

# PAYROLL COMPARISON – 2025

**Proposer Name: Stephanie Drake**

Evaluator Printed Name: Miles Gwalt

## PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
Highest Rate	18-F \$17.50/h	18-K \$15/h				
Lowest Rate	\$13.00/h	\$13/h				
Number of Hours Recommended	161	188				
Number of Hours Proposed	200	200				
Total Monthly Wages	\$10,380	\$10,440				

Comments:

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# PERSONAL EVALUATION (2025)

Stephanie Drake  
18-F / 25070  
Cuyahoga County, Shaker Heights  
16945 Chagrin Blvd

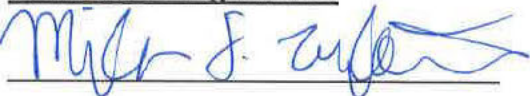
Evaluation Team Number: \_\_\_\_\_  
Location(s) Proposed: (#1) 18-F 18-K \_\_\_\_\_  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  \_\_\_\_\_  
**Verify** Proposer's Full Name: (#2) Stephanie Ann Drake \_\_\_\_\_  
Proposer's County of Residence (NPC Operation) \_\_\_\_\_  
**Verify** Proposer's Driver's License Number: (#6) \_\_\_\_\_  
Proposing as Minority: (#9) Yes  No \_\_\_\_\_  
Proposing as: (#10) Individual  Clerk of Courts \_\_\_\_\_ Co. Auditor \_\_\_\_\_ Nonprofit Corp. \_\_\_\_\_

## SCORING SUMMARY

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

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

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

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)		<u>Miles J. Gillist</u>	<u>2-26-25</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: Shaker Heights License Bureau

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

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

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

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

From (date): 2010 To (date): 2025 Length: 15 years

Verified Hours 40 = Factor 1 x Years 15 x Points 50 = 750

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.	Shelby Heights Ice Cream	# NA = 1.0 x 15 x 50 =	750	<
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>				

### 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?	③	*
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?	⑪	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?	1	0
B. Prompt snow and ice removal?	1	0
C. Carpet and/or floor cleaning (if appropriate)?	1	0
D. Repainting?	1	0

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL EVALUATION**

OK | NO

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

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

27





# OPERATIONAL EVALUATION (2025)

Stephanie Drake  
18-F / 25070  
Cuyahoga County, Shaker Heights  
16945 Chagrin Blvd

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>25</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>161</u> Proposed: <u>200</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>22,000</u> On Deposit (Form 3.4): \$ <u>55,167.48</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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<u>Evaluators' signatures</u>	<u>Printed names</u>	<u>Date</u>
(1)	<u>Miles J. Zebille</u>	<u>Miles J. Zebille</u>	<u>2-26-25</u>
(2)	_____	_____	_____

Operational Evaluation (2025)

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Stephanie Ann Drake

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

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

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

### 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:

<u>18-F</u>	<u>18-K</u>	_____	_____	_____	_____
_____	<input checked="" type="checkbox"/>	_____	_____	_____	_____

2. Full legal name of proposer Stephanie Ann Drake



6. Proposer's driver's license number (nonprofit corporation N/A) \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_ The **Clerk of Courts** of \_\_\_\_\_ County;

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

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

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A) Yes \_\_\_\_\_ No

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

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

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A) Yes \_\_\_\_\_ No

B. If YES, what office? \_\_\_\_\_

13. A. Are you currently a deputy registrar? Yes  No \_\_\_\_\_

B. If YES, on what date does your contract expire? June 28, 2025

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
Kelvin Maurice Owens Drake	Son	Yes ___ No <input checked="" type="checkbox"/>
_____	_____	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 Shaw High School

City East Cleveland State OH Zip 44112

College name \_\_\_\_\_

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

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

College name \_\_\_\_\_

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

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

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

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





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 Stephanie Ann Drake Company name Shaker Heights License Bureau  
Company address 16945 Chagrin Blvd City Shaker Heights  
State OH Zip 44120 Telephone ( 216 ) 283-4001  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services To perform governmental licensing functions on behalf of the Registrar and the State of Ohio. ( Issued Ohio DL/Id's, Vehicle Registrations, handicap placards, drivers abstracts, reinstatement payments, CDL self certification)

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

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: 100 % Hours worked weekly 25

3. Dates you operated this business: From: month 6 year 2010 To: month 6 year 2025

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? 27

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
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## 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 Stephanie Ann Drake Company name Independence License Bureau  
Company address 6901 Rockside Road City Independence  
State OH Zip 44131 Telephone ( 216 ) 642-3137  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar Agency

Company's products and/or services To perform governmental licensing functions on behalf of the Registrar and the State of Ohio. (Ohio D/Id's, Vehicle Registrations, Handicap Placards, Drivers Abstracts, Depositing, Reinstatement, etc).

