14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS =	FACTOR	x	YEARS	x	POINTS =	SCORE	VERIFIED
A.		# =		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.	Ross County DMV	# 40 =	1	x	10	x	25 =	250	x
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) = 0**

### 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**

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

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

28

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

Comments: \_\_\_\_\_

**PERSONAL EVALUATION**

OK | NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:		
A. An electronic alarm system? (Mandatory)	13	*
B. Alarm system monitored 24 hours, off-site? (Mandatory)		
C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
E. Motion detectors connected to alarm system? (Mandatory)		
F. Alarm monitored contacts on all exterior doors? (Mandatory)		
G. Alarm monitored contacts on all exterior windows? (Mandatory)		
H. Video recording camera surveillance system? (Mandatory)		
I. Safe or secured locking cabinet? (Mandatory)		
J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)		
K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)		
L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)		
M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?		
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO		
23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
A. Indoor/Outdoor maintenance and cleaning?	D	0
B. Prompt snow and ice removal?	D	0
C. Carpet and/or floor cleaning (if appropriate)?	D	0
D. Repainting?	D	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?	3	*
<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**





# OPERATIONAL EVALUATION (2025)

Georgia Draise  
71-A / 25021  
Ross County, Chillicothe  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	X	
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>48</u>	5	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement <b>OR</b> Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>188</u> Proposed: <u>310</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)	1	*
4.4	<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>261,560</u> On Deposit (Form 3.4): \$ <u>34,779.24</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>Miles J. Grilliot</u>	<u>Miles J. Grilliot</u>	<u>03-03-25</u>
(2)			

Operational Evaluation (2025)

**DEPUTY REGISTRAR**

**REQUEST FOR PROPOSALS**

**2025 FORMS**

**AND**

**INSTRUCTIONS**

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Georgia Ann Draise

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

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

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

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:

71-A

2. Full legal name of proposer Georgia Ann Draise

3. Proposer's street address [Redacted]

City [Redacted] State Ohio Zip code 45601

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

5. Daytime telephone [Redacted]

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

9. Are you proposing as the owner of a minority business enterprise (MBE)? No [checked] Yes \_\_\_\_\_

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

[checked] 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? \_\_\_\_\_

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
Ronald L Nichols	Step Father	Yes _____	No <input checked="" type="checkbox"/>	June 29, 2025
_____	_____	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 Zane Trace

City Chillicothe State Ohio Zip 45601

College name Ohio University Chillicothe

City Chillicothe State Ohio Zip 45601

Major Business/Office Management Degree awarded Associate's

College name Ohio University Chillicothe

City Chillicothe State Ohio Zip 45601

Major Technical & Applied Sciences Degree awarded Bachelor's

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.)

