

PAYROLL COMPARISON – 2026

Proposer Name: Odina Bargerhuff

Evaluator Printed Name: Robert A. Fragale

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

| | Location Number(s) | | | | | |
|-----------------------------|--------------------|---------------|---------------|---------------|---------------|---------------|
| | <u>Loc. 1</u> | <u>Loc. 2</u> | <u>Loc. 3</u> | <u>Loc. 4</u> | <u>Loc. 5</u> | <u>Loc. 6</u> |
| | 10-A | | | | | |
| Highest Rate | \$19 | | | | | |
| Lowest Rate | \$15 | | | | | |
| Number of Hours Recommended | 121 | | | | | |
| Number of Hours Proposed | 134 | | | | | |
| Total Monthly Wages | \$6,648 | | | | | |

Comments:

PERSONAL EVALUATION (2026)

Odina Bargerhuff
 10-A / 26041
 Carroll County, Carrollton
 155 W Main St.

Evaluation Team Number: _____

Location(s) Proposed: (#1) 10-A _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Odina K. Bargerhuff

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 X Clerk of Courts _____ Co. Auditor _____ Nonprofit Corp. _____

SCORING SUMMARY

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

TOTAL POINTS (Max. 258 Points): 259

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>2/27/26</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: KCL Brothers LLC

Relationship: Deputy Registrar

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: 40+

From (date): 6/2020 To (date): present Length: 6 years

Verified Hours 40+ = Factor 1 x Years 6 x Points 50 = 300

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. | KCL Brothers LLC | # NA = 1.0 x 6 x 50 = | 300 | ✓ |
| B. | | # NA = 1.0 x x 50 = | | |
| C. | | # NA = 1.0 x x 50 = | | |
| Subtotal of 13-A, 13-B & 13-C = | | | 300 | |

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 without alteration and does it appear to be complete, accurate, and truthful ? | 3 | * |
| B. Is it the affidavit duly signed and notarized? | 2 | * |
| 26. Local Law Enforcement Report / Articles of Incorporation (AOI) | | |
| A. No disqualifying convictions for individual / AOI for nonprofit corporation? | 3 | * |
| B. No convictions (except minor traffic) / AOI for nonprofit corporation? | 2 | 0 |
| 27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation | | |
| No disqualifying convictions for individual / AOI for nonprofit corporation? | 5 | * |

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

27

OPERATIONAL EVALUATION (2026)

Odina Bargerhuff
10-A / 26041
Carroll County, Carrollton
155 W Main St.

| FORM | DESCRIPTION | OK | NO |
|------|-------------|----|----|
|------|-------------|----|----|

| | | | |
|-----|--|---|---|
| 4.0 | Operational Checklist – Maximum = 6 Points <small>(enter points recorded on bottom of Form 4.0)</small> | 6 | |
| 4.1 | Appointment of Agency Managers A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>40</u> | 5 | * |
| | B. Appointment of Manager and Assistant OR Acceptable Statement | 3 | 0 |
| 4.2 | Experienced Employees Summary Gave Acceptable Statement OR Provided Names | 2 | 0 |
| 4.3 | Staffing and Personnel Calculation A. Hours Recommended: <u>121</u> Proposed: <u>134</u> | 4 | * |
| | B. Work Hours and Pay Calculated Correctly | 2 | 0 |
| | C. Meets Minimum Wage Requirement <small>(2026 Ohio Minimum Wage Rate = \$7.25 or \$11.00 Per Hour)</small> | 1 | * |
| 4.4 | Start-Up Costs Calculation A. Adequate and Accurate Personnel Costs | 3 | 0 |
| | B. Adequate and Accurate Site Preparation Costs | 2 | 0 |
| | C. Adequate and Accurate Rental Payments | 2 | 0 |
| | D. Total Required: \$ <u>9,252.00</u> On Deposit (Form 3.4): \$ <u>60,252.95</u> | 5 | * |
| 4.5 | Deputy Registrar Contract A. Filled Out Completely and Properly | 2 | 0 |
| | B. Signed and Properly Notarized | 3 | 0 |

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments: _____

| <u>Evaluators' signatures</u> | <u>Printed names</u> | <u>Date</u> |
|-------------------------------|--------------------------|----------------|
| (1) <u>Robert A. Frugale</u> | <u>Robert A. Frugale</u> | <u>2/27/26</u> |
| (2) _____ | _____ | _____ |

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Odina K Bargerhuff

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.