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 20-25
3. Dates you operated this business: From: month 6 year 2020 To: month 6 year 2025
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? 19
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
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## 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 Stephanie Ann Drake Company name Richmond-Emery License Bureau  
Company address 4620 Richmond Road #296 City Warrensville Heights  
State OH Zip 44128 Telephone ( 216 ) 595-9275  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services To perform governmental licensing functions on behalf of the Registrar and the State of Ohio.(Ohio DL/ID's, vehicle registrations, handicap placards, drivers abstracts)

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 45
3. Dates you operated this business: From: month 2 year 2000 To: month 6 year 2010
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? 37
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
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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 Stephanie Ann Drake Company name Richmond-Emery License Bureau  
Company address 4620 Richmond Rd #296 City Warrensville Heights  
State OH Zip 44128 Telephone ( 216 ) 595-9275  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Managed all of the bureau's daily responsibilities in the capacity of a Deputy Registrar. ( Issued OH DI/ID's, vehicle registrations, payroll, scheduling, opening and closing the bureau)

MANAGER OR SUPERVISOR - Job title: Supervisor

1. Title of position Office Manager Hours worked weekly? 50
2. Dates this position was held: From: month 10 year 1997 To: month 2 year 2000
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? 26
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
[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 Stephanie Ann Drake Company name Beachwood License Bureau

Company address 22837 Chagrin Blvd City Beachwood

State OH Zip 44122 Telephone ( ) \_\_\_\_\_

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

Management/supervisory duties Managed all of the bureaus daily responsibilities in the capacity of a Deputy Registrar. (Issued OH DL/d's, Vehicle Registrations, Payroll, Scheduling, depositing and opening-closing the bureau.

MANAGER OR SUPERVISOR - Job title: Supervisor

1. Title of position Office Manager Hours worked weekly? 50

2. Dates this position was held: From: month 10 year 1992 To: month 10 year 1997

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? 110

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
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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 Stephanie Ann Drake Company name K & A Tool Company

Company address 14405 Saranac Road (Business Closed) City Cleveland

State OH Zip 44110 Telephone ( ) N/A

Type of business (deputy registrar, retail grocery, etc.) Manufacturing Firm Automotive Industry

Management/supervisory duties Administartion Management, accounts payable\receivables, purchasing materials.

MANAGER OR SUPERVISOR - Job title: Supervisor

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

2. Dates this position was held: From: month 2 year 1991 To: month 8 year 1992

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? 3

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
[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 Stephanie Ann Drake Company name Rite-Aid Drugstore  
Company address 5 Severance Circle (Business Closed) City Cleveland Heights  
State OH Zip 44118 Telephone ( ) N/A  
Type of business (deputy registrar, retail grocery, etc.) Retail Drugstore

Management/supervisory duties Managed all daily responsibilities of the store such as training new employees, evaluations, scheduling, managed inventory levels and ordering goods, opening/closing. Monitored the store for cleanliness.

MANAGER OR SUPERVISOR - Job title: Supervisor

1. Title of position Key Holder Hours worked weekly? 40

2. Dates this position was held: From: month 2 year 1988 To: month 2 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? 16

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

### 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 Stephanie Ann Drake Company name Woodmere Police Department  
Company address 27899 Chagrin Blvd City Woodmere Village  
State OH Zip 44122 Telephone ( 216 ) 292-4102  
Type of business (deputy registrar, retail grocery, etc.) Police Department

EMPLOYEE - Job title: Woodmere Police\Fire Dispatcher

Hours worked weekly 16-24 Job duties My duties were monitoring and recording the location of on duty police officers, taking 911 and non emergency calls for police/fire/ems services, performing vehicle registration and drivers license queries through leads and providing assistance to police/fire/ems by contacting other agencies for mutual aid.

Dates of this employment: From: month 12 year 1995 To: month 1 year 2001

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

I was always courteous, compassionate and professional when interacting with callers and the Public Safety personnel. My goal was to always be prepared to involve the appropriate resources to deal with callers emergencies. I was the first point of contact for people who were in desperate need of help.