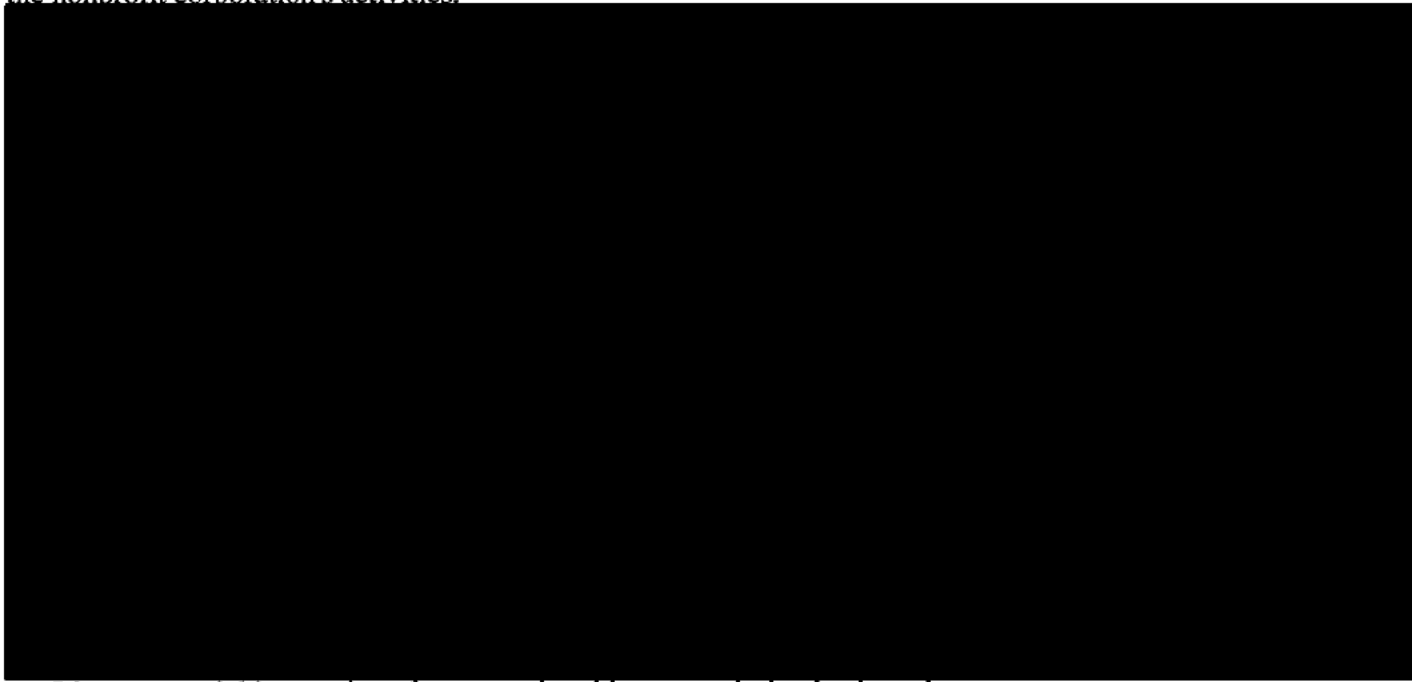
No \_\_\_\_\_ Yes



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

During college, I completed two computer technology courses. However, I am experienced and proficient in Excel, Adobe, OfficeSuite, Microsoft Office, Power Point, Microsoft Teams, Google Workspace, and Word. I am also experienced in marketing, spreadsheets, email, Google Docs and Accounting Software. I have extensive experience with BASS as I have worked at the BMV for twelve years. I am able to use BASS Test, the BMV Queuing System, Terminal Services, Docutector, and Bomgar. I have worked with our help desks to solve minor IT bugs such as, kiosks not charging, Queue Flow TV, Digitize Camera not focusing, printer troubles, etc.

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.



List any special instructions for contacting this person during business hours: \_\_\_\_\_  
Leave message if no answer \_\_\_\_\_

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 Georgia Ann Draise Company name First Capital Notary LLC  
Company address 1879 Marietta Road City Chillicothe  
State Ohio Zip 45601 Telephone ( 740 ) 708-5006  
Type of business (deputy registrar, retail grocery, etc.) Notary, Loan Signing Agent, Field Inspector

Company's products and/or services Loan Signing, Remote Online Notarization, Field Inspection, Reverse Mortgage Signing and general notary work

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 20
  3. Dates you operated this business: From: month 01 year 2024 To: month CURRENT year BUSINESS
  4. Is/was this business profitable? No        Yes ✓
  5. Is/was this business your primary source of income and support? No ✓ Yes
  6. Do/did you directly hire, evaluate, train, and discipline employees? No ✓ Yes
  7. Do/did you directly manage employees on a daily basis? No ✓ Yes
- If you answered yes to question number 6, how many employees do/did you manage?
8. Have you ever developed a comprehensive business plan? No        Yes ✓

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

[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 Georgia Ann Draise Company name IGA

Company address 1700 Western Avenue City Chillicothe

State Ohio Zip 45601 Telephone ( ) N/A

Type of business (deputy registrar, retail grocery, etc.) Grocery has gone out of business but the contact information below was for my direct manager who will verify my employment