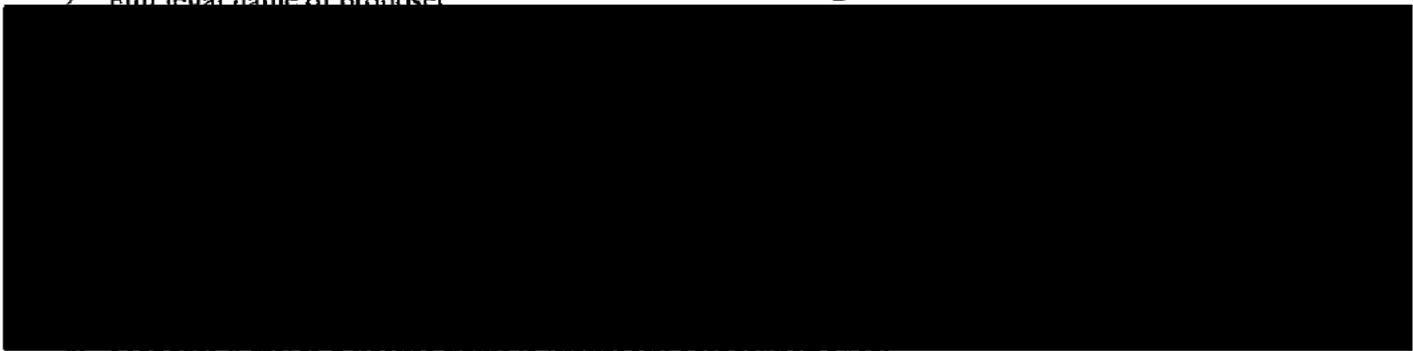
| INDIVIDUAL | ✓ | BMV | COUNTY AUDITOR OR CLERK OF COURTS | ✓ | BMV | NONPROFIT CORPORATION | ✓ | BMV |
|---|---|-----|---|---|-----|---|---|-----|
| Form 3.0 Personal Checklist (this form) | ✓ | | Form 3.0 Personal Checklist (this form) | | | Form 3.0 Personal Checklist (this form) | | |
| Form 3.1 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:

10A _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____

2. Full legal name of proposer: Odina Kathleen Bargerhuff



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



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

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

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

_____ The Clerk of Courts of _____ County;

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

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

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

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

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

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

B. If YES, what office? _____

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

B. If YES, on what date does your contract expire? 06/2030

C. If YES, have you served as a deputy registrar continuously since January 1, 1992? No Yes _____

14. A. Is your spouse currently a deputy registrar? (NPC N/A) Yes _____ No

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

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

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)
 Yes _____ No

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

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

16. A. To the best of your knowledge, will any member of your extended family submit a proposal in response to this RFP? (NPC N/A)
 Yes _____ No

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

| Name | Relationship | Same Household |
|-------|--------------|-----------------------|
| _____ | _____ | Yes ___ No <u> </u> |
| _____ | _____ | Yes ___ No <u> </u> |
| _____ | _____ | Yes ___ No <u> </u> |
| _____ | _____ | Yes ___ No <u> </u> |

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 Perry High School

City Massillon State Ohio Zip 44646

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 Odina K Bargerhuff Company name KCL Brothers LLC
Company address 3029 Cleveland Ave SW City Canton
State Ohio Zip 44707 Telephone (330) 484-6488
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Ohio Driver's License, State ID's, Vehicle Registrations, Out of State Inspections, Watercraft License, Notary Service, Reinstatement Services, 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 40
3. Dates you operated this business: From: month 06 year 2020 To: month 02 year 2026
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? 6
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 Odina K Bargerhuff Company name RBJ Brothers LLC
Company address 3029 Cleveland Ave SW City Canton
State Oh Zip 44707 Telephone (330) 484-6488
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Open/Closing Duties, Customer Service, Record Management, Daily Banking, Scheduling, Overseeing the day to day operations, Payroll, Hiring & Inventory

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 38+
2. Dates this position was held: From: month 01 year 2018 To: month 06 year 2020
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? 6
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 Odina K Bargerhuff Company name RBJ Brothers LLC
Company address 3029 Cleveland Ave Sw City Canton
State Oh Zip Oh Telephone (330) 484-6488
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Asst. Manager

Hours worked weekly 38+ Job duties Front Counters Duties, Customer Service, Ordering, Inventory, Record Mgt., Open/Close Duties

Dates of this employment: From: month 11 year 2014 To: month 01 year 2018

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

Always show respect and kidness, Smile thru out the interaction, Don't argue with the customer and Go above and Beyond

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):

I want my staff and I to represent the BMV in the highest manner of service and professional attitude that we can give to our customers.

I will continue to set the example by working with my staff at the counters for everyday operations, and to make sure our customers are getting the best service we can.

My staff and myself will stay up to date with training on all aspects of the job.

Verify that all my employees have a great personality and always treat my customers with respect.

My staff and my employees at my current location have made the top 3 in The Best of the Best in Stark County in 2024 and 2025 for Best Customer Service. I will bring this same attitude and training to this location.

I have also been a member of the Canton Regional Chamber of Commerce since 2020. They offer a variety of training and services which are accessible to me and my staff.

