

# PAYROLL COMPARISON – 2026

**Proposer Name: Montgomery Co. Clerk of Courts**

Evaluator Printed Name: Robert A. Fragale

## 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
	57-E					
Highest Rate	\$30					
Lowest Rate	\$19.10					
Number of Hours Recommended	322					
Number of Hours Proposed	360					
Total Monthly Wages	\$30,281.60					

Comments:

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# PERSONAL EVALUATION (2026)

Montgomery Co. Clerk of Courts  
 57-E / 26038  
 Montgomery County, Centerville  
 BMV Site

Evaluation Team Number: \_\_\_\_\_

Location(s) Proposed: (#1) 57-E \_\_\_\_\_

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

**Verify** Proposer's Full Name: (#2) Montgomery County CoC (Mike Foley)

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

**Verify** Proposer's Driver's License Number: (#6) \_\_\_\_\_

Proposing as Minority: (#9) Yes \_\_\_\_\_ No X

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

## SCORING SUMMARY

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

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

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

\_\_\_\_\_

\_\_\_\_\_

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>3/10/26</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: Huber Heights License Bureau

Relationship: Deputy Registrar

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

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

Hours per week: 36+

From (date): 11/1999 To (date): 7/2011 Length: 11.5 years

Verified Hours 36+ = Factor 1 x Years 11.5 x Points 50 = 575

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.	Huber Heights License Bureau	# NA = 1.0	x 11.5	x 50 =	575	✓
B.		# NA = 1.0	x	x 50 =		
C.		# NA = 1.0	x	x 50 =		
Subtotal of 13-A, 13-B & 13-C =					575	

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

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

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

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

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

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

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

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

### 17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

## PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	2	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	5	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	5	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	5	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	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?	1	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	1	0
3. What measures will you put in place to detect, deter, and prevent fraud?	1	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	1	0
5. How will you demonstrate good leadership to your employees?	1	0
6. How will you maintain a high level of professionalism each day in this business?	1	0
7. How do you intend to recruit and retain high quality employees?	1	0
8. How will you provide a safe, clean, and friendly place to do business?	1	0
9. How would you deal with an irate customer?	1	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	1	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	1	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	1	0
25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation		
A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	3	*
B. Is it the affidavit duly signed and notarized?	2	*
26. Local Law Enforcement Report / Articles of Incorporation (AOI)		
A. No disqualifying convictions for individual / AOI for nonprofit corporation?	3	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	2	0
27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation		
No disqualifying convictions for individual / AOI for nonprofit corporation?	5	*

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



# OPERATIONAL EVALUATION (2026)

Montgomery Co. Clerk of Courts  
57-E / 26038  
Montgomery County, Centerville  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>N/A</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement OR Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>322</u> Proposed: <u>360</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2026 Ohio Minimum Wage Rate = \$7.25 or \$11.00 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>35,860.85</u> On Deposit (Form 3.4): \$ <u>N/A</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>Robert A. Frugale</u>	<u>Robert A. Frugale</u>	<u>3/12/26</u>
(2)	_____	_____	_____

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Michael Foley

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			
2026 Credit Report				N/A	X		1	2026 Certificate of Good Standing			
2026 Local Law Enforcement Report				2026 Local Law Enforcement Report	✓			Articles of Incorporation			
2026 WebCheck Receipt				2026 WebCheck Receipt	✓			N/A	X		1
Pre-approval Statement for \$25,000 Bond				Current Bond with BMV added as Additional Insured or CORSA	✓			Pre-approval Statement for \$25,000 Bond			
INDIVIDUAL				COUNTY AUDITOR OR CLERK OF COURTS				NONPROFIT CORPORATION			