Management/supervisory duties Supervised between 4 and 8 employees, counted drawers, cashed checks, made bank deposits, closed the store at night and occasionally opened in the morning

MANAGER OR SUPERVISOR - Job title: Front Office Manager

1. Title of position Office Manager Hours worked weekly? 37

2. Dates this position was held: From: month 08 year 1991 To: month 12 year 1994

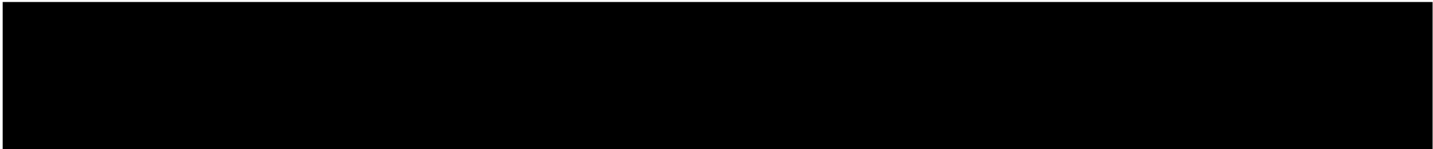
3. Do/did you directly hire, evaluate, train, and discipline employees? No  Yes

4. Do/did you directly manage/supervise employees on a daily basis? No  Yes

If you answered yes to question number 4, how many employees do/did you manage? 4-8

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.)



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### 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 Georgia Ann Draise Company name Ross County BMV  
Company address 475 Western Avenue Suite City Chillicothe  
State Ohio Zip 45601 Telephone ( 740 ) 773-8247  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar Agency 7129

Management/supervisory duties Inventory Orders, Record Retention, Review of all Applications, Balancing/Counting Drawers  
,Tracking Deputy Hours, Managing Schedules, Hiring, Payroll, Bank Deposits, ID Reimbursements, Supervising Staff, All BMV Reports, etc.

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Manager Hours worked weekly? 44
2. Dates this position was held: From: month 04 year 2015 To: month      year Present
3. Do/did you directly hire, evaluate, train, and discipline employees? No      Yes ✓
4. Do/did you directly manage/supervise employees on a daily basis? No      Yes ✓  
If you answered yes to question number 4, how many employees do/did you manage? 4-8
5. Have you ever developed a comprehensive business plan? No      Yes ✓

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

### 3.2(C) EMPLOYEE EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Georgia Ann Draise Company name Kroger

Company address 887 N Bridge Street City Chillicothe

State Ohio Zip 45601 Telephone ( 740 ) 773-2901

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

EMPLOYEE - Job title: Clerk

Hours worked weekly 30 Job duties Cash register, customer service, communicating with

other departments for customers, stocking shelves, counting down, helping in other departments when

short staffed, cleaned front end of store

Dates of this employment: From: month 12 year 1998 To: month 10 year 2000

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

located items for customers, listened to specific instructions for bagging customers groceries,

interacted with service desk on behalf of customers, helped customers who needed assistance,

greeted customers by name,

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

### 3.2(C) EMPLOYEE EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Georgia Ann Draise Company name Southern Ohio Behavioral Health  
Company address 2113 South 7th Street City Ironton  
State Ohio Zip 45638 Telephone ( 740 ) 773-2901  
Type of business (deputy registrar, retail grocery, etc.) Mental and Behavioral Health Services

EMPLOYEE - Job title: Mental Health Counselor

Hours worked weekly 40 Job duties Conducted individual therapy with facility residents, created treatment plans, encouraged clients to express emotions, collaborated with families and medical professionals, applied knowledge of etiology of emotional problems, helped clients explore sensitive topics and triggering events, etc.

Dates of this employment: From: month 08 year 2008 To: month 07 year 2011

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

I made myself available to clients in need, attempted to open communication between staff and clients, allowed clients to express themselves with no judgement, reassured clients about their feelings and safety, discussed long term plans with staff only with permission from client, encouraged clients to believe in their abilities and value, advocated for clients when necessary.