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: _____

Title (if officer of nonprofit corporation): _____

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

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

| RECIPIENT | JAN 1 - DEC 31 2023 | | JAN 1 - DEC 31 2024 | | JAN 1 - DEC 31 2025 | | 2026 To Date | |
|--|------------------------|----|------------------------|----|------------------------|----|-----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Democratic Party including PACs and Associations | | ✓ | | ✓ | | ✓ | | ✓ |
| Republican Party including PACs and Associations | | ✓ | | ✓ | | ✓ | | ✓ |
| Any other Party including PACs and Associations | | ✓ | | ✓ | | ✓ | | ✓ |
| Governor, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Attorney General, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Secretary of State, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Treasurer of State, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| Auditor of State, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| State Senator, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |
| State Representative, Candidate and Committee | | ✓ | | ✓ | | ✓ | | ✓ |

3.6 PERSONNEL POLICY

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

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

No _____ Yes

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

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

Yes No

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No _____ Yes

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

I will be involved significantly in the operations of the agency, by not only performing management duties but also working side by side my staff, reviewing paperwork, scheduling, payroll, inventory, banking and being aware of customers interactions and problems if they arise.

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?

Employees will be properly trained by the Deputy registrar and Office Manager, Asst. Manager or the supervisor. We will utilize check list, training logs, videos and booklets that are available. I will provide tools and resources to ensure proper issuance of all transactions. Most importantly training will be ongoing for all staff members, including myself.

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

Verify that all employees complete all fraudulent training. Train all employees regarding fraudulent deter manuals, pens, and books and where all the security items are kept. Have a security system with 24 hour monitoring and video capabilities from multiple cameras to record all activity.

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?

Each broadcast will be printed and compiled in one location for each to read and a specific page for them to initial or sign stating they have read and reviewed the broadcast. I will randomly go over the broadcasts with each employee and have a question/answer session. Any email's that are received, that are pertinent to the employees will be printed off and given to them to rad and initial. Follow-up discussion will be had.

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

I will lead by example. I will be trustworthy and hold myself to higher standards to motivate myself and to motivate my staff. I will never have my staff do anything that I would not do or approve of. I want our customers to see the high standards we hold and offer, that represent not only ourselves, also The State of Ohio.

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

I will be polite, courteous, conscientious and professional in my day to day job duties. By utilizing the personal policy created for this agency, I will be able to train and educate my employees about the importance of the license agency's professionalism and work ethics.

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

An employment source has always been a great success in help of finding great staff. Word of mouth and networking. I will conduct interviews on applicants that submit an qualified application and resume of experience and skills. If the applicant has prior BMV license agency experience, they will be given the utmost consideration for employment. Interviews will be conducted by myself and Office Manger using prescribed questions and resources that are available for the interview. New hires will be sent for a BCI/FBI background check and will not be placed on duty until they have been returned to District field office. The new hires will be placed on a 60 day probation period and be evaluated closely. Reward for job duties performed well. Monthly bonus and quarterly bonus will be given out to the employees who achieve the standards of this location or go above and beyond.

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

All staff will be trained to provide high quality customer service. Customers should be greeted with a smile and a pleasant greeting. the agency will be cleaned daily and maintained in good repair. Security precautions (video cameras) will be active at all times for everyone's safety. If you promote a clean and friendly environment for customers, they will continue to return for business.

9. How would you deal with an irate customer?

Pay close attention to any situation that may be occurring, listen and portray a calm demeanor, don't get angry or upset with the customer. Maintain control of the situation. Make sure all employees have enough information and power to have conversations and answer questions with the customers so they never have to say, "I don't know the answer to that". Take full responsibility and then take action to fix or take care of the matter. Always kill with kindness, always smile and remain to have a calm voice.

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

My employees will be trained to always make the customer feel like they are the most important. If and when they do encounter a situation with an irate customer they should follow their training in customer service to turn the situation around as fast as they can. Advise my employees to always be as helpful, courteous and knowledgeable so they are ready for any situation. Review the situations with them every few months along with other helpful resources. When the situations do arise, I will review the situation with the employees feel more confident to handle any situation that may be thrown at them.

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

I will provide this agency the highest standards through leadership and great customer service. I will continue to follow procedures, guidelines and laws set forth by the BMV, Ohio Revised Code and the Administrative Code. I will employ qualified individuals to handle the job duties of the license agency. they will be expected to give each and every customer great service and professionalism.

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

I have been employed with a Deputy Registrar and as a Deputy Registrar for the past 14 yrs. Started as a clerk and moved up to become the current Deputy Registrar of Canton South License Agency. I will continue to be hard working and will go above and beyond the requirements of what is expected of me as a Deputy Registrar. The experience and knowledge I have gained thru the last 14 yrs, has provided me with the outstanding qualities to serve the BMV as a strong, friendly, motivated, professional and confident individual in my abilities to be a Deputy Registrar. I will strive to be the best that I can be and my staff can be.