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
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### 3.3 CUSTOMER SERVICE EXPERIENCE

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

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

This is an example of some things that I have done at my agencies to improve our customer service:

We acknowledge your customers as soon as possible, greeting them in a friendly and timely manner. We are cheerful, courteous, respectful and professional throughout the customer service interaction. We actively listen to the customer and clarify any questions being asked, if necessary. We close the customers interaction by asking, "Is there anything else that we can help you with today?" We also thank each and every customer for their patronage.

We apply stickers to customers plates, even putting the plates directly on for the elderly and handicap customers. we provide drop-off service for our fleet customers and pre-screen the line when it forms. If we are able to see due to a disability, we will call them to the counter immediately and hold their place in line.

This is an example of somethings that i do as part of my job:

First, i continue to work a terminal each and everyday alongside my staff. This allows me to model good customer service and monitor them for training opportunities. This leads to consistency within my agencies. I continue to utilize mystery shoppers (family, friends etc) in person and by phone. The feedback from this program is still being used to make improvements in our customer service offerings. Our frequent staff meetings ensure we are all up to date on the latest changes.

### 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: Stephanie Ann Drake

Title (if officer of nonprofit corporation): Deputy Registrar

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

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

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

#### Form 3.5, Political Contributions Report (2025)

### 3.6 PERSONNEL POLICY

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

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

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

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

### 3.7 SECURITY PLAN SUMMARY

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

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

Yes  No

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

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

### 3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

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

<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?

I know first hand the importance of being available and accountable as a Deputy Registrar, I work in my agencies in every position. This allows me to have working knowledge of what is going on daily. During the times I am not physically on-site, my manager and Field Rep. know that I can be reached by my cell phone if I'm needed at the agency, I live nearby so its is easy for me to come in.

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

Training is the key to insure all laws, rules, guidelines and procedures are followed at all times. New employees are thoroughly trained and do not work alone until I'm confident in their abilities. Employees know and are frequently reminded of the steep consequences of issuing outside the set perimeters. Applications are reviewed daily for accuracy.

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

I continue to select employees that I feel are trustworthy. Their training is my first line of defense. We do not hesitate to review instance of employees that have crossed the line. Security cameras are strategically placed throughout the agency to thwart crime from customers and employees Each use of black light and a magnifying glass is still used to detect erasures and smudges due to alterations. Employees tills are spot checked for accuracy.

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

New broadcast and emails are immediately reviewed and initialed by each employee acknowledging that they have read and understand the information. If it requires immediate attention than all employees are briefed on the change at once.



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

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

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

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

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

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

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

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

9. How would you deal with an irate customer?

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

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

Do not take it personal! Although customers take their frustrations out on you, they know that you are not the cause of the problem. I also tell them not to argue back, to be kind, patient and ready to apologize if necessary. If all else fails, notify a manager.

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

I will continue to carry out the duties of our office as bestowed by my contract and assist the Bureau of Motor Vehicles by fulfilling the obligation as set fourth in the Motor Vehicle laws of the State of Ohio. I strive to continue to receive exceptional evaluations & performance scores.

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

The bureau has many reasons to appoint me to my position as a Deputy Registrar. I have held my position as a Supervisor/Deputy for 32 years. I am a strong leader, trustworthy and have excellent customer service skills. I am a good, fair, honest, hard working and attentive employer who stays on top of my agency duties and financial obligations. I am very passionate about my job and my track record exceeds what I can do. I have been an asset to the BMV, and I feel that I embody what the BMV looks for in a Deputy Registrar.

I am considered a valued member of our community, and that good reputation translates well for the Bureau of Motor Vehicles.

**3.10(A) AFFIDAVIT OF INDIVIDUAL**

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

County of \_\_\_\_\_ :

State of Ohio \_\_\_\_\_ :

I, Stephanie Ann Drake, being first duly sworn, depose and say that:

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

Printed/typed name of proposer: Stephanie Ann Drake

Sworn to and subscribed in my presence by the above named Stephanie A. Drake

on this 31st day of January, 2025

*Tirleigh Henry Powell*  
Notary Public

Printed name of Notary Public: Tirleigh Henry Powell

My commission expires: Jan 24, 2029



## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Stephanie Ann Drake

Location Number 18-F

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>20,001.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Stephanie Ann Drake Location number: 18-F

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 25 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.



Deputy registrar (proposer) signature

Date: 1/31/2025

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Stephananie Ann Drake Location number: 18-F

(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.