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.)



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### 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 Georgia Ann Draise Company name Ross County BMV  
Company address 475 Western Avenue Suite N City Chillicothe  
State Ohio Zip 45601 Telephone ( 740 ) 773-8247  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar Agency 7129

EMPLOYEE - Job title: Clerk

Hours worked weekly 40 Job duties Waited on customers who needed vehical registrations,

Driver Licenses and IDs, completed BMV forms, learned BASS basics and all documents required for specific transactions, completed fraud training, and educated myself on all updates and requirements within the job, attended various training sessions, and became a notary.

Dates of this employment: From: month 12 year 2012 To: month 03 year 2015

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

I kept my knowledge of BMV procedures up to date to provide the best service possible, I also attended classes to learn to de-escalate tense situations, attempted to remain empathetic to customer frustration, helped customers understand what documents would be necessary, and spoke with kindness and respect to everyone.

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

### 3.3 CUSTOMER SERVICE EXPERIENCE

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

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

Weekly employee meetings to go over any new information (broadcasts, updated forms, etc) This should improve communication, build a strong knowledgeable team, boost employee engagement and identify issues early.

Monetary incentives for exceptional customer service, accuracy and productivity. I feel this will encourage employees to excel and will show appreciation/recognition from management.

Making sure all staff understand how to use the manuals, broadcasts and updated forms.

Training in deescalating situations, customer service, conflict resolution, etc.

Competitive wages and more vacation time.

I will hire one more employee to reduce the workload and minimize employee stress. This employee will cover days off, vacations and daily lunches as needed. This will also minimize customer wait times.

I feel that a higher wage accompanied with more vacation time and another employee will boost morale, motivation and job satisfaction. I believe these factors will instill a greater commitment to providing excellent customer service. Employees should feel valued. I am hopeful that these improvements will transition into better attitudes, higher productivity and lower turnover rates.

Happy employees are more productive, less stressed, less prone to making mistakes and more likely to leave a positive impression on customers. I would like the opportunity to provide this for my coworkers and our customers.

**Form 3.3, Customer Service Experience (2025)**

### 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: Georgia A Draise

Title (if officer of nonprofit corporation): \_\_\_\_\_

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

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

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

### 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?

Accountability starts with the business owner. How we act, lead, and hold ourselves accountable will set an example for employees. I plan to take an active role in every part of making this agency a success. I really do love my job and have so many ideas for improvement. If I am not at the agency, I will be available by phone. If necessary and I am able, I will return to work as needed when off. I will also invest time and training in my management team so that they have all the skills needed to run the agency in my absence.

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?

In my opinion, employee training is the key. I will not continue employment for anyone who shows an inability or lack of desire to do this job correctly. This agency will uphold the rules and regulations of The State of Ohio BMV in all manner. I also feel it is important to review fraud training, BMV manuals, and updated BMV forms. My management team (they are already terrific) will be equipped to handle most, if not all, situations.

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

In our weekly meetings, we will go over all changes and updates pertaining to our duties. This is another instance where fraud training within our own agency will benefit us greatly. When a subject is discussed frequently, the information is retained better. So we will discuss fraud detection and review the fraud manual several times per year, including the process for an investigative review and fraudulent documents.

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?

Discussing the broadcasts and manual or form changes in our weekly meeting will facilitate a desire to understand these changes and open up communication so that if employees are struggling to understand something they have an opportunity to voice their needs. This will also help management understand employee weaknesses and areas they need to pay closer attention to while completing a review. Supervisors will be a form of second factor verification on all apps.

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

I will lead by example in all matters, displaying great customer service. Our customers keep us employed and if they dread coming to the BMV, they will do as much as they can on line or through the mail. I strive to provide a friendly and inviting environment for our customers. Previously, I mentioned what I plan to do to improve employee morale. In doing so, this will improve our customer service skills. Happy employees are key to good customer service. I will not tolerate rude or hateful behavior, and after two warnings the employee will be terminated.