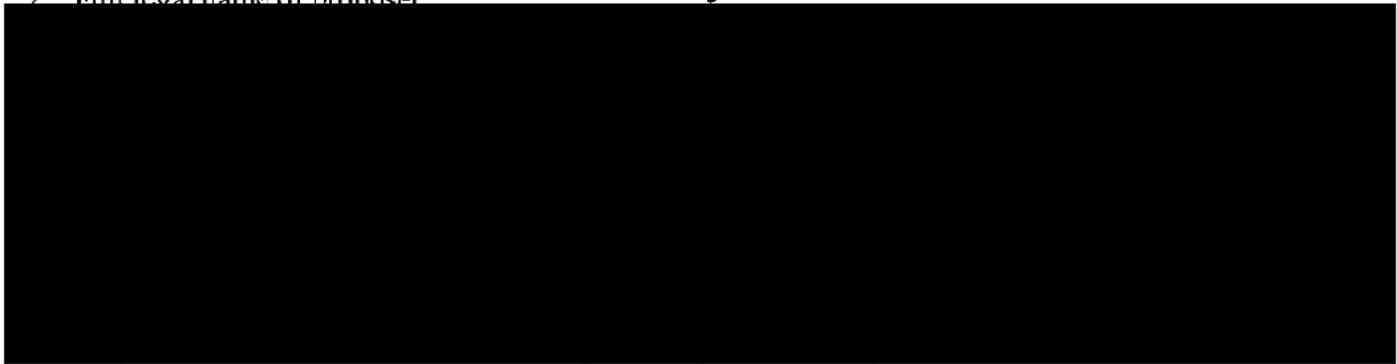
### 3.1 PERSONAL QUESTIONNAIRE

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:

57-E

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Full legal name of proposer Michael Foley



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



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 Montgomery 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
Tom Wiles	brother-in-law	Yes _____	No <input checked="" type="checkbox"/>	6-30-2029
_____	_____	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 Badin HS

City Hamilton State OH Zip 45011

College name Ohio State University

City Columbus State OH Zip 43210

Major Finance/ HospitalityMgmt Degree awarded Bachelor of Science

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

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

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

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

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

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

BMV- BASS System

Microsoft Office- Word, Excel, Powerpoint, Outlook, One-Note

Google Docs

Quickbooks

ATPS- Ohio Title software

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:

\_\_\_\_\_

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

**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 Michael Foley Company name Huber Hts License Bureau  
Company address 6134 Chambersburg RD City Huber Hts  
State OH Zip 45424 Telephone ( 937 ) 233-7211  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Driver's licenses, State ID's, and Vehicle registrations

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

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: 100 % Hours worked weekly 36

3. Dates you operated this business: From: month 11 year 1999 To: month 7 year 2011

4. Is/was this business profitable? No        Yes ✓

5. Is/was this business your primary source of income and support? No        Yes ✓

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

7. Do/did you directly manage employees on a daily basis? No        Yes ✓

If you answered yes to question number 6, how many employees do/did you manage? 14

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
------	------	-------	-----	---------------

## 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 Michael Foley Company name Tax-Time Ohio  
Company address 15 Lonsdale Ave City Oakwood  
State OH Zip 45419 Telephone ( 937 ) 937-239-4791  
Type of business (deputy registrar, retail grocery, etc.) Financial Services

Company's products and/or services Tax Preparation and Accounting

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

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 11 year 2055 To: month 12 year 2022
4. Is/was this business profitable? No        Yes ✓
5. Is/was this business your primary source of income and support? No        Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No        Yes ✓
7. Do/did you directly manage employees on a daily basis? No        Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 15
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 Michael Foley Company name Gem City Water  
Company address 200 Thruston Blvd W City Oakwood  
State OH Zip 45419 Telephone ( 937 ) 851-9100  
Type of business (deputy registrar, retail grocery, etc.) Homes Services

Company's products and/or services Drinking Water Systems/ Reverse Osmosis

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

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 7 year 2025 To: month      year present
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? 1
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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 Michael Foley Company name First Watch

Company address 6134 Chambersburg Rd City Kettering

State OH Zip 45429 Telephone ( 937 ) 643-4077

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

Management/supervisory duties Open and oversee the operations of two area restaurants

MANAGER OR SUPERVISOR - Job title: Manager

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

2. Dates this position was held: From: month 4 year 1994 To: month 11 year 1999

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? 55

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 Michael Foley Company name Montgomery County, OH