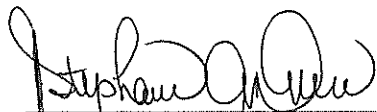
(B) CHECK WHICHEVER APPLIES:

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
Stephanie A. Drake	33 yrs
Sasha D. George	17 yrs
Darnell E. Simpson	29 yrs
Robin L. Hill	25 yrs
Charlynn J. Harden	3 yrs

(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: 1/31/2025

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Stephanie A. Drake Location number: 18-F

**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	25.00	N/A	N/A	N/A
Office Manager <small>(leave blank if the Deputy Registrar is also the Office Manager)</small>	40.00	\$ 17.50	\$ 700.00	\$ 2,800.00
Assistant Office Manager	40.00	\$ 16.50	\$ 660.00	\$ 2,640.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u>	95.00	\$ 13.00	\$ 1,235.50	\$ 4,940.00
New Hire Employees Total Number (combine Full-time & Part-time) = _____				
<b>TOTALS</b>	<b>200.00</b>	<b>N/A</b>	<b>\$ 2,595.00</b>	<b>\$ 10,380.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Stephanie Ann Drake Location number: 18-F

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.

\$ 10380.00

### 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	\$ _____
2. Counter Costs	\$ _____
3. Other Costs	\$ _____
4. Total	\$ _____

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

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

\$ \_\_\_\_\_

### 3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 3207.00 x 3 = \$ 9621.00

### 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] \$ 20001.00



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

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Stephanie A. Drake \_\_\_\_\_, (deputy registrar, herein) whose

home mailing address is \_\_\_\_\_

(City) \_\_\_\_\_, to operate a deputy

registrar agency, Location No. 18-F \_\_\_\_\_, to be located as follows: in the

State of Ohio, County of Cuyahoga \_\_\_\_\_

City/Village/Township (indicate which) \_\_\_\_\_ City \_\_\_\_\_ of Shaker Heights \_\_\_\_\_

Street address: 16945 Chagrin Blvd \_\_\_\_\_

(City) Shaker Heights \_\_\_\_\_, Ohio (Zip) 44120 \_\_\_\_\_

**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;

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"]:

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.

Stephanie Ann Drake  
Deputy Registrar signature

11/31/2025  
Date

STATE OF OHIO :  
: COUNTY OF Cuyahoga :

Before me, a notary public in and for said county and state, personally appeared the above named Stephanie Ann Drake, 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 31st day of January, 2025.

Tialeigh Henry-Towell  
NOTARY PUBLIC

Printed name of Notary Public: Tialeigh Henry-Towell

My commission Expires: Jan 24, 2029

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 Stephanie Ann Drake

Location Number 18-F

Proposed Site Address 16945 Chagrin Blvd Shaker Heights OH 44120

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

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

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

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

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

## 5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 18-F  
Street address of site 16945 Chagrin Blvd  
City Shaker Heights, Ohio, Zip Code 44120
2. Is the site you are proposing currently in operation as a deputy registrar agency?  
No \_\_\_\_\_ Yes
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?  
No \_\_\_\_\_ Yes
4. Are you applying for a contract at an existing license agency site that was approved under a previous contract?  
No \_\_\_\_\_ Yes
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?  
No  Yes \_\_\_\_\_
6. A. If you answered "No" to question number 5, please print and submit this along with form 5.3 for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
- B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

**5.3 LEASE OPTION**

1. I (we)(owners' complete names) FNRP Realty Advisors LLC

of (owners' complete address) 125 Half Mile Road, Suite 207

City Red Bank, State NJ, Zip 07701

HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of Cuyahoga, (state whether city, village or township)

City Shaker Heights of Shaker Heights and commonly known as:

(property's address) 16945 Chagrin Blvd

Suite \_\_\_\_\_ City Shaker Heights, Ohio, Zip 44120

to (proposer's name) Stephanie Ann Drake

of (proposer's address) \_\_\_\_\_

City \_\_\_\_\_

for the operation of a deputy registrar agency under contract with the Ohio Bureau of Motor Vehicles, and for no other purpose.

2. THE TERM OF THE LEASE, if executed, shall begin no later than the 29<sup>th</sup> day of June, 2025 and shall not terminate before the 29<sup>th</sup> of June, 2030.
3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31<sup>st</sup> day of May, 2025.
4. THE PARTIES AGREE AS FOLLOWS:
  - A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.
  - B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.