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

Our dress code (business casual) will represent the BMV in a positive way. Educated and friendly staff will convey a professional atmosphere, as well. My employees will have an open line of communication with me and I will provide them with clear expectations as to dress code, customer service and proficiency. I think the most important aspect of professionalism is knowledge. Employees need to know how to do their job correctly!

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

Many incentives will be offered to staff, including a flexible schedule, a competitive salary and paid time off. I would like to increase vacation time and wages, as well. Employee recognition for a job well done and a positive work atmosphere should also help retain quality employees.

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

This location already offers many safety measures including a plexiglass divider between customers and staff, which lessens the chance of sickness. We also have panic buttons under each clerk station that alerts the police department when engaged. I have the phone numbers to each sheriff deputy on duty at the service center and they are able to diffuse most situations without incident. We have a cleaning company that stops in several times per day. And what the cleaning company misses, we take care of. Lastly, we will strive to meet customers with a smile, quick service, and knowledgeable staff!

9. How would you deal with an irate customer?

We will have weekly meetings to discuss anything of importance, including customer service. Staff will be expected to empathize with customers and listen to their concerns. Every effort should be made to leave each customer content. If any situation becomes unmanageable, clerks should get a member of management to deescalate the situation. I will not tolerate an employee being rude to customers or coworkers.



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

Customer service training is a must! Employees should remain calm, acknowledge what the customer is saying and apologize sincerely for the customer's negative experience. At the very minimum, there will be monthly refreshers and/or training videos. I want employees to put themselves in the customers shoes. I feel it will be very helpful to learn deescalation techniques. Lastly, if a clerk cannot rectify the situation, management will be equipped to take over and do everything possible to satisfy the customer.

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

I will do my absolute best to live up to the BMV standard. I will consistently refresh myself and staff on the expectations put forth by the State of Ohio BMV. In my opinion, knowledge is the key to success, and I strive to be the best at every task I take on. I am open to constructive criticism and am willing to correct any problems brought to my attention by field staff and/or any of my superiors. I have a willingness to grow within my role and strive to remain reliable, punctual and proactive. I will remain respectful, hardworking and loyal to the BMV. I will continue to be positive in my role at our agency and would love to have the opportunity to show my capabilities as a deputy registrar.

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

I have been an employee of the Ross County BMV for approximately twelve years. I was hired as a runner initially, and after several months I was promoted to a clerk. I remained a clerk for two years and was then promoted to Office Manager. In that time, I have gained much experience in regards to the expectations and requirements put forth by the Ohio BMV. I strive for excellence and take great pride in my career. There have been several weeks per year since I became the Office Manager that Mr. Nichols has requested I run the agency while he was absent due to health problems. Even when Mr. Nichols is at the agency I am responsible for a multitude of tasks. I do all hiring, schedules and payroll. I determine vacation, sick time and PTO. I am responsible for ordering inventory, putting inventory away in sequence and managing current inventory and exceptions. I calculate the deputy hours, keep records for retention, manage most training with staff and review all applications. I am responsible for all errors, corrections, voids and reversals as to sending out notices and recording errors. I complete the POD sticker workbook and complete record retention logs. I make the daily deposit and get change for the office. I also check applications for mistakes, initiate customer contact if necessary and record mistakes and corrections in a binder for the field rep. At the end of each work day, I count down all the drawers, then calculate the State deposit and the Agency deposit. I make sure all security doors are closed at the end of each business day and set the alarm. I do this every day but Fridays, which is my day off. I have so much pride in this agency and care a great deal for my coworkers. In preparation for this role I have completed several customer service training programs and have included the certificates with my proposal. We also were recently rewarded with a certificate of thanks for collecting Save Our Sight donations. We were sixth in the state! I know, without a doubt, that I can run this agency because I have done exactly that while the current deputy has had multiple surgeries and within the past few years he has increased my responsibilities so that he only is responsible for picking up the bank slips and running the daily reports in the morning. Please consider awarding me with the contract as I will retain all employees, will better customer relations and customer service and will continue to grow within my role. I am confident that even with a one year contract, I will not disappoint The State of Ohio BMV. Thank you for your consideration.