Company address 41 N Perry St City Dayton

State OH Zip 45422 Telephone ( 937 ) 225-6118

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

Management/supervisory duties Oversee 3 Divisions- Auto Title, Legal, Municipal

MANAGER OR SUPERVISOR - Job title: Elected Official/ Manager

1. Title of position Clerk of Courts Hours worked weekly? 40

2. Dates this position was held: From: month 12 year 2018 To: month      year current

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

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

If you answered yes to question number 4, how many employees do/did you manage? 103

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 Michael Foley Company name United Healthcare  
Company address 15 Lonsdale City Oakwood  
State OH Zip 45419 Telephone ( 937 ) 239-4791  
Type of business (deputy registrar, retail grocery, etc.) Health Insurance

EMPLOYEE - Job title: Sales Representative

Hours worked weekly 10 Job duties sales of Medicare related products

Dates of this employment: From: month 3 year 2017 To: month 8 year 2025

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

- To always be available for my clients and potential clients
- Personally educate individuals on the complexities of Medicare
- Provide excellent communication

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

### 3.3 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):

We are always looking for ways to improve customer service with our clients- some ideas below:

- Hire and employ polite, courteous and friendly employees to process transactions
- Implement and maintain a system to reduce wait times and improve the customer experience
- Answer questions over the phone, by email, and in-person as to how to obtain proper documentation, directions, hours of operation, etc
- Continuing education for our staff to better serve the public
- Provide a clean, safe, and organized facility to Ohioans
- Provide a sincere greeting and Thank You to customers
- Provide a One-Stop Shop operation

### 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 will assume accountability for processes involved in exercising the procedures to accommodate each individual customer's needs. We will attempt to hire qualified individuals that possess a good work ethic, and provide them with tools and information necessary to develop their skills in providing excellent customer service.

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?

Maintaining integrity as a representative of the State of Ohio is of the utmost importance to our Organization. Employees shall be fully trained on all facets of the job. All manuals shall be readily available to all employees and supervisors.

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

The first step in deterring fraud is to recognize it! Our employees will undergo extensive training on a continual basis. Any fraudulent activity will be immediately turned over to local and State authorities for a full investigation.

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?

Communication will be extremely relevant within the employees of our BMV. This will include daily emails, meetings, and trainings when appropriate to facilitate policy and procedural changes

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

Good leadership is a Two-Step Process. First, is communication with employees- this will be demonstrated by having an open door policy with all members of leadership. Second, is demonstration- when a good example is set, that will set the tone for the entire Office.

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

I will take extreme pride in leading this operation- as I do in all of our other divisions! And will do the best of my ability at all times.

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

By keeping the workplace attractive, and communicating with staff. Appreciating employees and giving feedback goes a long way!

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

We will require that all employees abide by safety rules and practices; and, by taking necessary precautions to protect themselves and customers.

9. How would you deal with an irate customer?

In my experience, a customer becomes irate because his or her needs aren't being properly met. We need to LISTEN!!! As long as the customer feels heard, then there is a good chance that the probability of escalation lessens. Our employees knowledge is key during a complicated situation. They always have the option of involving a member of management for assistance.

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

The first thing in any escalated situation is to stay calm and actively listen to what the customer is saying- look them in the eye and show interest. Be empathetic and reassure the customer that our job is to help solve their problem, and that we will do everything in our power to do so!

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

We will adhere to and attempt to exceed all standards, policies, and procedures set forth by the BMV. It is a privilege to assist my Community and provide the best customer service possible!

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

I believe that my background and experience is a true asset to running a Deputy Registrar Agency once again! I am extremely proud of my education, Military Service, business ownership, and extensive leadership roles in both government and private sectors; and, believe that I would make an excellent choice to represent the State of Ohio as a Deputy Registrar. Providing excellent customer service is and will always be our number one priority!