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Odina K Bargerhuff

Location Number 1011

Proposer Number (BMV use only) _____

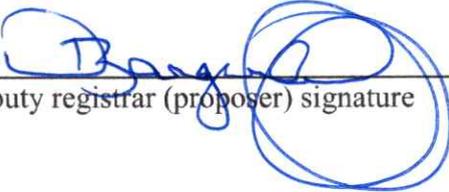
INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

| 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>9252.00</u> | ✓ | |
| 4.5 | Deputy Registrar Contract (2 pages only) | ✓ | |
| | | | |

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Odina K Bargerhuff Location number: 1011

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 40 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: 2.2.20

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Odina K Bargerhuff Location number: 1011

(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.

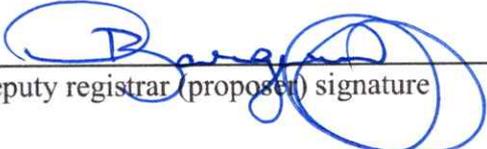
(B) CHECK WHICHEVER APPLIES:

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 |
|------------------------------|----------------------|
| Odina K Bargerhuff | 14 |
| Chloe Moore | 2 yr |
| Kasey Tolley | 1 yr |
| Stacey Barkan | 1 yr 6 mths |
| Heather Huffman | 1 yr |

(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: 2.2.20

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Odina K Bargerhuff Location number: 1011

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 | 40.00 | N/A | N/A | N/A |
| Office Manager (leave blank if the Deputy Registrar is also the Office Manager) | 36.00 | \$ 19.00 | \$ 684.00 | \$ 2,736.00 |
| Assistant Office Manager | 36.00 | \$ 18.00 | \$ 648.00 | \$ 2,592.00 |
| Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u> | 22.00 | \$ 15.00 | \$ 330.00 | \$ 1,320.00 |
| New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u> | 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| TOTALS | 134.00 | N/A | \$ 1,662.00 | \$ 6,648.00 |

4.4 START-UP COSTS CALCULATION

Proposer's name: Odina K Bargerhuff Location number: 1011

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.

\$ 6648.00

2. SITE PREPARATION COSTS (AMORTIZED)

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

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

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

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

\$ 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: \$ 868.00 x 3 = \$ 2604.00

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] \$ 9252.00

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 Odina K Bargerhuff, (deputy registrar, herein) whose



to operate a deputy registrar agency, Location No. 1011, to be located as follows: in the

State of Ohio, County of Carroll

City/Village/Township (indicate which) Carroll of Ohio

Street address: 155 West Main St

(City) Carrollton, Ohio (Zip) 44615

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 28th day of **June, 2026**, and shall end on the 28th 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"]:

An Individual

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

2.2.26
Date

STATE OF OHIO :
: COUNTY OF Stark :

Before me, a notary public in and for said county and state, personally appeared the above named Odina K Bargerhuff, 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 2 day of February, 2026.

[Signature]
NOTARY PUBLIC

Printed name of Notary Public: Jennifer Wombough

My commission Expires: 5-25-26

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES



Jennifer Wombough
NOTARY PUBLIC
STATE OF OHIO
My Commission Expires
May 25, 2026

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on _____

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Odina K Bargerhuff

Location Number 10A

Proposed Site Address 155 West Main St

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): 1011
Street address of site 155 West Main St
City Carrollton, Ohio, Zip Code 44615
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) OHIO POWER COMPANY, an
Ohio Corporation
of (owners' complete address) 1 Riverside Plaza, 16th Floor,
Real Estate Asset Management Department
City COLUMBUS, State OHIO, Zip 43215

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 Carroll (state whether city, village or township) Village of Carrollton and commonly known as: (property's address) 155 W Main St Suite _____ City Carrollton, Ohio, Zip 44615 to (proposer's name) Odina K Bargerhuff



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 21st day of June, 2026 and shall not terminate before the 30th of June, 2031.
- 3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31st day of May, 2026.
- 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.

C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.

D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

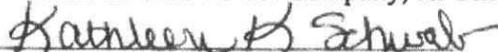
Owner(s)' signature(s): 

Owner(s)' printed name(s): Neil Perry, Managing Director, Commercial Real Estate
American Electric Power Service Corporation
Authorized Signer

STATE OF OHIO

COUNTY OF FRANKLIN

The foregoing instrument was acknowledged before me on this 2nd day of February, 2026, by the owners, Neil Perry, Managing Director, Commercial Real Estate, American Electric Power Service Corporation, as authorized signer on behalf of Ohio Power Company, an Ohio corporation.


Notary Public

Printed name of Notary Public: Kathleen K. Schwab

My commission expires on February 17, 2029



I hereby accept this option.

2.2.2024
Date


Optionee signature, Deputy Registrar Proposer