**3.10(A) AFFIDAVIT OF INDIVIDUAL**

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

County of ROSS

State of Ohio :

I, Georgia Ann Draise, 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: Georgia A Draise

Printed/typed name of proposer: Georgia A. Draise

Sworn to and subscribed in my presence by the above named Georgia A. Draise

on this 29 day of January

Savannah Miller  
Notary Public



**Savannah Miller**  
2025 Notary Public  
State of Ohio  
Recorded in Ross County  
My Commission Expire  
October 16, 2028

Printed name of Notary Public: Savannah Miller

My commission expires: October 16 2028

**DEPUTY REGISTRAR**  
**REQUEST FOR PROPOSALS**

**SECTION 4**

**(2025)**

**OPERATIONAL FORMS**

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Georgia Ann Draise

Location Number 71-A

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

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

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>26632.01</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Georgia Ann Draise Location number: 71-A

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

Georgia A Draise  
Deputy registrar (proposer) signature

Date: January 29, 2025

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Georgia Ann Draise Location number: 71-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):



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

Georgia A. Draise  
Deputy registrar (proposer) signature

Date: January 29, 2025

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Georgia Ann Draise Location number: 71-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):



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

Georgia A Draise  
Deputy registrar (proposer) signature

Date: January 29, 2025

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Georgia Ann Draise Location number: 71-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 corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

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

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$394,000 per year and \$10.70 per hour by businesses with gross receipts of \$394,000 or more per year.

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

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

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	48.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)				
Assistant Office Manager	44.00	\$ 20.00	\$ 880.00	\$ 3,520.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>5</u>	193.00	\$ 17.00	\$ 3,281.00	\$ 13,124.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u>	25.00	\$ 15.00	\$ 375.00	\$ 1,500.00
<b>TOTALS</b>	<b>310.00</b>	<b>N/A</b>	<b>\$ 4,536.00</b>	<b>\$ 18,144.00</b>



## 4.4 START-UP COSTS CALCULATION

Proposer's name: Georgis Ann Draise Location number: 71-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.

\$ 18144

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

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

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.

\$ N/A

### 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: \$ 2670.67 x 3 = \$ 8012.01

### 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] \$ 26156.01

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

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Georgia Ann Draise

\_\_\_\_\_, (deputy registrar, herein) whose home mailing address is \_\_\_\_\_

(City) \_\_\_\_\_, Ohio (Zip) 45601, to operate a deputy registrar agency, Location No. 71-A

, to be located as follows: in the State of Ohio, County of Ross

City/Village/Township (indicate which) City \_\_\_\_\_ of Chillicothe

Street address: 475 Western Avenue Suite N

(City) Chillicothe, Ohio (Zip) 45601

**WHEREAS**, the Registrar of Motor Vehicles, pursuant to section 4503.03, section 4507.01, and other applicable sections of the Ohio Revised Code, wishes to appoint and contract the above named person as deputy registrar for the above referenced location;

**WHEREAS**, the above named deputy registrar wishes to accept this appointment and contract as deputy registrar;

**NOW, THEREFORE, IT IS AGREED AS FOLLOWS:**

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

**Form 4.5, Deputy Registrar Contract (2025)**

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:  
an individual

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2025 Deputy Registrar Contract Terms and Conditions incorporated herein.

Georgia A Draise  
Deputy Registrar signature

January 29, 2025  
Date

STATE OF OHIO :  
:  
COUNTY OF ROSS :

Before me, a notary public in and for said county and state, personally appeared the above named Georgia A Draise, 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 29 day of January, 2025.

Savannah Miller  
NOTARY PUBLIC

Printed name of Notary Public: Savannah Miller

My commission Expires: October 16 2028

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



**Savannah Miller**  
Notary Public  
State of Ohio  
Recorded in Ross County  
My Commission Expires  
October 16, 2028

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

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