**3.10(B) AFFIDAVIT OF COUNTY AUDITOR OR CLERK OF COURTS**

(Not to be used by Individuals or Nonprofit Corporations)

County of Montgomery :

State of Ohio :

I, Michael Foley, being first duly sworn, depose and say that:

- 1) I am submitting my proposal for appointment as deputy registrar in my official capacity as Clerk of Courts of Montgomery County, Ohio:
- 2) If appointed, I will serve as a deputy registrar in my official capacity and not in my own individual capacity;
- 3) If appointed as deputy registrar, I understand that my appointment as deputy registrar will terminate if I leave the office of County Auditor or Clerk of Courts and I will not assign my deputy registrar contract, except to a successor County Auditor or Clerk of Courts and with the advance written consent of the Registrar; and,
- 4) 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,
- 5) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: 

Printed/typed name of proposer: Michael Foley

Sworn to and subscribed in my presence by the above named Michael Foley

on this 15<sup>th</sup> day of January, 2026

  
Notary Public

Printed name of Notary Public: Kyle Koznarski

My commission expires: Feb 10, 2027



**KYLE KOZNARSKI**  
Notary Public - State of Ohio  
Commission Expires Feb 10, 2027

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Michael Foley

Location Number 57-E

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

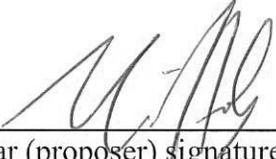
**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

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>35,860.85</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Michael Foley Location number: 57\_E

- (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.

  
\_\_\_\_\_  
Deputy registrar (proposer) signature

Date: 1-15-2026

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Michael Foley Location number: 57-E

(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.

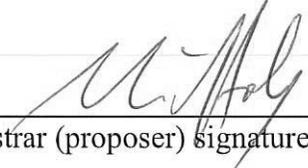
(B) CHECK WHICHEVER APPLIES:

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
Marie Young	16
Roxanne DeBarr	8
Lisa Chavez	8
Lydia Captain	8

(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: 1-15-2026

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Michael Foley Location number: 57-E

**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 \$405,000 per year and \$11.00 per hour by businesses with gross receipts of \$405,000 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		N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40.00	\$ 30.00	\$ 1,200.00	\$ 4,800.00
Assistant Office Manager	40.00	\$ 25.00	\$ 1,000.00	\$ 4,000.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>6</u>	240.00	\$ 19.18	\$ 4,603.20	\$ 18,412.80
New Hire Employees Total Number (combine Full-time & Part-time) = <u>2</u>	40.00	\$ 19.18	\$ 767.20	\$ 3,068.80
<b>TOTALS</b>	<b>360.00</b>	<b>N/A</b>	<b>\$ 7,570.40</b>	<b>\$ 30,281.60</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Michael Foley Location number: 57-E

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.

\$ 30,281.60

### 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) = \$ \_\_\_\_\_

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.

\$ 0

### 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: \$ 1859.75 x 3 = \$ 5579.25

### 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] \$ 35,860.85

**STATE OF OHIO**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BUREAU OF MOTOR VEHICLES**  
**DEPUTY REGISTRAR CONTRACT – 2026**

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 Michael Foley \_\_\_\_\_, (deputy registrar, herein) whose



\_\_\_\_\_ to operate a deputy

registrar agency, Location No. 57-E \_\_\_\_\_, to be located as follows: in the State of Ohio, County of Montgomery

City/Village/Township (indicate which) city \_\_\_\_\_ of Centerville

Street address: 104 W. Spring Valley Rd

(City) Centerville \_\_\_\_\_, Ohio (Zip) 45458

**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 2026 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 2026 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 28<sup>th</sup> day of **June, 2026**, and shall end on the 28<sup>th</sup> day of **June, 2031**, 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"]:

Clerk of Courts for Montgomery County

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2026 Deputy Registrar Contract Terms and Conditions incorporated herein.

[Signature]  
Deputy Registrar signature

1-15-2026  
Date

STATE OF OHIO :  
:  
COUNTY OF Montgomery :

Before me, a notary public in and for said county and state, personally appeared the above named Michael Foley, 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 15<sup>th</sup> day of January, 2026.

[Signature]  
NOTARY PUBLIC

Printed name of Notary Public: Kyle Koznarski

My commission Expires: Feb 10, 2027

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



**KYLE KOZNARSKI**  
Notary Public - State of Ohio  
Commission Expires Feb 10, 2027

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

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